THERAPY OF DELIRIUM DUE TO A GENERAL MEDICAL CONDITION – TREATMENT APPROACHES IN THE CONSULTATION – LIAISON PSYCHIATRY SETTING OF THE UNIVERSITY OF MEDICINE OF GRAZ

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It consistently accounts for almost 19% of all new referrals to the consultation – liaison (C-L) psychiatry service at the LKH Graz – University of Medicine of Graz. Delirious states often complicate the treatment and prognosis of patients with active medical conditions. Although the crucial component in the management of delirium is an aetiological treatment, using antipsychotics to treat disturbing symptoms remains the clinical standard. Table 1 provides an overview of treatment approaches towards delirium due to a general medical condition in the C-L psychiatry setting at LKH Graz.

Table 1. Graz Protocol for treatment of delirium due to a general medical condition

Mild hyperactive delirium & mild, moderate, or severe hypoactive delirium in patients without withdrawal syndromes, Parkinson's disease, Lewy body dementia, HIV-induced dementia	• Initial dose: Administer risperidone quicklet 0.5 mg, alternatively, administer haloperidol liquid 5 drops • Control of target symptoms: Increase dosage of risperidone quicklet up to 2 mg/d or haloperidol liquid up to 20 drops/d
Moderate hyperactive delirium in patients without withdrawal syndromes, Parkinson's disease, Lewy body dementia, HIV-induced dementia	• Initial dose: Administer haloperidol 2.5 mg mixed in 250 ml 5% glucose as slow intravenous infusion • Control of target symptoms: Increase dosage of haloperidol as slow intravenous infusion up to 5 mg/d • Use of prothipendyl as an adjunct for sedation induction and agitation control. The dose may range from 40 mg to 160 mg/d.
Severe hyperactive delirium in patients without withdrawal syndromes, Parkinson's disease, Lewy body dementia, HIV-induced dementia	• Initial dose: Administer haloperidol 5 mg mixed in 250 ml 5% glucose as slow intravenous infusion • Control of target symptoms: Increase dosage of haloperidol as slow intravenous infusion up to 60 mg/d (Warning: Higher doses and intravenous administration of haloperidol appear to be associated with a higher risk of QT prolongation and Torsades de Pointes). • Use of prothipendyl as an adjunct for sedation induction and agitation control. Administer prothipendyl 40 mg mixed in either 5% glucose or 0.9% sodium chloride as slow intravenous infusion. The dose may be increased to 40 mg prothipendyl IV 3 times per day.
Delirium due to a medical condition in patients with Parkinson's disease, Lewy body dementia, HIV-induced dementia	• Initial dose: Administer quetiapine 25 mg (Warning: Quetiapine can cause orthostatic hypotension). Dosage of quetiapine may be gradually increased up to 150 mg/d. • If intravenous route is required for expedient induction of control of target symptoms, administer prothipendyl 40 mg mixed in either 5% glucose or 0.9% sodium chloride as slow intravenous infusion. The dose may be increased up to 40 mg prothipendyl IV 3 times per day.