

## **Patterns of Haloperidol Use in Treatment of Agitated Elderly**

**Igor Dorokhine, M.D. Fellow Temple University Hospital/Crozer Chester Medical Center Geriatric Medicine**

**Background:** Delirium is a common condition in hospitalized elderly patients, causing substantial morbidity and mortality. Low-dose haloperidol initially is the mainstay of the treatment. However, the “real world” adherence to recommendations in haloperidol usage has not been studied systematically.

**Methods:** We conducted a study to evaluate compliance with recommended haloperidol regimen. We examine patterns of haloperidol use in the first 24 hours in the care of elderly patients (older than 65 years) with delirium at a community teaching hospital. We use our pharmacy database to select patients with haloperidol orders and chart-review method to confirm diagnosis of delirium. We exclude patients from ICU and with preexisting psychiatric conditions.

**Results (preliminary):** We selected 25 charts of patients with delirium. Average starting haloperidol dose was 1.4 mg (0.5-2.5mg). Only 25% patients were started on 0.5 mg haloperidol (n=5). 32% patients were given 2 mg or higher (n=8). Average total 24-hour dose was 1.9 mg (0.5-7.0 mg). Response was noted in all cases. 20% of patients were noted to be over sedated (n=5). No other complications were documented. Out of all over sedated patients 25% received 0.5 mg haloperidol initially (n=1) vs. 75% patients who received 2.5 mg (n=3). There was no relationship between 24 hour haloperidol dose and number of complications.

**Conclusions:** Our study confirms that patients often treated with higher dosages of haloperidol initially leads to increased rate of side effects and complications.