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# HALOPERIDOL (Haldol) Fact Sheet [G]

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## **BOTTOM LINE:**

Haloperidol is an effective, inexpensive first-generation antipsychotic with a long history of experience and use even in kids, but clinical utility is limited due to potential for EPS, prolactin elevation, and TD.

## **PEDIATRIC FDA INDICATIONS:**

**Psychosis** (3–17 years); **Tourette's disorder** (3–17 years); **severe behavioral problems** (3–17 years); **excessive motor activity, impulsivity** (3–17 years).

## **ADULT FDA INDICATIONS:**

Psychosis; Tourette's disorder.

## **OFF-LABEL USES:**

Bipolar disorder; impulse control disorders; delirium.

## **DOSAGE FORMS:**

- **Tablets (G):** 0.5 mg (scored), 1 mg (scored), 2 mg (scored), 5 mg (scored), 10 mg (scored), 20 mg (scored).
- **Oral concentrate (G):** 2 mg/mL.
- **Injectable (G):** 5 mg/mL.
- **Long-acting injection (G):** 50 mg/mL and 100 mg/mL (see LAI fact sheet and table).

## **PEDIATRIC DOSAGE GUIDANCE:**

- Weight-based guideline: 0.05–0.2 mg/kg/day.
- Start 0.25–0.5 mg/day; increase by 0.25–0.5 mg increments every five to seven days and adjust to lowest effective dose; usual range 0.5–5 mg/day, although doses up to 10 mg/day may be used in older children.

**MONITORING:** Prolactin, glucose, lipids, weight, waist circumference, EPS, abnormal movements.

**COST:** \$

## **SIDE EFFECTS:**

- Most common: EPS, headache, drowsiness, dry mouth, prolactin elevation (sexual side effects, amenorrhea, galactorrhea).
- Serious but rare: See class warnings in chapter introduction.

## **MECHANISM, PHARMACOKINETICS, AND DRUG INTERACTIONS:**

- Dopamine D2 receptor antagonist.
- Metabolized primarily by CYP2D6, also 3A4;  $t_{1/2}$ : 21–24 hours. Patients who are poor metabolizers of CYP2D6 metabolize the drug more slowly; may have increased effects.
- CYP2D6 inhibitors (eg, fluoxetine, paroxetine, duloxetine, quinidine) may increase haloperidol levels. May inhibit CYP2D6; caution with substrates of 2D6 as haloperidol may increase their levels and effects.

## **EVIDENCE AND CLINICAL PEARLS:**

- Older data in children with Tourette's, severe behavioral disorders, and psychosis show some benefit. Haloperidol is also the most well-studied first-generation antipsychotic in treating autistic children.
- Although haloperidol is approved for treating children with excessive motor activity and impulsivity (symptoms consistent with ADHD), stimulants have been shown to be more effective than antipsychotics in studies comparing the two.
- Haloperidol is a high-potency conventional (first-generation) antipsychotic; this leads to more EPS compared to mid- or low-potency agents (eg, perphenazine or chlorpromazine, respectively) and to less sedation, less orthostasis, and fewer anticholinergic side effects compared to low-potency agents (eg, chlorpromazine).
- Relatively lower seizure side effect risk compared to lower-potency agents.
- Availability of short-acting injectable and oral liquid formulations allows for more flexibility in administration.
- Long-acting injectable decanoate formulation allows option for patients who don't take oral formulation reliably.

## **FUN FACT:**

Haldol was discovered in 1958 by Paul Janssen, the founder of Belgian pharmaceutical company Janssen Pharmaceutica.