Haloperidol Not the Best Treatment for Agitation in Health Care Settings

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For almost 30 years, physicians in emergency rooms and psychiatric facilities across the United States have used haloperidol, a sedative injected into the muscle, to treat patients with schizophrenia and bipolar disorder. But several recent studies confirm that there are much better, less harmful and more humane treatments for these mental illnesses, Psychiatry Advisor reports.

The biggest problem with intramuscular haloperidol, said mental health experts, is oversedation. The injection is often administered with lorazepam (a.k.a. B-52 or HAC) as part of a cocktail to patients with “acute agitation” in medical settings. In addition, patients prescribed this combo may become unconscious and unable to answer doctors’ questions, eat, drink or care for themselves for up to 12 hours.

Recent findings also linked haloperidol to a number of adverse reactions, including laryngospasm (when patients feel as if they are choking), oculogyric crisis (when the eyes appear to roll back into the head) and torticollis (when the neck muscles contract, causing the head to twist uncontrollably to one side). According to mental health researchers, these reactions don’t generally affect patients until 12 to 24 hours after a haloperidol injection, often long after patients have left the ER.

Currently, guidelines from the American Association for Emergency Psychiatry advise doctors not to use haloperidol combos unless absolutely necessary. This is because there are better, equally potent oral medications—with far fewer side effects—to treat agitation in schizophrenic and bipolar patients. These drugs include generic, second-generation treatments that are FDA-approved, such as ziprasidone and olanzapine, as well as aripiprazole and loxapine. (Despite its widespread use in psychiatric ERs, haloperidol isn’t approved by the FDA to treat this condition.)

Researchers concluded that in cases where a choice of drugs was possible, people with schizophrenia and clinicians might prefer an alternate antipsychotic to haloperidol that’s less likely to trigger adverse effects, such as parkinsonism, akathisia (agitation or distress) and acute dystonias (uncontrollable muscle contractions).

In addition, scientists noted that alternative treatment options might help medical providers build trust with long-term mentally ill patients, many of whom are familiar with haloperidol and greatly dislike it because of its side effects.

Click here to learn why it’s key to build trust in mental health treatment settings.

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