Intraoperative Dexmedetomidine for Reduction of Postoperative Delirium in the Elderly: A Scoping Review



COLLEGE OF NURSING

Gregory B. Harris, BSN, RN, SRNA; Brooke N. Hatchell, BSN, RN, SRNA; Davelin D. Woodard, BSN, RN, SRNA; and Dr. Dwayne Accardo, DNP, CRNA

College of Nursing - The University of Tennessee Health Science Center - Memphis, TN

Purpose

The purpose of this scoping review is to examine intraoperative dexmedetomidine use to prevent postoperative delirium (POD) in the elderly (>60 years).

Specific Aims:

- Compare the effectiveness of dexmedetomidine to opioids in reducing the incidence of postoperative delirium.
- Determine if the use of dexmedetomidine will decrease the occurrence of delirium in the elderly in the first 48 hours after surgery.
- Determine if the use of dexmedetomidine will result in better patient outcomes in the first 48 hours of the postoperative period.

Background

- Opioid-induced POD is a well-recognized entity leading to increased length of hospital stays, increased hospital costs, and increased morbidity in the elderly.
- Dexmedetomidine is a potential alternative for opioids, as it mitigates cognitive dysfunction secondary to acute pain compared to standard

opioid-based analgesia.

- Dexmedetomidine is an alpha-2 agonist, delivering sedative and analgesic properties with fewer negative effects than opioids.
- Compared to opioids, dexmedetomidine decreases the perception of acute pain, enhances chronic pain management, reduces the frequency of POD, and has no addictive or adverse effects.

Methods

Eligibility Criteria for Articles

- Evaluates the efficacy of dexmedetomidine for prevention of postoperative delirium
- Published in the last 5 years (as of 2019)
- Peer-reviewed
- Published in English
- Abstract included
- Free access
- Study subjects 60 years or older

The Search

- Database search developed with assistance of the academic librarian from November 1 to November 15, 2019.
- PubMed, CINAHL, PsychINFO, Google Scholar, and scanning of references

Selection of Sources of Evidence

- 9,000 sources initially identified
- Each author selected 5 articles for review by co-authors
- Created annotated literature tables for easy screening
- 4 articles excluded; 11 articles included in scoping review

