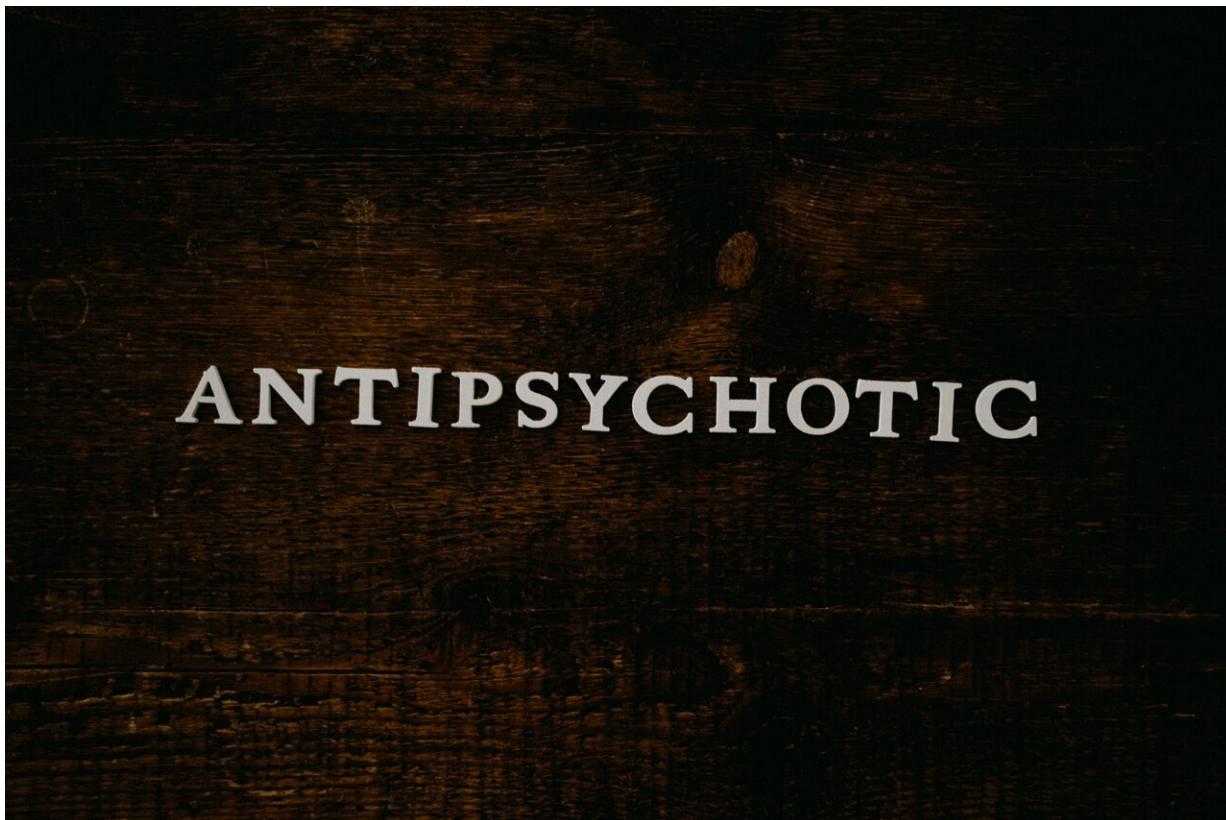


# **Atypical antipsychotics not safer than haloperidol for older adults with postoperative delirium: Study**

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A study of more than 17,000 older adults prescribed an antipsychotic medication after major surgery found that atypical antipsychotics are not

less harmful than haloperidol. The findings are published in *Annals of Internal Medicine*.

Postoperative [delirium](#) is the most common complication after major surgery in older adults. It is associated with longer hospital stays, institutional discharge, decline in function, mortality, and increased health care costs. Nonpharmacologic interventions are recommended for initial treatment of delirium, but antipsychotics are still often used to manage behavioral symptoms.

Previous research found that the use of haloperidol has declined, and atypical antipsychotic use has increased over time. Such trends reflect clinicians' perception that atypical antipsychotics are less harmful than haloperidol.

Researchers from Hebrew SeniorLife, Brigham and Women's Hospital, and Harvard Medical School studied 17,115 patients aged 65 years and older without psychiatric disorders who were prescribed an oral antipsychotic drug after major surgery to compare the risk for in-hospital adverse events. The authors found that among four antipsychotics, there was no statistically significant difference in the risk for in-hospital death among patients treated with haloperidol, olanzapine, quetiapine, and risperidone.

The risk for nonfatal clinical events ranged from 2.0% to 2.6% for a cardiac arrhythmia event, 4.2% to 4.6% for pneumonia, and 0.6% to 1.2% for stroke or transient ischemic attack, with no statistically significant differences by treatment group. The authors recommend reducing antipsychotic use altogether as there is no safer antipsychotic drug option and focusing concerted clinical and health policy efforts and investment in nonpharmacologic interventions for [delirium](#) prevention and management.

**More information:** *Annals of Internal Medicine* (2023),  
[www.acpjournals.org/doi/10.7326/M22-3021](https://www.acpjournals.org/doi/10.7326/M22-3021)

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