HALOPERIDOL (Haldol) Fact Sheet [G]

Bottom Line:
Haloperidol is an effective, inexpensive first-generation antipsychotic with low weight gain potential and a long history of experience and use, but clinical utility is limited due to EPS and potential for TD. It's favored by many clinicians for treatment of acute agitation, especially when given in an IM "cocktail" with lorazepam and diphenhydramine.

FDA Indications:
Psychosis (adults, 3–17 years); **Tourette's disorder** (adults, 3–17 years); **severe behavioral disorders** (3–17 years).

Off-Label Uses:
Bipolar disorder; behavioral disturbances; 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.
- **Injection (G):** 5 mg/mL.
- **Long-acting injection (G):** 50 mg/mL and 100 mg/mL (see LAI fact sheet and table).

Dosage Guidance:
- Schizophrenia: Start 1–2 mg BID (5 mg BID for hospitalized patients); adjust to lowest effective dose.
- Usual dose range is 5–20 mg/day. Max FDA-approved dose is 100 mg/day, but doses >20 mg/day are rarely used.
- IM for agitation: 2.5–10 mg IM, often combined with lorazepam 1 mg IM and diphenhydramine 50 mg IM; maximum 20 mg/day.
- IV for severe agitation (generally in the ICU setting): 2.5–10 mg IV Q4–8 hours; maximum 20 mg/day.
- Long-acting injection: See LAI fact sheet and table.

Monitoring: No routine monitoring recommended unless clinical picture warrants. Monitor ECG with IV use due to increased risk for QT prolongation.

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.
- Pregnancy/breastfeeding: Limited data suggest relative safety in pregnancy and breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:
- Dopamine D2 receptor antagonist.
- Metabolized primarily by CYP2D6 and CYP3A4; t ½: 21–24 hours. Patients who are poor metabolizers of CYP2D6 metabolize the drug more slowly; may have increased effects.
- CYP2D6 inhibitors (eg, fluoxetine, paroxetine, quinidine) may increase haloperidol levels. May inhibit CYP2D6; caution with substrates of 2D6 as haloperidol may increase their levels and effects.

Clinical Pearls:
- Haloperidol is a high-potency 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.
- Short-acting injectable and oral liquid formulations allow for more flexibility in administration.
- Long-acting injectable decanoate formulation allows option for patients who don't take oral formation reliably.

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