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Abstract

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CBS0001

Antipsychotics and delirium: When to start and what to select

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Abstract: Antipsychotics are among the substances that are very frequently used for elderly people and dementia patients in particular. This is known from studies both in outpatient care and in nursing homes. They are often part of a polypharmacy. This group of substances is discussed in the context of the increased risk of falls, increased mortality and also - as here - in the context of the development of delirium.
On the other hand, antipsychotics are drugs for the treatment of delirium, whereby the question of their significance in modern delirium treatment is being asked anew. In the past, butyrophenones in particular have played a role here, partly because of their variable form of administration and also because of their low cardiac impact.
In the context of delirium prevention, the aim is to reduce the number of drugs on the one hand and the anticholinergic load of the drugs on the other. Algorithms and recommendations exist for this.
In the treatment of delirium, the focus is rightly placed primarily on non-pharmacological management. The use of antipsychotics should be reserved for severe states of agitation or agitation in the context of delirium. In other cases, careful judgement is required.

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CBS0002

Medication related problems in elderly patients treated with antipsychotics

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Abstract: Elderly patients treated with antipsychotics are often prescribed multiple medications simultaneously (polypharmacy), leading to an increased risk of various medication-related problems, including irrational polypharmacy, drug-drug interactions, and potentially inappropriate medications (PIMs). Polypharmacy may be rational with clear indications and benefits, but it becomes irrational when better alternatives are available. This irrational polypharmacy is associated with poorer clinical and economic outcomes, including a higher mortality rate. Antipsychotic polypharmacy in elderly patients with schizophrenia is not well-studied and, therefore, is not generally recommended. Long-term antipsychotic use in patients with dementia has also been linked to a higher mortality rate. PIMs, representing a greater risk than benefit, are prevalent in mental health institutions at all healthcare levels, with a prevalence ranging from 40% to 60%. Antipsychotics, along with benzodiazepines, are among the most commonly included in PIMs and polypharmacy in these institutions. Moreover, antipsychotics are frequently implicated in potential severe drug-drug interactions in elderly patients with mental disorders, particularly with antibiotics and antiarrhythmics.
Unfortunately, the existing treatment guidelines and meta-analyses mostly do not cover these aspects, which represent a gap between the 'real clinical' pharmacology and treatment guidelines. The speaker will summarize the medication-related problems in this population and present practical recommendations for daily clinical practice.

Disclosure of Interest: None Declared

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