

Evidence says antipsychotics do not prevent delirium in adults

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(HealthDay)—Current evidence does not support routine use of

haloperidol or second-generation antipsychotics for prevention or treatment of delirium in hospitalized adults, according to two reviews published online Sept. 3 in the *Annals of Internal Medicine*.

Esther S. Oh, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a [systematic review](#) to assess the benefits and harms of antipsychotics for preventing delirium in adults. Data were reviewed from 14 randomized controlled trials (RCTs). The researchers found that delirium incidence or duration, hospital length of stay, and mortality did not differ with haloperidol or placebo. Little to no evidence was seen for the effect of haloperidol on cognitive function, delirium severity, inappropriate continuation, and sedation. Second-generation antipsychotics may lower delirium incidence in the postoperative setting, although the evidence is limited.

Roozbeh Nikooie, M.D., also from the Johns Hopkins University School of Medicine, and colleagues conducted a systematic review to examine the benefits and harms of antipsychotics for treating delirium in hospitalized adults. Data were included from 16 RCTs and 10 observational studies. The researchers found that for haloperidol and second-generation antipsychotics versus placebo, there was no difference in sedation status, delirium duration, hospital length of stay, or mortality. For haloperidol versus second-generation antipsychotics, no difference was seen in delirium severity and [cognitive functioning](#); insufficient or no evidence was seen for the comparison of antipsychotics versus placebo.

"With regard to use of antipsychotics for broad treatment of [delirium](#), I believe the findings presented are sufficient to stop this [clinical practice](#)," writes the author of an accompanying editorial.

More information: [Abstract/Full Text - Oh](#)
[Abstract/Full Text - Nikooie](#)

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