

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

Sarwat Amna

Delirium

Aim

- * Prevalence of delirium at the time of admission and during stay at Hospice
- * Detection ,treatment and observation with the use of CAM score
- * Prevalence of terminal delirium

Delirium

Design

- * A prospective study
- * CAM-score was done on all the patients at the time of admission
 - a. positive CAM-score then it was done once a day
 - b. negative baseline CAM-score then it was done again on clinical suspicion

Delirium

Design

Inclusions Criteria

- * All patients above 18 years with cancer diagnoses admitted at Hospice

Exclusions Criteria

- * Patients under 18 of years
- * Patients admitted with nonmalignant diagnoses.
- * Patients with known dementia and other psychiatric diagnosis

Delirium

Results

- * Total 100 patients
- * Patients excluded 11, remaining 89
- * Median age 67 (min 41, max 90)
- * Male: female ratio 36:53

Delirium

Results

- * PS (performance status) mean 3.52
- * The median duration of stay 18 days (min 2, max 95)
- * End point of admission for all patients, 84died and alive 5

Delirium

Results

- * Patients **with delirium** 40 (44.94%)
- * 7 patients had delirium at the time of admission.
- * 33 patients developed during their stay.
- * End point of delirium, 38 died, 2 alive.

Delirium

Results

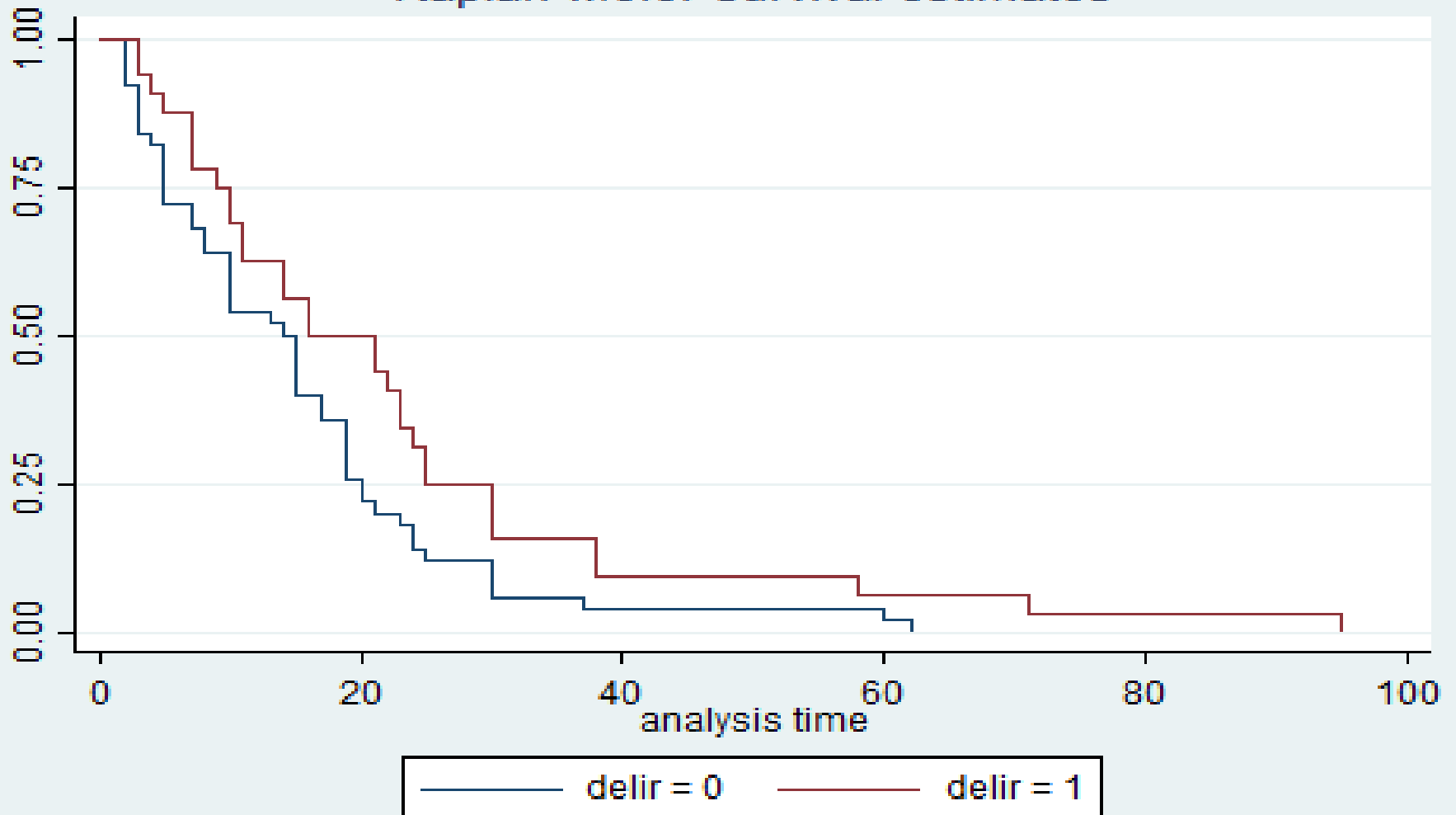
- * Patients developing delirium were having PS 3 or 4.
- * About 50% of the patients with delirium >60 years
- * Only 6 patients out of 40 patients were not having metastatic disease.

