

Pharmacological and Non-Pharmacological Treatment of Delirium in an Oncological Hospital Service: An Integrative Review

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Biography

Palliative Care, Hemotherapy and Management Member of the Ethics Committee in Nursing at the Cancer Institute of the State of São Paulo, Member of the Latin American Delirium Special Interest Group (LADIG) and specialization in Nephrology, Hospital Administration an Oncology. She is currently nursing coordinator at the Cancer Institute of the State of São Paulo – Brazil; has experience in the field of Nursing, with emphasis on Clinical Oncology,

Abstract

Most oncology patients, when in advanced stages, present with multiple symptoms, which produce a significant decline in their quality of life. Acute changes in cognitive functions, especially delirium, are prognostic of imminent death in oncology patients. Delirium is an acute cognitive change, characterized by dysfunctions in awareness, attention, space awareness, memory, thought, perception, and behavior. It is classified as hyperactive (disquiet, agitation), hypoactive (apathy and diminution in the capacity to respond), or mixed state, and can affect more than 50% of hospitalized adults. In cancer patients, many studies reported associations between delirium, hospital mortality, and post-discharge mortality; in the last months of life, there is an association between its hypoactive and mixed subtypes and a lower survival rate. Recognizing this abnormality and treating it early, through pharmacological and non-pharmacological actions, is essential to reach outcomes that are favorable for the patient, the family, and the multiprofessional team, provoking a diminution of hospital costs

Objectives: to analyze the production of scientific articles about the pharmacological and non-pharmacological management of delirium in adult hospitalized cancer patients. **Methods:** integrative review whose sample was obtained from the databases Scopus, Cumulative Index to Nursing and Allied Health Literature, EMBASE, Web of Science, and from the portals Biblioteca Virtual em Saúde, and PubMed. **Results:** among the ten studies analyzed, 80% described exclusively the pharmacological management, especially with regard to the use of haloperidol; 20% mentioned, superficially, non-pharmacological interventions/actions (educational actions) associated to pharmacological management, and adjusting them could result in the diminution and control of psychomotor agitation, contributing for the safety and comfort of the patient. **Conclusions:** there are few studies addressing pharmacological and non-pharmacological interventions/actions to manage delirium. As a result, it is essential to develop studies focused on increasing and advancing scientific knowledge with regard to the theme, especially in the national context.



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