

Hospice and Palliative Medicine

CHIEF COMPLAINT

Delirium

COMMENTS TO SPECIALIST

A follow-up to an eConsult in November, the patient's behavior is deteriorating. She is becoming more aggressive and not responding to Haldol. Many medication doses were decreased as per the prior eConsult. I am unable to discontinue Omeprazole due to the recurrence of symptoms.

MAIN QUESTION

Do you have further suggestions on how to help her and her family?



Response from eConsult Specialist

ILIANA WARD, MD, HOSPICE AND PALLIATIVE MEDICINE

NPI: 2000000007

SUMMARY

Treatment options are available at the primary care level.

DETAILS

With declining health and background of late stages of dementia, the patient is becoming increasingly agitated (hitting her caregiver/granddaughter). She is also polypharmacy with decreasing doses over the last few months of anticholinergics, further decreasing at the last visit.

I first consulted on her case approximately 6 months ago. She remained on low doses of Haldol which seemed to control her behaviors initially, but not lately. Of note, few episodes of Urinary Tract Infection (UTI), as documented and the fact that at times the patient is not allowing her granddaughter to change her after episodes of incontinence.

1. Delirium with agitated features are common in advanced stages of dementia and hard to treat. Among many other symptoms, pain and constipation are common in causing delirium and should be addressed first.
 - ☐ Starting 650 mg acetaminophen bid with 2 main doses during the day and 2 more doses as needed for non-verbal cues for pain on Pain Assessment in Advanced Dementia Scale (PAINAD)
2. Recurrent UTIs are seen with the presence of chronic constipation with translocation of microorganisms in the urinary tract.
 - ☐ The goal should be 1-2 bowel movements per day with the use of laxatives if there is a tendency to constipation, not apparent on notes.
3. Hospice is recommended at this point, which should help both by addressing symptoms in the house and helping the caregiver, as the escalating needs will take a toll.
4. As far as the use of Haldol, it should be only as needed, the dose may be increased to 1 mg bid prn agitation, and preference should be given to the second part of the day. During the day redirecting comforting, and repositioning should be first before medication.
5. At night, I suggest a fixed dose of acetaminophen 500-650 mg along with quetiapine 50 mg. The main reason for the above changes is to keep her from reversing the sleep-wake cycle and allow her to sleep at night and be awake during the day. Acetaminophen 500 mg is also to be used 30 minutes - 1 hour before cleaning as she is likely experiencing pain and that's why resisting.
6. Agitated delirium is a poor prognosis sign in general, but patients with dementia remain extremely hard to prognosticate otherwise.
7. Thank you for keeping me involved in her care. Patients in the late stages of dementia are extremely difficult and delirium, specifically, is notoriously hard to control as patients become unable to voice their needs.

Iliana Ward, MD

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Iliana Ward, MD, Hospice and Palliative Medicine

Response Date Stamp

For reference only. This eConsult is based on an actual request for specialist consultation. The primary care provider, specialist, and patient are de-identified to protect private health information (PHI).