

Letters

ANTIPSYCHOTICS FOR DELIRIUM

In “Antipsychotics for patients without psychosis?” (CURRENT PSYCHIATRY, December 2006, p. 32-44) Drs. Fabien Trémeau and Leslie Citrome discuss use of second-generation antipsychotics (SGAs) for nonpsychotic illnesses. We would like to address another area of successful clinical antipsychotic use that is not supported by well-designed studies.



Delirium is a neuropsychiatric disorder of abrupt onset and fluctuating course, with disturbances in consciousness, attention, cognition, and perception. The prevalence of psychotic symptoms ranges from 3% to 67.9% in delirium patients; these symptoms are less likely to be seen in the hypoactive subtype.¹

Antipsychotics are widely used to treat delirium presenting with or without psychotic symptoms, despite lack of FDA approval for this indication. Studies on use of SGAs for delirium are limited to case reports, retrospective studies, and open-label trials²—none of which differentiate between delirium subtypes and phenomenology.

Double-blind, randomized studies are needed to assess the efficacy and safety of SGAs in delirium and assist the clinician's evidence-based decision making.

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References

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2. Boettger S, Breitbart W. Atypical antipsychotics in the management of delirium: a review of the empirical literature. *Palliat Support Care* 2005;3:227-38.