PALLIATIVE CARE TIPS
Issue # 1 **Delirium**

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Common complication near the end of life, occurring in:
- 15-25% of hospitalized cancer patients
- Up to 88 % of terminally ill cancer patients (frequency increases as death approaches)

Importance of recognizing delirium because of:
- Effect on patients and caregivers (participation in decision-making, family is often distressed more than the patient)
- Interference with the recognition and control of physical and psychological symptoms
- Often under-diagnosed

Challenges in diagnosing delirium are:
- Variability and fluctuation in clinical presentation
- Confusion with other common psychiatric symptoms, such as depression, dementia and psychosis
- Frequently underdetected, especially hypoactive delirium
- Subsyndromal delirium

Clinical presentations of delirium are:
- Hyperactive form
- Hypoactive form
- Mixed hyper/hypoactive form

What to look for (causes): Multiple etiologies are common and 50% of patients have no clear etiology
- Factors: Drugs (opioids, anticholinergics, anticonvulsants, corticosteroids, benzodiazepines, etc.); Sepsis; Dehydration; Metabolic/organ failure; Hypoxemia; CNS metastasis; Substance withdrawal. Constipation and urinary retention may aggravate the agitation associated with delirium. Uncontrolled symptoms may aggravate agitation as well.

Screening for delirium:
- Folstein's MMSE: screening tool for cognitive impairment only
- Signs: hallucination, paranoia, behavioral changes such as agitation
- Myoclonus may suggest underlying opioid neurotoxicity

Management of delirium:
- Address underlying causes
- Opioid rotation
- Minimize drugs
- Hydration
- Correct hypercalcemia or hyponatremia if possible
- Oxygen if hypoxic
- Treat sepsis if appropriate

Pharmacological approach for delirium:
- Older antipsychotics
  Haloperidol 0.5-2 mg po/sc q12h to q8h
  Methotrimeprazine 6.25-25 mg po/sc q12h to q8h
  Loxapine 2.5-10 mg po/sc q12h to q8h
- Newer antipsychotics
  Olanzapine 2.5-10 mg po/sl qd to bid
  Risperidone 0.5-2 mg po/sl qd to bid
  Quetiapine 50 – 300mg po/day as bid or tid dosing

Outcome of delirium:
- 40-60% of cases are reversible
- Reversible etiologies are often opioids, psychoactive medications and dehydration
- Less reversible at the end of life
- Challenge is to know when it can be reversed and when it is part of the natural process of dying: important to address the goals of care when approaching delirium

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: www.palliative.org