OBJECTIVES

To evaluate the prevalence of antipsychotics/benzodiazepines prescribed among patients enrolled in HELP at a large medical center.

We also aim to determine 30-day readmission rates for patients enrolled in HELP.

METHODS

We conducted a retrospective study on:

• Patients 2 to 55 years of age (N=1411)
• Risk factor (≥2) for delirium (see Figure I)
• Admitted and enrolled into one of the eight HELP units at large Eastern Wisconsin community teaching hospital
• Admitted between 2017-2018

Statistical Analysis:

• Patient characteristics were described using basic descriptive statistics.
• Chi-square and t-tests were performed as appropriate.
• A p-value <0.05 was deemed significant.

RESULTS

• Approximately 16.44% (n=232) of patients were already receiving antipsychotics/benzodiazepines at the time the patient was enrolled in HELP.
• 7.87% (n=111) received an antipsychotics/benzodiazepines during their hospital stay.
• From all patients diagnosed with delirium in the HELP program (n=38, 2.69%), 15 received antipsychotics/benzodiazepines at some point during their hospitalization.
• Of these 15, eight had at least one diagnosis of chronic mental illness.
• Antipsychotics/benzodiazepines were discontinued at discharged in 22.4% (n=99) of patients that took medication at any point during their hospital stay.
• Overall, 30-day readmission rate was 23.74%.

CONCLUSION

• 30-day readmission rate was 23.74% among HELP enrolled patients.
• 16.44% (n=232) of patients were already receiving antipsychotics/benzodiazepines at the time the patient was enrolled in HELP.
• Out of those patients taking psychotropics during their hospital admission, antipsychotics/benzodiazepines were successfully discontinued in 22.40% (99).
• From those patients that developed delirium and received pharmacologic intervention, approximately half of them had at least one diagnosis of chronic mental illness.
• Prompt recognition and differentiation of psychiatric disorders, delirium, and neuropsychiatric symptoms related to dementia are needed in order to effectively deployed non-pharmacological strategies to prevent or limit the use of antipsychotics/benzodiazepines for management of these conditions.

REFERENCES