

Prevalence of appropriate antipsychotic use in patients with delirium

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INTRODUCTION

Eastern Health (EH) Clinical Practice Guideline (CPG) recommends the use of antipsychotics (APs) in managing behavioural and psychological symptoms of delirium as a 'last resort'.¹ It states various steps should be taken to minimise AP use, namely identifying and treating contributing factors and applying non-pharmacological interventions.¹

A previous EH study found that 33% of patients with delirium received APs although clinical appropriateness was not determined.²

AIM

To determine the proportion of inpatients with delirium appropriately administered APs.

METHODS

This retrospective study included all inpatients with delirium who received an AP(s) at Box Hill Hospital between 01/12/2021 and 30/11/2022. Patients were reviewed in a random sequence until 100 met the following inclusion criteria:

- Aged ≥18 years
- Discharge summary completed
- Pharmacist home medication history completed
- Not receiving APs for substance withdrawal

For each AP administered to the 100 inpatients, appropriateness was assessed using the conditions outlined in **Figure 1**:

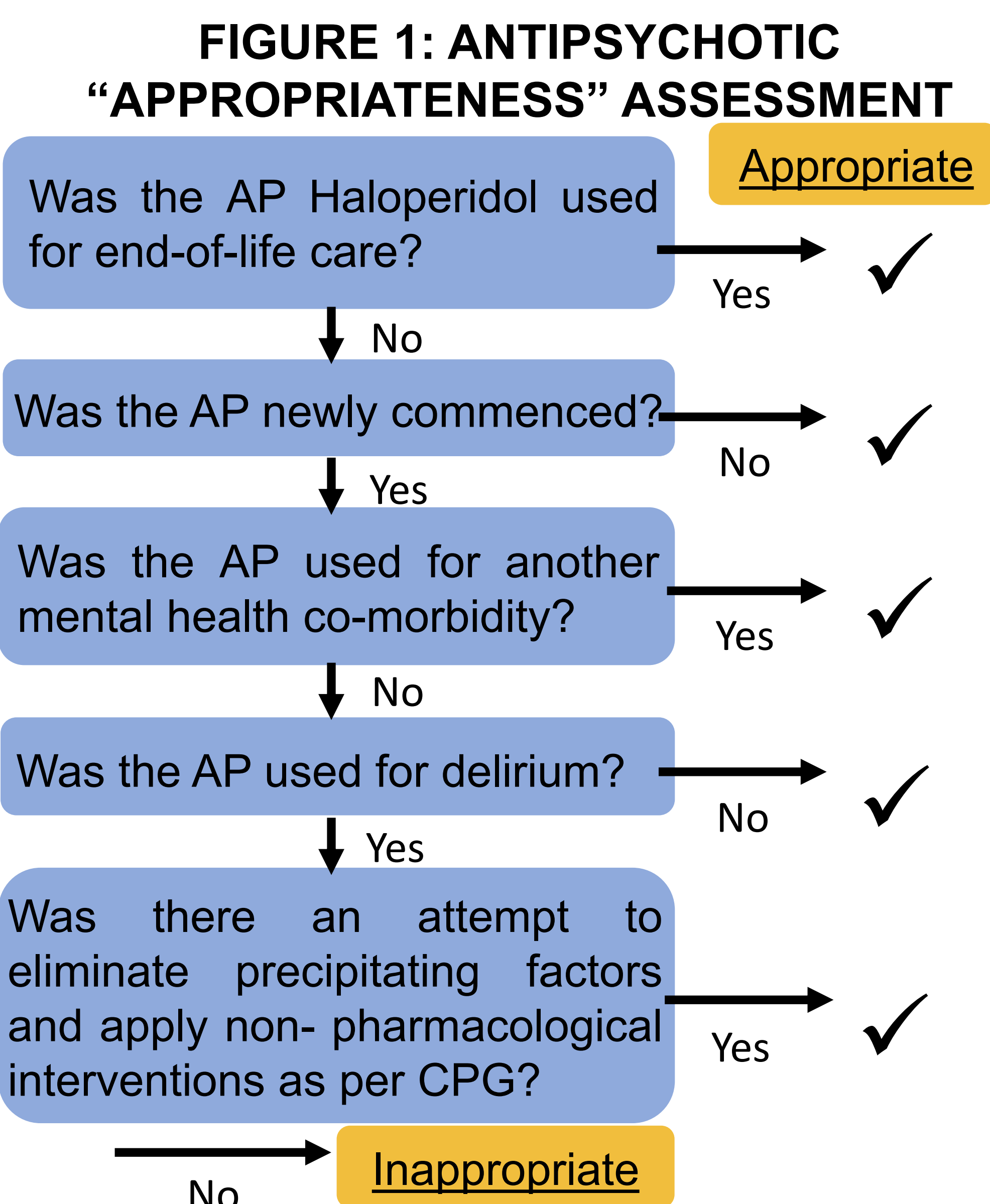


Figure 1: Outline of steps taken to determine antipsychotic appropriateness

RESULTS

Overall, 44% of patients received one or more APs that were deemed inappropriate (See **Figure 2**).

