

Prevalence, Detection and Treatment of Delirium in Cancer Patients at Hospice Sydvestjylland, Denmark. A Prospective Survey

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Background: Delirium is the most common and serious neuropsychiatric complication in terminally ill cancer patients. However, it is often underdiagnosed. The aim of this survey was to determine the prevalence, detection, risk factors and treatment of delirium in terminal cancer patients in hospice.

Methods: The survey was conducted at Hospice Sydvestjysk, Denmark from October 2017 to September 2018. A baseline CAM-score (Confusion Assessment Method (CAM)) was done on all the patients at the time of admission. Patient records along with CAM-score were reviewed by the specialist doctors for diagnoses, subtyping and treatment of delirium. In case of negative baseline CAM-score, it was repeated on the clinical suspicion of delirium. The follow up was done by using CAM-score once a day until patients came out of delirium or died. A mini questionnaire survey was done including participants at the NSCPM (Nordic Specialist Course in Palliative Medicine). Statistical analyses were done by using STATA software.

Results: There were one hundred patients admitted during the course of study. 11 patients were excluded (7 non-malignant and 2 known psychiatric diagnosis, one died the same day and one could not be scored due to lack of communication) leaving 89 patients. Median age was 67 yrs. (min 41, max 90). Mean PS (performance status) was 3. The median duration of stay at hospice was 18 days (min 2, max 95). Among the 89 patients 40 (45%) were scored positive for delirium. Of these, the most common subtype was mixed (n=21), followed by hypoactive (n=13) and hyperactive (n=6). Only 6 out of 40 patients positive for delirium were not having metastatic disease. Lung cancer was the most common diagnosis in patients developing delirium (n=11, 27.5%) followed by gastrointestinal malignancies (n=9, 22.5%). Among the other medical conditions, cardiovascular problems were the most common (n=20) followed by lung diseases (n=14). The most common triggering factors were pain followed by fear. The most important risk factors were low functional status (>50%) followed by age above 65 years. 38 patients with delirium died and actually had terminal delirium. The most common drug used was haloperidol 85% (median prescribed dose 7.5 mg per day). The response rate of questionnaire survey was 92%. About 20 (58%) used CAM-score for diagnosis of delirium. Generally the first drug of choice was haloperidol followed by olanzapine either alone or in combination with haloperidol.

Discussion: This study showed a high prevalence of terminal delirium in cancer patients admitted to hospice. The use of CAM-score was challenging in cases where there was also a suspicion of other psychiatric disorders/ lack of verbal communication. The doses of antipsychotics were higher in our population as compared to recommendations. Our study has limitations. It was done at only one hospice. It included only cancer patients with a very high disease burden. Different pharmacological agents were not compared. We have two suggestions. Delirium is a quite common condition among terminally ill cancer patients. For this reason, there is a need of awareness about this condition among healthcare givers. The CAM-score is a quick and useful tool for diagnosis and follow-up of delirium in busy daily clinical routine.

Conclusion: Further studies are required to look into the doses of different antipsychotics, reach consensus that CAM-score is the most optimal tool for diagnosis, follow-up and to see if a high risk of delirium is associated with certain types of cancer diagnoses and other medical problems.