Delirium

Results

- * The duration of stay was however longer in case of positive delirium Graf: 1.

Kaplan-Meier survival estimates



* Graf 1: Showing longer duration of stay at hospice in patients with delirium

Delirium

Results

- * Of the **sub types** of delirium the most common was
 - **Mixed type (n=21)**
 - **Hypoactive (n=13) followed by**
 - **Hyperactive (n=6)**

Delirium

Results

- * **Primary diagnosis**

 - Lung cancer (n=11, 27.5%)

 - Gastrointestinal cancer (n=9, 22.5%).

- * **Other medical conditions**

 - Cardiovascular (n=20)

 - Lung diseases (n=14)

Delirium

Results

- * Common **triggering** factors were pain followed by fear
- * Important **risk** factors
low functional status followed by age >65
- * Common **symptoms** were irritability followed by confusion

Delirium

Results

First drug of choice was Haloperidol

- * **Haloperidol** range 2.5 to 12.5 mg
median 7.5 mg per 24 hours
- * **Olanzapine** range 5 to 20 mg,
median 15 mg per 24 hours
- * **Risperidone** one patient 0.2 mg x 2 day

Delirium

Results

- * **Midazolam** was used in combination with antipsychotics on rescue basis
- * Maximum dose is **40 mg** per **24 hours**
- * Most of the patients required **2.5-5 mg** at a time

Delirium

Discussion

- * High prevalence of terminal delirium
- * CAM-score challenges as a tool
- * The start doses / differences as compared to the recommendations

Delirium

SUGGESTION

- * First, delirium is a quite common condition among cancer patients so need of awareness among caregivers
- * Second, the use of CAM-score as a quick tool for diagnosis and follow-up of delirium in busy daily clinical routine

Delirium

Conclusion

Further studies are required to:

- * Analyze doses of drugs
- * Reach consensus if CAM-score is the most optimal tool for diagnosis follow-up
- * See if there is high risk of delirium with certain types of cancers and other medical problems.

Delirium

- * A **questionnaire survey** was done asking the participants at the NSCPM (Nordic Specialist Course in Palliative Medicine) 2017-2019

Delirium

Results

- * Total 39, turn over **34 (92%)**
- * About **20(58%)** did not use CAM-score
- * **Consensus** about the non-pharmacological measures as a part of standard treatment
- * First drug of choice was **haloperidol**
- * Use of CAM-score was wide spread in Denmark followed by Norway

**Each life is made up of mistakes and learning,
waiting and growing, practicing patience and being
persistent.” Billy Graham**

