



### Drugs to Reduce or Eliminate in the Management of Delirium

Agent	Notes
Benzodiazepines: especially long-acting, including diazepam, flurazepam, chlordiazepoxide	Central nervous system sedation. Associated with delirium in medical and surgical patients.
Benzodiazepines: ultra short-acting, including triazolam, alprazolam	Central nervous system sedation and withdrawal. Associated with delirium in case reports and series.
Barbiturates	Severe withdrawal syndrome. Avoid inadvertent discontinuation, or substitute benzodiazepine.
Choral hydrate	Central nervous system sedation. No better for delirium than benzodiazepines.
Alcohol	Central nervous system sedation. Withdrawal syndrome. If history of heavy intake, careful monitoring and benzodiazepines if withdrawal symptoms. Alcohol history is imperative.
Antidepressants, especially the tertiary amine tricyclic agents: amitriptyline, imipramine, doxepin	Anticholinergic toxicity.
Antihistamines, including diphenhydramine	Anticholinergic toxicity. Must take history of over-the-counter drug use.
Anticholinergics: oxybutynin, benztropine	Anticholinergic toxicity. Can raise serum anticholinergic activity.
Opioid analgesics: especially meperidine	Anticholinergic toxicity. Central nervous system sedation. Save opioids for break-through severe pain. Higher meperidine risk in patients with renal insufficiency.
Antipsychotics: especially low potency, anticholinergic agents	Anticholinergic toxicity. Central nervous system sedation.
Anticonvulsants, especially primidone (mysoline), phenobarbital, phenytoin	Mysoline is converted to phenobarbital, which is a sedating long-acting barbiturate. Toxic reactions can occur despite "therapeutic" drug levels.
Histamine-2 blocking agents	Anticholinergic toxicity. Consider antacids or proton pump inhibitors.
Antiparkinsonian agents: levodopa-carbidopa, dopamine agonists, amantidine	Dopaminergic toxicity. Usually with end-stage disease and high doses.
Antiarrhythmics	Interfere with neuronal metabolic physiology. Highly lipophilic and cross blood-brain barrier.

Adapted table from *Physicians Information and Education Resource (PIER)*, Delirium module.