There were 270 AP orders administered, of which 68% were deemed appropriate (See **Figure 3**). For newly commenced AP orders (n=206), 58% were appropriate. Failing to identify or eliminate contributing factors was the main reason for inappropriateness. Only 44% of new APs had documented evidence of non-pharmacological interventions prior to administration.

There was no statistical difference in patient demographics between patients who received all APs appropriately, and those who received one or more AP inappropriately (**Table 1**).

TABLE 1: PATIENT DEMOGRAPHICS AND CLINICAL CHARACTERISTICS

Patient characteristics (n=100)	All APs administered appropriately (n=56)	One or more AP administered inappropriately (n=44)
Sex (male) (%)	31 (55.4)	29 (65.9)
Age (mean years)	82	83
Length of stay (mean days)	14	17
Mean number of pre-admission regular medications	9	8

FIGURE 2: WERE PATIENTS ADMINISTERED ANTIPSYCHOTICS APPROPRIATELY?

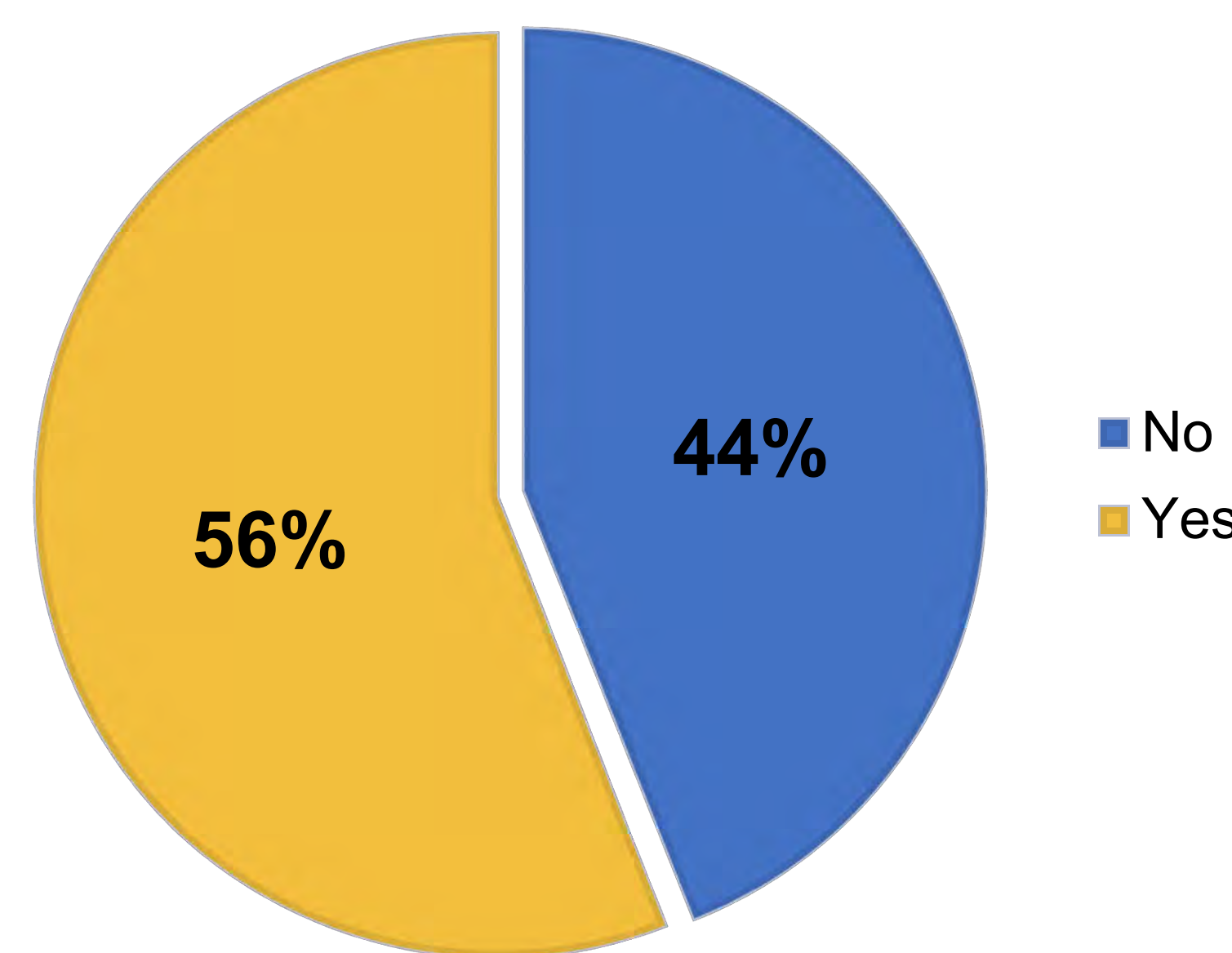


Figure 2: Proportion of patients administered all antipsychotics appropriately (n=100)