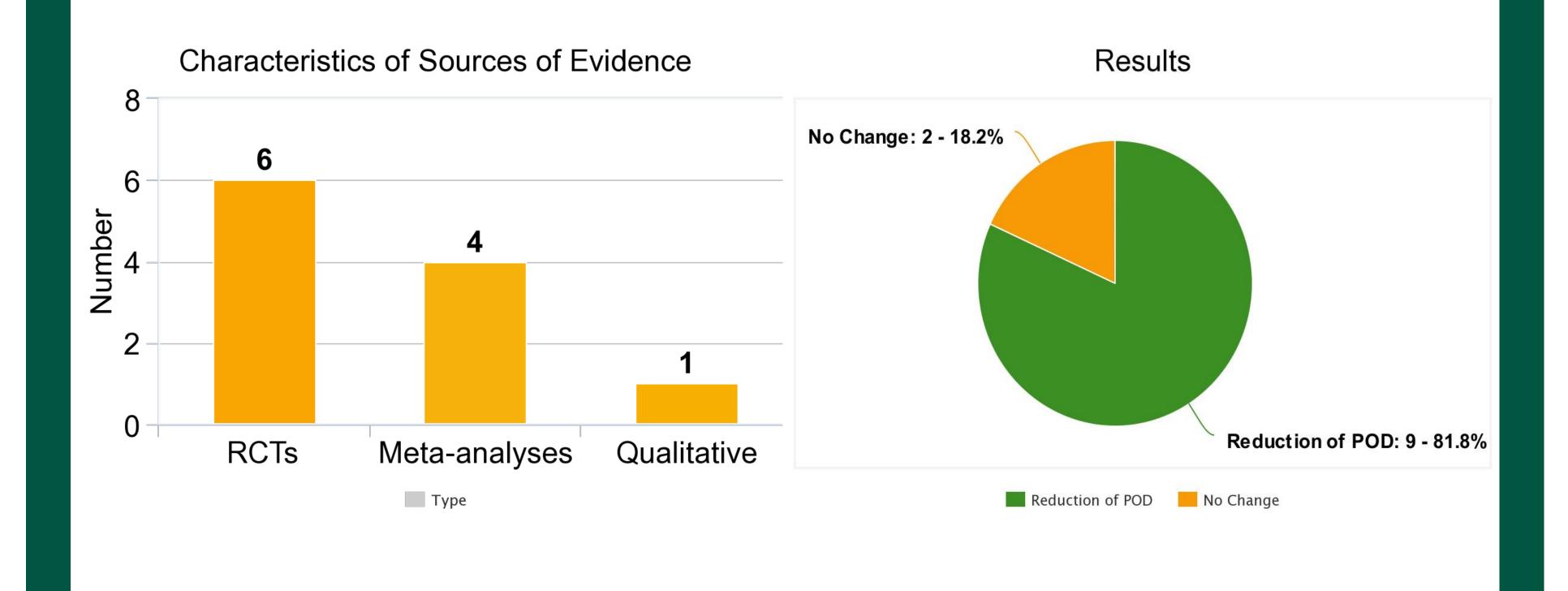
Data Charting

- Developed data-charting form on Microsoft Word
- Data items extracted include author(s) of the publication, the year, the country of origin, the study population, sample size, methods/interventions, and key findings relating to the scoping review question

Results

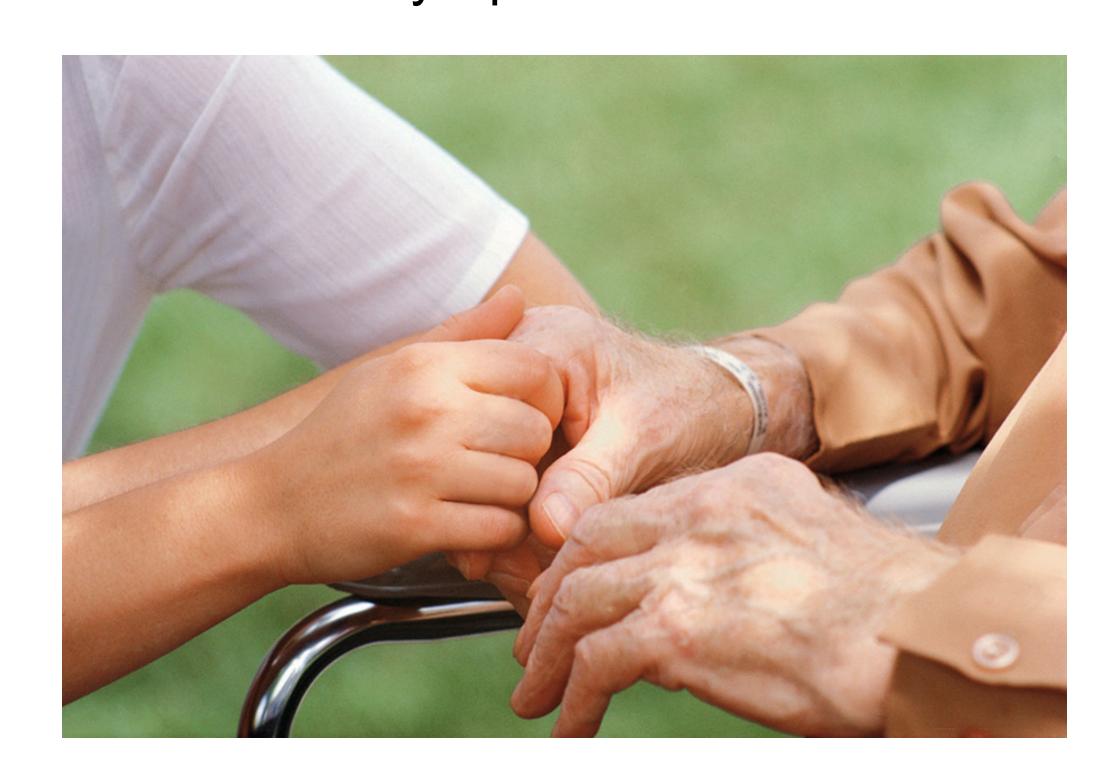
Synthesis of Results

81.8% of the studies advocate for the use of dexmedetomidine in preventing and treating POD and emergence agitation.



Implications for Practice

- Using the confusion assessment method will aid in identifying those at risk for POD.
- Dexmedetomidine mitigates cognitive impairment induced by acute pain, encouraging early ambulation and shortening length of stay.
- Dexmedetomidine decreases the perception of pain by decreasing the release of norepinephrine. Decreased pain leads to decreased usage of opioids.
- Further research is needed with larger sample sizes, proper screening of patients, and inclusion of providers willing to participate with the study's plan of care.



