Aripiprazole versus quetiapine for hyperactive delirium in a medical intensive care unit: a retrospective analysis

P. Tavangar, D. Lindsay; Maimonides Medical Center, Brooklyn, New York

OBJECTIVE: Delirium remains a frequent challenge for the practicing intensivist, significantly increasing mortality, length of stay (LOS), cost, and duration of mechanical ventilation. The mainstay of treatment includes a number of non-pharmacologic therapies, but antipsychotics are frequently employed when these strategies fail. Quetiapine and aripiprazole, both atypical antipsychotics, are utilized at our institution for the treatment of delirium. Aripiprazole is a relatively unstudied treatment for acute delirium, yet it has a less pronounced effect on the QT-interval compared to quetiapine. Aripiprazole may be as effective as quetiapine for the treatment of hyperactive delirium and could serve as a safer alternative in patients with a prolonged baseline QT-interval.

METHODS: This was an IRB-approved retrospective single-center equivalency study that involved reviewing medical records of patients at Maimonides Medical Center admitted to the medical intensive care unit (MICU) from September 1, 2014 to September 30, 2016. Patients were included if they were age 18 years or greater and had received at least two doses of aripiprazole or quetiapine while in the MICU. Patients were excluded if they were older than 85 years, on any antipsychotic prior to admission, pregnant or breastfeeding, or were experiencing delirium secondary to alcohol withdrawal syndrome or delirium tremens. ICU LOS was chosen as the primary outcome for the study, with hospital LOS and number of ventilator-dependent days serving as secondary outcomes.

RESULTS: Of the 231 patients that were screened, 105 patients met criteria and were included. Statistical analysis is currently underway and results will be presented.

CONCLUSION: We predict that aripiprazole will be as effective as quetiapine for ICU delirium.