

New study suggests cautions about antipsychotic medications for hospitalized older adults

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Delirium (sudden confusion or a rapid change in mental state) remains a serious challenge for our health care system. Delirium affects 15 to 26 percent of hospitalized older adults and can be particularly problematic because those experiencing the condition may interfere with medical care or directly harm themselves or others. Besides behavioral therapy and physical restraints, antipsychotic medicines are among the few therapeutic options healthcare providers can use to ease delirium and protect patients and caregivers—but antipsychotics also come with risks of their own.

To learn more about the effect of antipsychotic medicines on older hospitalized patients, a research team created a study published in the *Journal of the American Geriatrics Society*. This study included information from hospitalized patients at a large academic medical center in Boston.

The researchers looked specifically at death or non-fatal cardiopulmonary arrest ([heart attack](#)) during hospitalization.

The researchers learned that adults taking "first-generation" or "typical" antipsychotic medications (medicines first developed around the 1950s) were significantly more likely to experience death or cardiopulmonary arrest, compared to people who did not take those drugs. Taking "atypical" or "second-generation" antipsychotics (so named because they

were developed later) raised the risk for death or cardiopulmonary arrest only for people aged 65 or older.

In the past, other studies have suggested that typical antipsychotic medications could cause sudden death, and that [atypical antipsychotics](#) could raise peoples' risks for falls, pneumonia and death. What's more, another large study also suggested that both types of antipsychotic medicines posed a risk for fatal heart attacks.

Despite these known risks, atypical antipsychotics are often prescribed for people in the hospital. One recent study of patients at Beth Israel Deaconess Medical Center in Boston found that antipsychotics were prescribed for nine percent of all adults who were hospitalized for non-psychiatric causes. Another large recent study found that using antipsychotics to prevent or treat delirium did not lower the risk for death, did not lessen the severity of delirium or shorten its duration, and did not shorten the time people spent in the intensive care unit (ICU) or their hospital length of stay.

"Delirium is common in older hospitalized patients and difficult to treat, but [antipsychotic medications](#) should be used with caution regardless of age," said the authors.

More information: Matthew Basciotta et al, Antipsychotics and the Risk of Mortality or Cardiopulmonary Arrest in Hospitalized Adults, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.16246](#)

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