

Journal Watch

Differing management of people with advanced cancer and delirium by 4 sub-s

M Agar, DC Currow, J Plummer, R Chye, B Draper, Palliative Medicine, 2008; 22: 633-640

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Abstract:

Delirium in palliative care is prevalent, with limited prospective data to guide management options. The aim of this survey was to assess the current practice of specialists in Australia using two contrasting hypothetical cases of delirium in cancer.

A questionnaire was designed to elicit which investigations and treatments would be used, in relation to two cases. The overall response rate ($n=270$) was 30%. As for the place of care, only 35% of medical oncologists would consider care at home for a patient with reversible delirium compared with 66% of other specialists.

About 85% of the specialists would order basic bloods, however, it was noted that the medical oncologists were more likely to measure oxygen saturation and CT scans while psychogeriatricians more likely to order thyroid function and palliative medicine specialists less likely to order chest X-ray and urine culture.

Greater than 40% of specialists would do no investigations for terminal delirium. It is interesting to note that Medical oncologists seem to use more pre-emptive therapies and seem more likely to use benzodiazepines. Palliative medicine specialists on the hand seem to use significantly more neuroleptics to treat hypoactive symptoms of delirium and overall, the doses of neuroleptics were quite wide.

The survey seem to suggest significant variability in the management of delirium in advanced cancer among the Oncologist, Psycho-geriatricians, Geriatricians and Palliative Specialists.

Comments:

Strengths/uniqueness:

Interesting study reflecting the difference in the approach to delirium by different subspecialties (in terms of initial preemptive therapy of IV fluids, oxygen and anti-biotics ranging from 3% to 39% in Psycho-geriatrics and Palliative specialist). The reverse pattern is seen for using pharmacological treatments of delirium of 31% to 77% with the higher percentage with the Psycho-geriatric, Geriatric and Palliative specialist.

The other strength is the community based nature of the palliative cases.

Weaknesses:

Relatively low response rate of 30% and insufficient complexity and insufficient details in the clinical trial.
No mention about the use of atypical anti-psychotics in the questionnaire.

Relevance to Palliative Care:

To be aware of the different approach to delirium by other medical colleagues and more research a consensus to standardize the treatment of delirium in advance cancer patients.