NeuRA
Discover. Conquer. Cure.

SCHIZOPHRENIA LIBRARY

SCHIZOPHRENIA Factsheet

October 2020

What is haloperidol?

First generation 'typical' antipsychotics such as haloperidol are an older class of antipsychotic than second generation 'atypical' antipsychotics. They are used primarily to treat positive symptoms including the experiences of perceptual abnormalities (hallucinations) and fixed, false, irrational beliefs (delusions). First generation antipsychotics may cause side effects which can differ depending on which antipsychotic is being administered and on individual differences in reaction to the drug. Reactions may include dyskinesias such as repetitive, involuntary, and purposeless body or facial movements, Parkinsonism (cogwheel muscle rigidity, pill-rolling tremor and reduced or slowed movements), akathisia (motor restlessness, especially in the legs, and resembling agitation) and dystonias such as muscle contractions causing unusual twisting of parts of the body, most often in the neck. These effects are caused by the dopamine receptor antagonist action of these drugs.

What is the evidence for haloperidol?

High quality evidence shows haloperidol results in greater clinical improvement and study retention than placebo. Moderate to high quality evidence suggests haloperidol is also more effective for sedation and agitation. However, haloperidol may cause more movement disorders and may increase the risk of one or more other adverse effects than placebo.

High quality evidence shows no differences in clinical improvement between haloperidol and chlorpromazine. Moderate to low quality evidence suggests no differences in clinical response or leaving the study for any reason between haloperidol and low-potency first generation antipsychotics. There may be more movement disorders, but less sedation, dizziness, orthostasis problems and weight gain with haloperidol than with low-potency first generation antipsychotics.

Moderate quality evidence suggests haloperidol is associated with less improvement in mental state and less study retention than olanzapine. Olanzapine also had benefits over haloperidol for sedation, and ziprasidone had benefits over haloperidol for global state. Haloperidol was more effective than risperidone for sedation and aggression, and required fewer injections than aripiprazole. Haloperidol plus promethazine was more effective than haloperidol alone for inducing sleep by 20 minutes. Haloperidol caused more insomnia, dyspepsia, dystonia, and extrapyramidal effects, but less nausea, than aripiprazole. Haloperidol resulted in more risk of dystonia and extrapyramidal effects than olanzapine. Haloperidol resulted in less heartbeat change, but more akathisia than risperidone. Haloperidol resulted in more risk of any adverse event, particularly movement disorders, than ziprasidone. Moderate to high quality evidence suggests no differences in efficacy between 3 to 7.5mg/day and 15 to 35mg/day haloperidol doses, however, high quality evidence suggests more extrapyramidal side effects with 15 to 35mg/day than 3 to 15mg/day. Moderate to low quality evidence also suggests more extrapyramidal side effects with 7.5 to 15mg/day than 3 to 7.5mg/day.

For more information see the technical table

NeuRA
Discover. Conquer. Cure.

NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate/schizophrenia**.

NeuRA (Neuroscience Research Australia) Foundation
T 1300 888 019 **F** +61 2 9399 1082
ABN 57 008 429 961

Margarete Ainsworth Building
Barker Street, Randwick NSW 2031
PO Box 1165 Randwick Sydney NSW 2031 Australia

neura.edu.au