

Halop®

Haloperidol BP

Description

Haloperidol (Halop®) is a butyrophenone and acts as dopamine receptor antagonist. It is one of the most widely used antipsychotic agents in psychiatric practice. Haloperidol is a potent antagonist of central and peripheral dopamine receptors. Haloperidol, like other antipsychotic drugs produces sedation usually without sleep. It induces a state of calmness and controls agitation, hallucination and delusion.

Mode of action

The effects of haloperidol are predominantly due to dopamine antagonism although actions at other receptors (e.g. Histamine H₁) may enhance these actions.

Pharmacokinetics

Haloperidol (Halop®) is absorbed rapidly with a bioavailability of 38-86% (mean 58%). Haloperidol is rapidly distributed to extravascular tissues especially liver and adipose tissue. It is approximately 92% bound to plasma proteins. It is extensively metabolized by oxidative dealkylation and ultimately conjugated with glycine. Half-life is approximately 20 hours.

Composition

Halop® Tablet: Each tablet contains Haloperidol BP 5 mg.

Indications

- Schizophrenia: Treatment of symptoms and prevention of relapse
- Other psychoses: Especially paranoid.
- Acute mania and hypomania.
- Emergency control of behavioral disturbances
- Intractable hiccups
- Maintenance in bipolar affective disorder, rapid tranquilization
- Childhood onset pervasive developmental disorder or schizophrenia
- Severe refractory agitation in the elderly

Dosage & administration

For schizophrenia and associated behavioral disorders, the initial dose is 0.5 to 5 mg twice or thrice daily. For the emergency treatment, upto 60 mg per day in divided doses is recommended. In severe psychosis or resistant patients, dose of upto 100-200 mg per day may be required. The dose should be reduced gradually according to the response. Maintenance dose of 3 to 10 mg daily may be sufficient. Short-term adjunctive management of severe anxiety: Adult, 0.5 mg twice daily; Child, not recommended.

Intractable hiccups: Adult, 1.5 mg thrice daily is recommended, adjusted according to response; Child, not recommended.

Child: Initially 25 to 50 mcg/kg body weight daily in two divided doses to a maximum of 10 mg daily.

Contraindications

Closed angle glaucoma, prostatic hypertrophy, thyrotoxicosis.

Side effects

The adverse effects are extrapyramidal reaction, hypotension, respiratory difficulty, impairment of consciousness, haemolytic anaemia, etc.

Use in pregnancy & lactation

Haloperidol should be used during pregnancy and lactation only when potential benefits outweigh possible risks.

Precautions

Cardiovascular disease, respiratory disease, renal and hepatic impairment, leucopenia and leucocytosis, recent history of jaundice, myasthenia gravis, etc.

Drug interactions

In common with all neuroleptics, haloperidol can increase the CNS depression produced by other CNS depressant drugs, including alcohol hypnotics, sedatives or strong analgesics. An enhanced CNS effect, when combined with methyldopa, has been reported.

Overdosage

Severe extrapyramidal symptoms, hypotension and psychic indifference with a transition to sleep, QT prolongation. The patient may appear comatose with respiratory depression and hypotension which could be severe enough to produce a shock-like state. Convulsion may occur.

Storage

Store in a cool and dry place, protected from light.

Packaging

Halop® Tablet: Each carton contains 10X10 tablets in blister pack.

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