Pharmacological Management of Delirium in Patients with Parkinson's Disease

Northern Health

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INSPIRED RESEARCHERS
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BACKGROUND

Patients with Parkinson's Disease (PD) are at an increased risk of developing delirium which contributes to prolonged hospital stays and worsening motor symptoms.[1,2]

Pharmacological treatments routinely used to manage delirium in the general population may exacerbate symptoms in patients with PD.

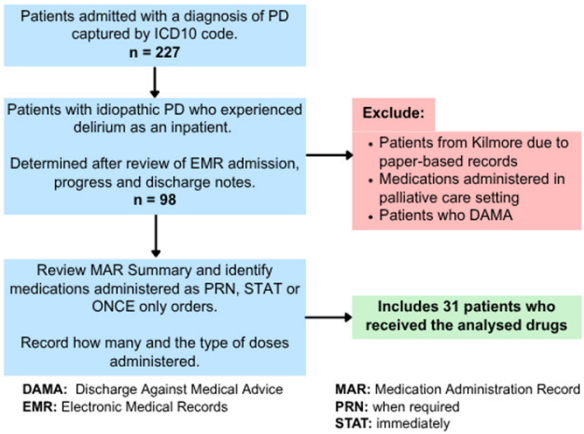
Given the risks associated with delirium for patients with PD, pharmacological management of delirium in this population was analysed.

AIM

To examine the medications commonly administered for the management of delirium in patients with PD at Northern Health.

METHOD

Figure 1: Inclusion criteria flow chart



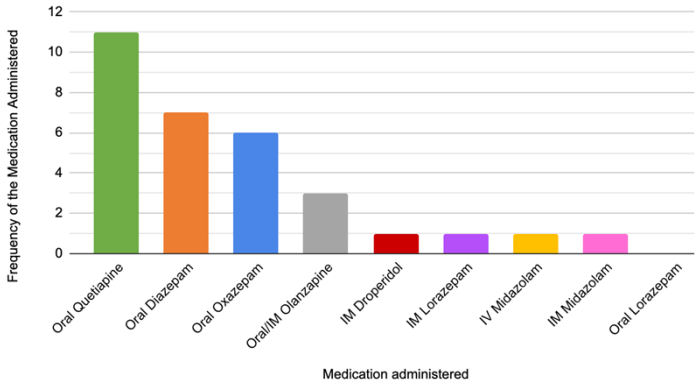
RESULTS

The study identified 31 patients who had a past medical history of Idiopathic PD and required treatment for delirium as an inpatient. Quetiapine was used as initial therapy in 35.5% of cases. Diazepam and oxazepam were administered as first line agents in 22.6% and 19.4% respectively.

Overall, 84% of patients received medications for delirium orally with 16% receiving these medications parenterally.

Eight patients required a second pharmacological agent which was added to the existing regimen.

Figure 2: Frequency of first pharmacological treatment administered



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DISCUSSION

Quetiapine is considered the preferred first line treatment with the least risk of worsening Parkinson's symptoms,[3] and was the agent most utilised. Antipsychotics such as olanzapine and droperidol should be avoided in patients with PD due to the risk of extrapyramidal side effects. Benzodiazepines may worsen delirium and should only be used when anxiety is the precipitant. A significant proportion of the population were administered these medications signifying the need for education regarding their appropriate use.

This audit highlights that clinicians are appropriately choosing oral medications as the first treatment option with non-oral routes appropriately utilised when necessary.

Limitations of this study include the retrospective nature of the audit and therefore the possibly inaccurate or incomplete documentation in medical records. This may lead to difficulties interpreting data which may limit the validity of the study.

CONCLUSION

This audit shows that current pharmacological management of delirium in patients who have PD has potential for optimisation. It highlights the importance of education and further guideline development to ensure appropriate treatment, this is particularly important when patients require second line treatment.