

AGITATION AND CONFUSION

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PSYCHOLOGICAL ISSUES

- Fear
- Distress (Emotional)
- Anxiety (Psychological)
- Restlessness (Physical)
- Agitation
- Confusion
- Depression
- Withdrawal
- Loneliness

SOCIAL ASPECTS OF DEATH

- Experience of death in the family
- Expectations of health and life
- Materialism
- Role of religion

AGITATION AND CONFUSION

- DELIRIUM:
Acute confusion leading to disturbance of comprehension and bewilderment
- INSOMNIA:
Lack of sleep over 24 hours
- PANIC:
An episodic pathological failure of the protective '*flight or fight*' response to a major threat

DELIRIUM – FEATURES - 1

- Restlessness, anxiety, sleep disturbance, irritability
- Disorientation of place, person and time
- Memory impairment
- Disorganised thinking, incoherent speech
- Reduced attention
- Altered arousal
- Deranged psychomotor activity
- Disturbance of sleep-wake cycle
- Emotional lability, sadness, anger, euphoria

DELIRIUM – FEATURES - 2

- Agitation
- Noisy aggressive behaviour
- Altered perceptions (Misinterpretations, Hallucinations, Illusions, Delusions)
- Cortical abnormalities (Constructional apraxia)
- Motor abnormalities (tremor, altered tone and reflexes)
- EEG abnormalities

DELIRIUM – EVALUATION - 1

- Hyperactive (agitated)
- Hypoactive (lethargic)
- Mixed

DELIRIUM – EVALUATION - 2

- Change of environment
- Unfamiliar excessive stimuli
- General deterioration
- Fatigue, Anxiety, Depression
- Pain
- Faecal impaction
- Urinary retention

DELIRIUM – EVALUATION - 3

- Infection
- Dehydration
- Biochemical abnormalities (Ca⁺⁺, Na⁺, Glucose)
- Drugs (opioids, steroids, antimuscarinics)
- Withdrawal states (nicotine, alcohol)

DELIRIUM – MANAGEMENT - 1

- Correct the correctable!
 - * Infection
 - * Drugs
 - * Biochemistry
 - * Alcohol or Nicotine withdrawal

DELIRIUM – MANAGEMENT - 2

- NON – DRUG TREATMENT:
 - * Keep calm and avoid confrontation
 - * Respond to patient’s comments
 - * Explain
 - * Keep situation as ‘normal’ as possible
 - * Speak to family

- *DELIRIUM IS NOT MADNESS*

DELIRIUM – MANAGEMENT - 3

- DRUG TREATMENT:
 - * Reduce medications
 - * Oxygen if cyanosed
 - * Haloperidol 3-5 mg stat (Drug of choice)
 - * Midazolam 5-10 mg for agitation (not to be given alone, combine with Haloperidol)
 - * Avoid opioids only for agitation

DELIRIUM – MANAGEMENT - 4

- If possible/necessary, continue with oral Haloperidol or phenothiazines
- If terminal agitation, will need higher doses of Haloperidol/Phenothiazines/Benzodiazepines

INSOMNIA - 1

- Less than normal sleeping hours in 24 hours
- Many patients *catnap* during the day
- *Whose problem is it anyway?*

INSOMNIA - 2

- Correct the correctables:
Pain control
Hallucinations

INSOMNIA - 3

- Non – drug treatment:
 - Mattress
 - Talk
 - Increase daytime activity
 - Calming atmosphere
 - Relaxation / Massage therapy
 - Psychotherapy

INSOMNIA - 4

- Change the drug timings
- Night sedatives
 - Temazepam 10-40 mg nocte
 - Zopiclone 3.75 – 7.5 mg nocte if elderly
- Antidepressant?
- Haloperidol or Phenothiazines?

'PRN' DRUGS - 1

DIAMORPHINE (see chart)	Multiply 24 hours morphine by 3 and then divide by 6
MORPHINE (see chart)	Divide 24 hours Morphine by 6
HALOPERIDOL	1 st line for agitation. 1.5 mg for nausea. 3-5 mg for agitation.

'PRN' DRUGS - 2

MIDAZOLAM	2 nd line for agitation. 2.5 mg to start, but if patient already on Benzodiazepine, 5 mg.
DIAZEPAM	2 nd line for agitation. 2 mg to start, 5 mg if already on Benzodiazepine. 5 mg for fits and insomnia.

'PRN' DRUGS - 3

HYOSCINE	Hydrobromide for secretions and vomiting. Butylbromide (Buscopan®) for abdominal pain, diarrhoea and secretions
TEMAZEPAM	For insomnia but not for agitation.
LEVOMEPRO-- MAZINE (NOZINAN ®)	6.25 mg for nausea, 12.5 mg for agitation but wait for 30 minutes for response

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- Families of such patients are harder to manage!
- Carers who picks on such anxieties is the hardest to manage!