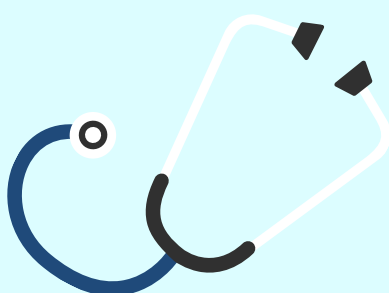


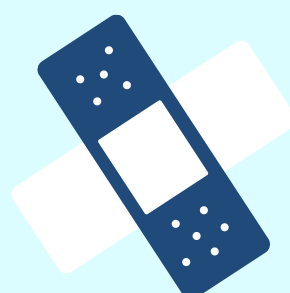
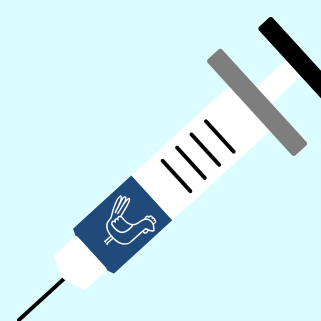
# IAFP GERIATRIC MIG PICO DE POEM



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## No Benefit to Routine Antipsychotic Use for Treatment or Prevention of Delirium in Hospitalized Patients



### PRESENTING QUESTION

Should antipsychotics be used to treat or prevent delirium in hospitalized patients?

### INTERVENTION

Antipsychotics (haloperidol and second generation antipsychotics)

### COMPARATOR

Placebo

### OUTCOMES

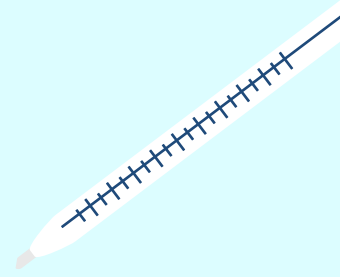
The main outcomes for efficacy were incident delirium for the prevention review and duration, mortality, sedation status, and hospital length of stay for both.

Also, the main outcome for harm was development of QT prolongation.



### TIMEFRAME

PubMed, Embase, CENTRAL, CINAHL, and PsycINFO from inception to July 2019 without language restrictions.



### SYNOPSIS

There was heterogeneity among the studies in patient populations, settings, antipsychotic medication dosing and administration, and assessment of outcomes.

Haloperidol does not affect delirium incidence, delirium duration, mortality, or hospital length of stay. There is insufficient evidence to make conclusions on the effect of haloperidol on delirium severity or sedation.

Although there is some evidence that second-generation antipsychotics can reduce delirium incidence in the postoperative setting (relative risk [RR] = 0.36; 95% CI, 0.26 to 0.50), these drugs have no effect on hospital length of stay or mortality and there is insufficient evidence to determine effect on delirium severity, delirium duration, or sedation.

This review found no statistically significant differences between haloperidol or second-generation antipsychotics, compared with placebo, in rate of arrhythmias, QTc prolongation, or neurologic events.



### KEY TAKEAWAY

- Evidence does not support the routine use of haloperidol or second-generation antipsychotics for the treatment or prevention of delirium in hospitalized patients.
  - Although second-generation antipsychotics may reduce the incidence of delirium in the postoperative setting, more research is needed to confirm this.
  - The use of second-generation anti-psychotics can also lead to QT prolongation, so patients receiving these medications should be closely monitored.

