

**TIPS Question:**

We have a resident in his 70's who has been taking Haldol 1 mg BID for a number of years. What is the maximum effective dose that should be used daily for an elderly person? What is the appropriate length of time this individual should be on Haldol? (Months? years?) Being in his 70's, should Haldol be discontinued because of its side effects & something else initiated? Could prolonged use of Haldol cause restlessness, anxious/agitated behaviour?

**What are the significant factors you have learned as a result of working through the six-question template?**

- Offers a big picture for staff to understand causes of behaviours & importance of teamwork & consistency in care (i.e.: interventions to limit behaviour)
- Realize the importance of involving multi-disciplines in care conference
- Assessment tools

**Response:**

Haldol is an antipsychotic. Its use in this gentleman, if for psychotic behaviour, may depend on the symptoms and signs as well as the side effects. Doses of 2-5 mg daily, and in some cases up to 10 mg daily, have been used in psychotic elderly. However, if dementia is the main problem, then exceeding 2 mg daily is seldom done as it may add to the level of confusion and increase the potential for side effects.

If it is used for its antipsychotic properties, it can be consumed for years depending on the periodic assessment to justify its efficacy and monitor for side effects.

The prolonged use can cause extrapyramidal symptoms and tardive dyskinesia.

The availability of the new atypical antipsychotics have replaced Haldol use significantly as they do not impair cognition on the whole as much, safe with their cardiotoxic potential side effects and have less EPS and T.D. Risperidone, olanzapine and quetiapine are examples of these agents.

Switching to newer medications should be based on a thorough review of the benefits and risks of each medication now and in the future. If a switch is considered, it is wise to do a slow crossover, add new one then titrate down to old one.

Can Haldol cause agitation? Yes; it is called *akathisia*, an inner restlessness that sometimes can get worse with changes in the physical health of the person and/or drug-drug interactions.

**Please note:** TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.