

TPPP No: MedsMgt 15

**POLICY FOR
MANAGEMENT OF ACUTELY CONFUSED AND/OR
AGITATED ELDERLY PATIENTS**

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Approval and Authorisation

Completion of the following signature blocks signifies the review and approval of this process.

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Change History

Version	Date	Author	Reason

Equality Issues

Issue	Consultation Level	Date
Race		
Disability		
Gender		
Human Rights		

A translation service is available for this policy. The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.

Many elderly patients can present with acute confusion and agitation. When treating these patients it is important not to rush into using medication to manage the symptoms until the causative factors have been identified. The medications commonly used to treat agitation and confusion have side effects which can worsen the patients condition.

One group of drugs commonly used to treat this condition are the antipsychotics. These drugs can cause the following problems: -

- Parkinsonian symptoms, stiffness and postural hypotension, which can contribute to falls.
- Accumulation of the medication caused by alteration in metabolism and handling of the drug in the elderly population can lead to an increase incidence of side effects such as impairment in cognition which can worsen confusion and agitation.

Also elderly patients are more likely to be taking complex drug regimes, this increases the risk of drug interactions resulting in potentiation of the effects of the antipsychotic medications further worsening the confusion and agitation.

Management of the confused /agitated patient

Look for the common reasons for confusion:

- Does the patient have an infection?
- Is the patient constipated?
- Is anoxia present e.g. from cardiac, pulmonary or haemoglobin disease or hypovolaemia?
- Is there a metabolic/endocrine cause? e.g. hypoglycaemia, thyroid disease, renal failure, hepatic failure, electrolyte imbalance etc.
- Is the patient taking any medications that could cause confusion e.g. anticholinergic medications, psychotropic medications corticosteroids, cardiovascular medications, antiepileptic medications etc?

Whenever possible treat the underlying cause of confusion.

- Pain can be another cause of agitation and confusion, which can be easily overlooked.

If the patient is in pain then addition of medications used to treat agitation is unlikely to improve things if the pain remains untreated. Therefore treat the underlying cause of the pain.

If it is necessary to treat the patient for their safety and that of others use low dose lorazepam 0.5-1mg as required up to 4mg a day either orally or IM but monitor the patient for over sedation and any signs of respiratory depression. Oral lorazepam takes up to an

hour to work and IM takes approximately 30minutes. In the event that Parenteral Lorazepam is unavailable, please contact pharmacy for an alternative.

If an underlying cause for confusion cannot be found then treat as follows:

Any medication given should be at low doses and then titrated up according to response.

- Promazine at a dose of 25mg bd orally is effective in many elderly patients for agitation.
- Lorazepam at a dose of 0.5-1mg bd orally titrating up to a maximum of 4mg per day.

If parenteral medication is deemed necessary Lorazepam may be given IV or IM. See BNF for directions on administration.

Management advice may be obtained from the EMH service at St Mary's Monday to Friday 9-5 or from Pharmacy. If a patient remains agitated or aggressive please contact the duty psychiatrist for advice.

General management of the confused elderly

- **Normalisation** is the key to successful management.
 - Keep stimulation to a minimum
but
 - Talk to the patient, explain in simple terms what is happening, with constant repetition and reassurance.
 - Give constant reminders to the patient about who people are.
 - Keep a log of when people are confused. It could be situational e.g. an elderly lady who has never been married becoming agitated whenever she is cared for by a male nurse particularly when washing and dressing.
 - Discuss with the patient's carers or relatives what the patient's usual condition is, what their likes and dislikes are and patterns of behaviour. They can give great advice on what works and what doesn't.

It must be remembered that medication is **NOT** the first line of management with this patient group and use of drugs may compound the problem.

Use of Risperidone and Olanzapine should be avoided in any patient that has a history of cerebrovascular disease or who has a diagnosis of dementia, as there is evidence that there is an increased risk of stroke in this patient group

References.

- Ritchie Craig. How to treat confusion in the elderly Health & Aging December 2003;18-21.
- British National Formulary No 48 September 2004 Chapter 4 p172-262.
- Committee on Safety of medicines. Atypical antipsychotic drugs and stroke: Message from Professor Gordon Duff, Chairman, Committee on Safety of Medicines April 2004.
- Summary - Guidance for the management of behavioural and psychiatric symptoms in dementia and the treatment of psychosis in people with history of stroke/TIA. Working group for the Faculty of Old Age Psychiatry RCPsych, RCGP, BGS, and Alzheimer's Society, following CSM restriction on Risperidone and Olanzapine.