FIGURE 3: REASONS FOR APPROPRIATE ANTIPSYCHOTIC ADMINISTRATION

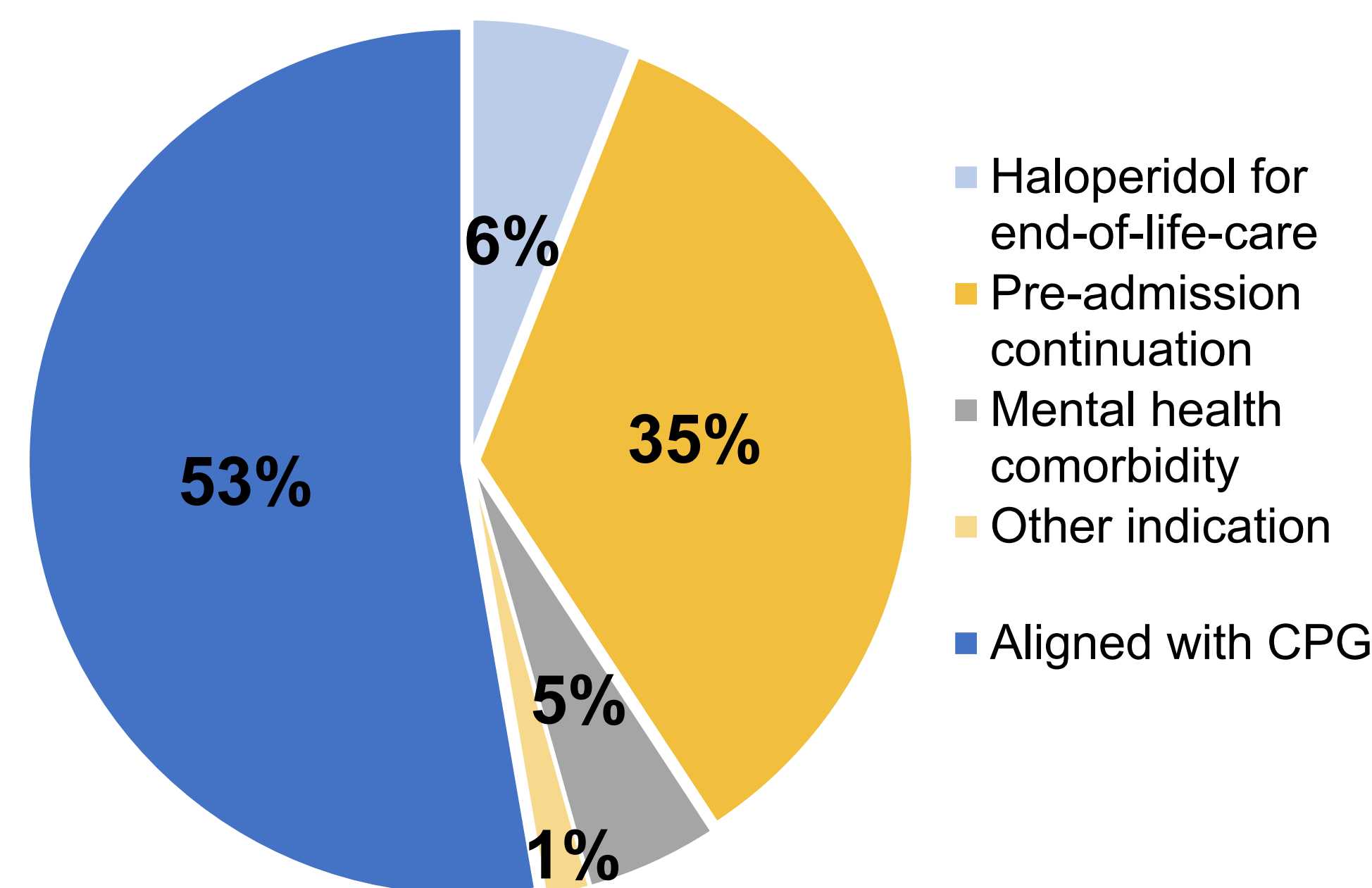


Figure 3: Division of appropriate antipsychotic administration by classification (n=184)

DISCUSSION

The main reason for APs being considered inappropriate was the absence of documented attempts to identify and treat contributing factors. It is unclear if this was due to the task not being undertaken or absence of appropriate documentation. It is also noteworthy that a large proportion of newly commenced APs were administered inappropriately despite a clear CPG.

A possible way to improve AP appropriateness may be to implement electronic clinical decision support that is triggered when a patient is newly diagnosed with delirium. This decision support tool could guide clinicians through the required actions as per the CPG, that should be undertaken prior to prescribing an AP.

Advantages of this approach is that documentation can be built in to the tool itself, saving clinicians time and ensuring this step is not overlooked.

CONCLUSION

Approximately one third of AP orders administered to inpatients with delirium at this hospital were inappropriate. Further quality improvement activities targeting appropriate management of delirium should be undertaken.

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