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A RETROSPECTIVE EVALUATION OF ANTIPSYCHOTIC SELECTION IN PATIENTS DIAGNOSED WITH DELIRIUM DURING PSYCHIATRIC CONSULTATIONS AT PAMUKKALE UNIVERSITY HOSPITAL OVER THE LAST YEAR

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BACKGROUND AND AIM: Delirium is a clinically significant condition associated with adverse outcomes. This study aimed to identify key clinical features and treatment approaches in delirium by retrospectively examining recommended antipsychotic treatments, psychiatric comorbidities, re-consultation needs, and selected laboratory findings.

METHODS: Sociodemographic and medical data of patients diagnosed with delirium and consulted to the psychiatry department between 01.01.2025 and 01.01.2026 were retrospectively reviewed from hospital records. Reviewed variables included survival status, psychiatric comorbidities, selected laboratory findings, treatments recommended after consultation, and re-consultation status. Continuous variables were presented as mean ± standard deviation and categorical variables as number and percentage (%). Categorical comparisons were performed using the chi-square test. Ethical approval was obtained (E-60116787-020-811452).

RESULTS: Among 342 patients, 58.5% were male and 41.5% female; mean ages were 70.9 ± 12.7 and 74.2 ± 12.0 years. In-hospital mortality was 22.1%. Dementia was present in 17%, and other psychiatric comorbidities in 40.6%. Antipsychotic treatment was recommended in 97.7% of cases; haloperidol (oral drops) was most frequently prescribed (88.6%), followed by quetiapine (6.3%). Re-consultation during hospitalization occurred in 25.1% of patients. A significant association was found between antipsychotic use within the previous six months and re-consultation (χ^2=12.704; p<0.001). Mean initial doses were 1.40 ± 0.65 mg for haloperidol, 38.10 ± 27.52 mg for quetiapine, 3.93 ± 2.34 mg for olanzapine, and 1.0 ± 0.0 mg for risperidone.

CONCLUSION: Consistent with the literature, haloperidol was the most frequently preferred antipsychotic in delirium management, as supported by Wilson et al. and the NICE guideline. The relatively low doses suggest that a cautious titration strategy was adopted, considering the mortality and cardiovascular risks emphasized by Tomlinson et al. Increased re-consultation among patients with prior antipsychotic use may reflect dopaminergic adaptation. Given the multifactorial nature of delirium, individualized treatment and close monitoring remain essential.

Keywords: Delirium, antipsychotic, haloperidol