



Haloperidol Decanoate

(Pronounced halo-peri-dol)

(Also known as Haloperidol or Haldol Depot)

Why has haloperidol decanoate been prescribed?

Haloperidol decanoate is a long acting antipsychotic injection used to treat schizophrenia and a number of other conditions.

What are the benefits of taking haloperidol decanoate?

Antipsychotics are effective in reducing the symptoms of psychosis. They also shorten the time to recovery and help prevent relapses. The main advantage of a long-acting injection (or depot) is that there is no need to remember to take tablets daily. There is also less fluctuation in the amount of the drug in the body and as such side effects may be less than with the tablets or oral formulations.

Are there any precautions with haloperidol decanoate?

Haloperidol decanoate is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe haloperidol decanoate, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) If you are allergic to sesame oil (as this is an ingredient of the injection).
- b) If you have epilepsy, phaeochromocytoma, heart, liver, kidney trouble, Parkinson's disease, thyroid problems or have ever had a stroke or been told you are at risk of having a stroke.
- c) If you are taking any other medication, especially medicines used for an irregular heart beat, anticonvulsants, diuretics or medicines used for depression. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines.
- d) If you are pregnant, breast feeding, or wish to become pregnant.

What is the usual dose of haloperidol decanoate?

The starting dose is usually 50mg every four weeks. This is sometimes increased by 50mg every four weeks. The usual dose of haloperidol decanoate may be between 50mg and 300mg every four weeks. It may take a few months to get to the dose that is most suitable for you.

How should haloperidol decanoate be taken?

A small dose is injected to test how your body responds. You will then be given a regular intramuscular injection which is administered by deep intramuscular injection into the muscle in the thigh or bottom. This will usually be given to you by a nurse on a ward, clinic or GP surgery. It is usually given every four weeks but sometimes may be given every two weeks.

What form does haloperidol decanoate come in?

Haloperidol decanoate comes as a long acting injection in strengths of 50mg per ml and 100mg per ml. It is also available as tablets, liquid and a short acting injection.

What should be done if a dose is missed?

The next injection should be given as soon as possible. This may mean making an extra appointment at the clinic or hospital.

What will happen when haloperidol decanoate is first taken?

Haloperidol decanoate, like many medicines, does not work straight away. For example, it may take several days or even weeks for some symptoms to improve. To begin with, some people find that haloperidol decanoate may help them feel more calm and less anxious. Later, (usually in two or three weeks) other symptoms should begin to improve. Many people do not experience any side effects. However some people may experience some side effects. We have listed potential side effects in the table below, whether or not they are likely to be short or long-term and what measures can be taken is also described. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist, or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0800 100 3352 or go to www.mhra.gov.uk.

Is haloperidol decanoate addictive?

No, haloperidol decanoate is not addictive.

What about alcohol?

It is recommended that people taking haloperidol decanoate should not drink alcohol. This is because both antipsychotics and alcohol can cause drowsiness. If the two are taken together, severe drowsiness can result. This can lead to falls and accidents. As well as this, drinking alcohol may make psychosis worse. However, once people are used to taking medication, then *very small amounts* of alcohol may not be harmful. It pays to be very careful, because alcohol affects people in different ways, especially when they are taking medication. Never drink alcohol and drive. Discuss any concerns you may have with your doctor, pharmacist or nurse.

Is it OK to stop taking haloperidol decanoate when symptoms go away?

No. If you stop taking haloperidol decanoate your original symptoms are very likely to return. Most people need to be on haloperidol decanoate for quite a long time, sometimes years. You should always discuss any plans you have to reduce or stop any of your prescribed medicines with your prescriber.

Are there any alternatives to haloperidol decanoate?

Yes, there are alternatives available. Overall, antipsychotics have broadly similar therapeutic effects, except for clozapine which is effective when other antipsychotics have failed. Antipsychotics differ in their side effects. With the range of medicines now available, a suitable and acceptable antipsychotic can usually be found for everyone.

Summary of side effects



Movements disorders – Common (trembling, muscle spasms)

What can be done about it?

Another medicine may be prescribed to treat this. Treatment may be switched to another medicine which does not cause this side effect.



Agitation and anxiety – Common (also known as akathisia)

What can be done about it?

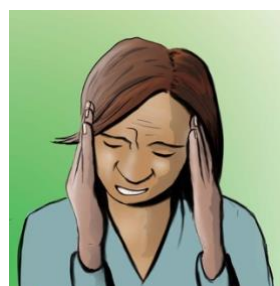
Another medicine may be prescribed to treat this. Treatment may be switched to another medicine which does not cause this side effect.



Insomnia or disturbed sleep – Common (men and women)

What can be done about it?

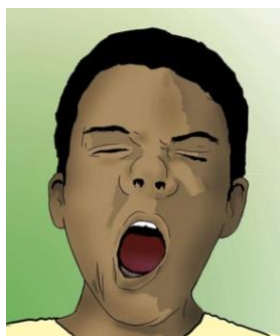
This should wear off within a few days. Discuss with your prescriber if this persists



Headache – Common

What can be done about it?

This should wear off within a few days. Paracetamol can be taken but discuss with your prescriber if this persists.



Drowsiness - Common

What can be done about it?

This tends to wear off over time. If this persists tell your prescriber.



Postural hypotension - Common (low blood pressure)

What can be done about it?

This can be troublesome when standing-up. You may feel dizzy or faint. This tends to wear off in time.

Other (less common) side effects	How common is it and what can be done about it?
Sexual dysfunction - reduced libido (desire) and lack of orgasm in males and females. Impotence in males	Uncommon Any changes should be reported to your prescriber. It may be necessary to switch to another medication. Symptoms should go away when switched to another medication.
Menstrual changes (women) – periods may stop	Uncommon Any changes should be reported to your prescriber. