

Similar adverse event risk for typical, atypical antipsychotics

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(HealthDay)—The risks of adverse events are similar with short-term

use of typical and atypical antipsychotic medications (APMs) after cardiac surgery in seniors, according to a study published online Feb. 10 in the *Journal of the American Geriatrics Society*.

Dae H. Kim, M.D., M.P.H., Sc.D., from the Brigham and Women's Hospital in Boston, and colleagues conducted a [retrospective cohort study](#) involving individuals (mean age, 70 years) undergoing [coronary artery bypass](#) grafting or valve surgery (3,706 patients). Participants were either newly treated with oral atypical (2,580 patients) or typical (1,126 [patients](#)) APMs.

The researchers found that the median treatment duration was three and two days, respectively, for atypical and typical APMs, in the propensity score-matched cohort. No large differences were seen for atypical versus typical cohorts in in-hospital mortality (5.4 versus 5.3 percent; risk difference [RD], 0.1 percent; 95 percent confidence interval [CI], -2.1 to 2.3 percent), arrhythmia (2.0 versus 2.2 percent; RD, 0.0 percent; 95 percent CI, -1.4 to 1.4 percent), pneumonia (16.1 versus 14.5 percent; RD, 1.6 percent; 95 percent CI, -1.9 to 5.0 percent), and length of stay (9.9 versus 9.3 days, mean difference, 0.5 days; 95 percent CI, -1.2 to 2.2). Compared with typical APMs, use of brain imaging was more common after initiating atypical APMs (17.3 versus 12.4 percent; RD, 4.9 percent; 95 percent CI, 1.4 to 8.4).

"More research in a larger sample of individuals undergoing different surgeries is needed to confirm these findings," the [authors](#) write.

Two authors disclosed ties to the nonprofit educational organization Alosa Foundation; two authors disclosed ties to the biopharmaceutical industry.

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