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Letter to the Editor

Enhancing strategies to mitigate psychotropic drug continuation post-ICU discharge: A critical perspective on the PSICU-ALTA protocol

Estrategias mejoradas para mitigar la continuación de fármacos psicótropos tras el alta de UCI: Una perspectiva crítica sobre el protocolo PSICU-ALTA

Dear Editor,

We read with interest the recently published protocol by Doménech-Moral et al. describing the *PSICU-ALTA* study, which addresses the critical issue of psychotropic drug continuation after intensive care unit (ICU) discharge and its contribution to polypharmacy.[1] The focus on transitions of care is timely, as medication inertia in this context can lead to prolonged exposure to potentially inappropriate medications, particularly in older adults.

While the proposed methodology is rigorous, several practical considerations could strengthen its translational value. First, the study primarily relies on electronic health records for data capture; however, real-world discontinuation often hinges on nuanced clinical judgement during ward rounds and handovers. Incorporating qualitative assessments, such as structured clinician interviews, could uncover behavioural and systemic drivers behind the persistence of psychotropic prescriptions. This mixed-methods approach has been shown to improve deprescribing strategies in complex care settings.[2]

Second, the protocol measures continuation rates at 30 and 90 days post-discharge, but it does not explicitly assess whether ongoing use remains clinically indicated at these intervals. Integrating an appropriateness review using tools such as the STOPP/START criteria or the updated AGS Beers Criteria could more accurately quantify potentially avoidable use. This is particularly relevant given that antipsychotics for delirium have no evidence-based role beyond the acute episode.[3]

Third, the study focuses on psychotropic agents but could benefit from capturing concurrent use of other high-risk drug classes (e.g., anticholinergics, opioids) that may synergistically worsen cognitive and functional outcomes. Polypharmacy-related harm is often the result of cumulative drug burden rather than a single class effect.[4]

Finally, while the authors mention future educational interventions, experience from stewardship models in antimicrobial use suggests that sustained change often requires embedding decision-support tools within electronic prescribing systems, coupled with post-discharge medication reconciliation led by pharmacists. Including a parallel pilot of such interventions during the observational phase could expedite the translation of findings into practice.[5]

In conclusion, the *PSICU-ALTA* study addresses an important gap in critical care pharmacotherapy, but its impact could be amplified by integrating qualitative inquiry, explicit appropriateness assessments, broader polypharmacy surveillance, and early interventional pilots. These enhancements could provide actionable insights not only for Spain's hospital network but also for the international critical care community striving to optimise psychotropic prescribing across care transitions.

Conflict of interest disclosure

The authors declare no conflicts of interest.

CRediT authorship contribution statement

Parth Aphale: Conceptualization, Supervision, Writing – original draft, Writing – review & editing. **Himanshu Shekhar:** Writing – original draft, Writing – review & editing. **Shashank Dokania:** Writing – original draft, Writing – review & editing.

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References

1. Doménech-Moral L, Santader-Reboreda J, Martin-Cerezuela M, Lugea AE, Vicente MB, Medina SC. Prospective observational follow-up study of psychoactive drug treatment initiated in the intensive care unit. *Farm Hosp*. 2025;49(4):T230–4. doi:10.1016/j.farma.2024.12.003.
2. Burry L, Hutton B, Williamson DR, Mehta S, Adhikari NK, Cheng W, et al. Pharmacological interventions for the treatment of delirium in critically ill adults. Cochrane Database Syst. *Rev*. 2019;9(9):CD011749. doi:10.1002/14651858.CD011749.pub2.
3. American Geriatrics Society Beers. Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2023;71(7):2052–2081. doi:10.1111/jgs.18372.
4. Reeve E, Ong M, Wu A, Jansen J, Petrovic M, Gnjidic D. A systematic review of interventions to deprescribe benzodiazepines and other hypnotics among older people. *Eur J Clin Pharmacol*. 2017;73(8):927–935. doi:10.1007/s00228-017-2257-8.
5. Morandi A, Piva S, Ely EW, Myatra SN, Salluh JIF, Amare D, et al. Worldwide survey of the "assessing pain, both spontaneous awakening and breathing trials, Choice of drugs, delirium monitoring/management,

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early exercise/mobility, and family empowerment. *(ABCDEF) bundle. Crit Care Med.*. 2017;45(11):e1111-2. doi:10.1097/CCM.0000000000002640.

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