References

Deiner, S., Luo, X., Lin, H.-M., Sessler, D. I., Saager, L., Sieber, F. E., Lee, H. B., Sano, M., Jankowski, C., Bergese, S. D., Candiotti, K., Flaherty, J. H., Arora, H., Shander, A., & Rock, P. (2017). Intraoperative infusion of dexmedetomidine for prevention of postoperative delirium and cognitive dysfunction in elderly patients undergoing major elective noncardiac surgery. *JAMA Surgery*, 152(8), e171505. https://doi.org/10.1001/jamasurg.2017.1505

Duan, X., Coburn, M., Rossaint, R., Sanders, R., Waesberghe, J., & Kowark, A. (2018). Efficacy of perioperative dexmedetomidine on postoperative delirium: Systematic review and meta-analysis with trial sequential analysis of randomised controlled trials. *British Journal of Anaesthesia*, 121(2), 384–397. https://doi.org/10.1016/j.bja.2018.04.046

He, F., Shen, L., & Zhong, J. (2018). A study of dexmedetomidine in the prevention of postoperative delirium in elderly patients after vertebral osteotomy. *Int J Clin Exp Med*, 11(5), 4984-4990. http://www.ijcem.com/files/ijcem0075571.pdf

Janssen, TL., Alberts, AR., Hooft, L., Mattace-Raso, F., Mosk, CA., & Van der Laan, L. (2019). Prevention of postoperative delirium in elderly patients planned for elective surgery: Systematic review and meta-analysis. *Clinical Interventions in Aging*, 14:1095-1117. https://doi.org/10.2147/CIA.S201323

Pan, H, Liu, C., Ma, X., Xu, Y., Zhang, M., & Wang, Y. (2019). Perioperative dexmedetomidine reduces delirium in elderly patients after non-cardiac surgery: A systematic review and meta-analysis of randomized-controlled trials. *Canadian Journal of Anesthesia*, 66(12), 1489-1500. https://doi.org/10.1007/s12630-019-01440-6

Pavone, K. J., Cacchione, P. Z., Polomano, R. C., Winner, L., & Compton, P. (2018). Evaluating the use of dexmedetomidine for the reduction of delirium: An integrative review. *Heart & Lung*, 47(6), 591–601. https://doi.org/10.1016/j.hrtlng.2018.08.007

Shi, C., Jin, J., Qiao, L., Li, T., Ma, J., & Ma, Z. (2019). Effect of perioperative administration of dexmedetomidine on delirium after cardiac surgery in elderly patients: A double-blinded, multi-center, randomized study. *Clinical Interventions in Aging,* 14, 571-575. https://doi.org/10.2147/CIA.S194476

Subramaniam, B., Shankar, P., Shaefi, S., Mueller, A., O'Gara, B., Banner-Goodspeed, V., Gallagher, J., Gasangwa, D., Patxot, M., Packiasabathy, S., Mathur, P., Eikermann, M., Talmor, D., & Marcantonio, E. R. (2019). Effect of intravenous acetaminophen vs placebo combined with propofol or dexmedetomidine on postoperative delirium among older patients following cardiac surgery: The DEXACET randomized clinical trial. JAMA, 321(7), 686–696. https://doi.org/10.1001/jama.2019.0234

Zeng H, Li Z, He J, & Fu W. (2019). Dexmedetomidine for the prevention of postoperative delirium in elderly patients undergoing noncardiac surgery: A meta- analysis of randomized controlled trials. *Plos One,* 14(8), 1-15. https://doi.org/10.1371/journal.pone.0218088

Zhang, J., Liu, G., Zhang, F., Fang, H., Zhang, D., Liu, S., Chen, B., & Xiao, H. (2019a). Analysis of postoperative cognitive dysfunction and influencing factors of dexmedetomidine anesthesia in elderly patients with colorectal cancer. *Oncology Letters*, 18(3), 3058–3064. https://doi.org/10.3892/ol.2019.10611

Zhang, J., Yu, Y., Miao, S., Liu, L., Gan, S., Kang, X., & Zhu, S. (2019b). Effects of perioperative intravenous administration of dexmedetomidine on emergence agitation after general anesthesia in adults: a meta-analysis of randomized controlled trials. *Drug Design, Development, and Therapy,* 13:2853-2864. https://doi.org/10.2147/DDDT.S207016

