

Journal Watch

An open trial of olanzapine for the treatment of delirium in hospitalized cancer patients.

Breitbart W, Tremblay A, Gibson C. *Psychosomatics* 2002; 43(3):175-182.

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Abstract:

We conducted an open, prospective trial of olanzapine for the treatment of delirium in a sample of 79 hospitalized cancer patients. Patients all met DSM-IV criteria for a diagnosis of delirium and were rated systematically with the Memorial Delirium Assessment Scale (MDAS) as a measure of delirium severity, phenomenology, and resolution, over the course of a 7-day treatment period. Sociodemographic and medical variables and measures of physical performance status and drug-related side effects were collected. Fifty-seven patients (76%) had complete resolution of their delirium on olanzapine therapy. No patients experienced extrapyramidal side effects; however, 30% experienced sedation (usually not severe enough to interrupt treatment). Several factors were found to be significantly associated with poorer response to olanzapine treatment for delirium, including age > 70 years, history of dementia, central nervous system spread of cancer and hypoxia as delirium etiologies, "hypoactive" delirium, and delirium of "severe" intensity (i.e., MDAS > 23). A logistic-regression model suggests that age > 70 years is the most powerful predictor of poorer response to olanzapine treatment for delirium (odds ratio, 171.5). Olanzapine appears to be a clinically efficacious and safe drug for the treatment of the symptoms of delirium in the hospitalized medically ill.

Comments:

Strengths/uniqueness:

This is a report of a fairly large cohort of cancer patients with delirium treated with olanzapine. The study measures are well described and the methodology easy to follow.

Weaknesses:

The open unblinded study weakens the results presented. The findings of much improved delirium may have resulted from other interventions such as medication changes in suspected opioid etiology. Comparison to other delirium reports may be invalid due to the different populations in different settings, e.g. acute care hospital versus palliative care unit.

Relevance to Palliative Care:

This report is likely to be a precursor to further better designed studies examining the efficacy of a variety of management approaches to delirium in cancer patients.