

BIPOLAR DISORDERS Factsheet

November 2021

What is haloperidol?

The treatment of bipolar disorder is complex due to the presence of varying configurations of symptoms in patients. The primary treatments for bipolar disorder are pharmacological, and often involve antipsychotic drugs such as the first-generation antipsychotic, haloperidol.

What is the evidence for haloperidol as treatment for bipolar disorder?

Moderate quality evidence suggests medium-sized effects of greater improvement in acute mania symptoms with haloperidol than with placebo, topiramate or lamotrigine, although there was greater improvement with tamoxefin than with haloperidol. There was more all-cause discontinuation with haloperidol than with olanzapine, and less all-cause discontinuation with haloperidol than with topiramate.

Moderate to low quality evidence suggests no significant differences in rates of switching to depression between haloperidol and aripiprazole, olanzapine, quetiapine, risperidone or ziprasidone. There were also no consistent differences in rates of somnolence between haloperidol and placebo, olanzapine, quetiapine, risperidone or ziprasidone.



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 bipolar disorder or its treatment with your doctor or other health care provider.

For more information see the technical table

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