

Follow-Up of Delirium Patients: Antipsychotic Use Can Be Another Confounding Factor for Prognosis

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Dear Editor,

I would like to share my opinions about the article titled “Six-Month Follow-Up of Delirium Patients: Evaluation of Anxiety, Depression, Cognition, Functioning, and Mortality” which was recently published in Van Medical Journal and I would like to take this opportunity to touch upon another important issue (1). I congratulate the authors for their important contributions to a hot topic. This study compares 50 patients hospitalized in different wards of the hospital, who were diagnosed with delirium after consulting a psychiatrist, and 50 random patients without delirium, and compares psychological symptoms, functionality, cognition, and mortality rates during a 6-month follow-up (1). As a result, delirium was found to be associated with earlier mortality over 6 months (1). Delirium is frequently encountered in general hospital practice as the authors stated (1). Delirium was shown to be a risk factor for earlier mortality for even longer periods like 5 years in previous studies (2). Despite this association, it seems that many healthcare workers are unaware of the prognosis of this clinical state, and the diagnosis can be missed (2,3). The well-known main approach for delirium is recognizing it and treating the underlying causes effectively (3). Non-pharmacological interventions have been studied extensively in hospitalized elderly patients with evidence suggesting these are the most effective methods to prevent delirium (4). However, in daily practice, aggressive treatments can be given particularly for hyperactive delirium due to the frightening appearance and emergency of the symptoms such as agitation and psychosis, and the possibility of harm to the patient (4). In the literature, the emphasis is usually on the relationship between mortality and under-recognition of delirium, as its course is more silent

in the elderly. From a different perspective, I would like to emphasize another possible confounding factor, antipsychotic use, that was not taken into account in Ülkevan et al.’s study (1) which I believe should be discussed as it may provide a better understanding of the association between delirium and mortality rates and may increase the clinical impact of the study. Although antipsychotics have not yet been shown to reduce delirium severity or resolve symptoms, they are commonly administered to reduce agitated delirium symptoms in daily hospital practice (3,5). The rate of antipsychotic use in hospitalized delirium patients was reported to be around 77-87% (4). In addition, the US Food and Drug Administration (FDA) warned against long-term antipsychotic use for elderly people as it is a risk factor for mortality (5). As a result, using antipsychotics for delirium is recently recommended if only other options are ineffective (5). If they will be used, the minimum effective doses should be used for a short time, if possible shorter than one week (5). Despite recommendations, daily practice reveals incompatible practices, including frequent and long-term use of antipsychotics (4). It is noteworthy that some patients are prescribed antipsychotics due to persistent symptoms at the time of discharge, but they may continue using the medication in the following months without undergoing a psychiatric outpatient examination. Based on these findings, there are some other important questions, which may provide more accurate interpretations for the findings of Ülkevan et al.’s study (1). These questions are how many of the patients were recommended antipsychotics, at what doses, which type (typical/atypical) of antipsychotics were used, and most importantly how long the antipsychotics

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were used during follow-up. The parameters associated with the antipsychotics, particularly the duration of antipsychotic use should be considered as confounding factors for delirium and mortality relationship. In the absence of known effective treatments, it is imperative to identify effective prevention strategies. In addition, no intervention was found to reduce delirium-related mortality to date (4). Ülkevan et al.'s study results remind us that it is necessary to emphasize once again the importance of preventing delirium (1). For this purpose, it becomes important to do practical interventions, including reorientation, early mobilization, the use of hearing aids and glasses, sufficient hydration and nutrition, and sleep strategies in hospital practice (4). As a result, delirium is a common clinical condition that is associated with short-term and long-term increased mortality (1). For a better understanding of the factors related to mortality after delirium, further longitudinal studies with larger sample sizes, controlled for the confounding effect of drugs, particularly antipsychotic use, should be done. More studies on both the consequences of long-term antipsychotic use and new treatment options for delirium are needed. Until the findings on this subject become clearer, it seems necessary for clinicians to approach the use of antipsychotics in delirium with caution.

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