BACKGROUND

- Delirium is an acute change in mental status commonly seen in hospitalized older adults. Although the occurrence of delirium is serious and is associated with adverse outcomes, it is considered transient and potentially reversible. However, if not prevented, delirium has been shown to increase readmission rates.
- Research has shown that there is a decreasing rate of delirium among those who received clinical protocols directed at delirium risk factors compared to those who did not, making prevention likely to be the most effective strategy.
- The Hospital Elder Life Program (HELP) is an evidence-based program designed to prevent delirium and functional decline in hospitalized older patients.
- Patients with delirium may be prescribed antipsychotic/benzodiazepines, which can lead to adverse effects and other associated complications. HELP promotes non-pharmacologic interventions and prevents the use of antipsychotics and benzodiazepines to manage agitation and behavioral disturbances in hospitalized older adults.

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 ≥ 65 years of age (N=1411)
  - Risk factor ≥1 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 antipsychotic/benzodiazepine 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 discharge in 22.40% (99) of patients that took medication at any point during their hospital stay.
- 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.

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).
- 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