

## 4. Drugs Causing Delirium and Agitation in Critical Care

Stopping or starting a huge variety of medications can cause delirium or agitation or confusion. During acute illness drugs can accumulate. For example, in patients with either renal or hepatic impairment drugs and their metabolites can accumulate causing delirium.

Delirium is usually multifactorial. It is more likely when patients are exposed to numerous different medications and / or have other risk factors for delirium.

**The following is a list of many of the drugs *most commonly* associated with delirium or agitation in Critical Care:**

- Opioids (and other analgesics such as gabapentin)
- Corticosteroids
- Antidepressants
- Antipsychotics
- Benzodiazepines (and other hypnotics)
- Antiemetics (especially prochlorperazine)
- Anticonvulsants (phenytoin, phenobarbital)
- Antimuscarinics (atropine & hyoscine)
- Antihistamines (chlorphenamine)

**Drugs which may cause a severe withdrawal state including agitation or delirium when *stopped* suddenly**

- Benzodiazepines
- Opioids
- Tramadol
- Gabapentin
- Antidepressants (particularly SSRIs)
- Recreational drugs including:
  - Alcohol*
  - Nicotine*
  - Psychedelics* (MDMA, ecstasy, LSD)
  - Stimulants* (Amphetamines, Cocaine Methylphenidate)

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