

**TAPM Audio Series 2006**  
**Module 7: Anxiety, Agitation and Delirium in the Hospice Population**  
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**Module Objectives**

1. Discuss the spectrum of behavioral disturbances from anxiety, to agitation and finally delirium.
2. Describe the pathophysiologic basis for such behavioral disturbances
3. Discuss the pharmacologic management of such disturbances

**Post-test**

Each question has one correct answer. Please record your answers on the separate answer/evaluation sheet and submit to TAPM if credit is desired.

1. Which of the following is not a characteristic of delirium:
  - a. When a cause is identified, the delirium is often reversible
  - b. Medications of the most common geriatric cause
  - c. Self-awareness usually remains intact
  - d. Cognition and attention are usually impaired
2. The following are characteristics of anxiety:
  - a. Difficulty concentrating
  - b. Irritability
  - c. Difficulty sleeping
  - d. Changes in mental status
3. For acute management of an agitated delirium, which of the following is generally considered to be the first-line medication for rapid management?
  - a. Haloperidol
  - b. Lorazepam
  - c. Olanzapine
  - d. Trazodone
4. Because of its relatively slow onset of action, which of the following is not first-line for management of anxiety?
  - a. Lorazepam
  - b. Alprazolam
  - c. Mirtazapine
  - d. Buspirone
5. According to this presentation, the most difficult step in managing delirium is:
  - a. Identifying that it is present
  - b. Determining the appropriate agent to use for treatment
  - c. Determining the appropriate starting medication dose for treatment
  - d. Titrating the appropriate medication for management