

Haloperidol does not prevent delirium or improve survival rates in ICU patients

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Prophylactic use of the drug haloperidol does not help to prevent delirium in intensive care patients or improve their chances of survival. Therefore, there is no reason anymore to administer the drug as a preventive measure to reduce the burden of delirium. This was revealed following a three-year, large-scale study among 1,800 patients in 20 Dutch ICUs, headed by Radboud university medical center. The results of this world's largest research project into delirium prevention in the ICU have been published on February 20 in the *Journal of the American Medical Association (JAMA)*.

Acute confusion, or [delirium](#), occurs in approximately one third to half of all patients in the intensive care unit (ICU), and has serious short-term and long-term consequences. Patients who develop delirium need mechanical ventilation for a longer time and their stay in the ICU and in the hospital is also longer. Also, patients with delirium are more likely to die compared to patients without delirium. If a patient develops delirium, the drug haloperidol is often used to treat it.

Large-scale research

There were indications that haloperidol could be effective not only to treat, but also to prevent delirium. A large-scale trial, headed by Mark van den Boogaard from the Radboud university medical center, was conducted in 20 Dutch ICUs to investigate if prophylactic use of haloperidol could reduce delirium and its consequences. A total of 1,800 ICU patients with a high risk of delirium were included in this trial and

received a low dose of haloperidol, or a placebo. This trial, funded by ZonMw (the Netherlands Organisation for Health Research and Development), is worldwide the largest trial in this field.

As mortality rates among patients with delirium are higher, the researchers tried to find out whether using prophylactic haloperidol would reduce the mortality and delirium and its sequelae.

The conclusions of this trial were crystal clear: prophylactic therapy with haloperidol did not affect any of the endpoints being studied. Principal investigator Mark van den Boogaard: "This large-scale study shows indisputably that use of prophylactic haloperidol in ICU patients has no beneficial effects whatsoever. These findings will lead to fewer unnecessary drugs being prescribed to ICU patients."

Head of the research, Professor Peter Pickkers: "The scope of the study and the fact that the results are so unambiguous make the message from our research abundantly clear: there is absolutely no point in administering [haloperidol](#) to ICU [patients](#) as a [preventive measure](#)."

More information: Mark van den Boogaard et al. Effect of Haloperidol on Survival Among Critically Ill Adults With a High Risk of Delirium, *JAMA* (2018). [DOI: 10.1001/jama.2018.0160](https://doi.org/10.1001/jama.2018.0160) Mark van den Boogaard et al. Effect of Haloperidol on Survival Among Critically Ill Adults With a High Risk of Delirium, *JAMA* (2018). [DOI: 10.1001/jama.2018.0160](https://doi.org/10.1001/jama.2018.0160)

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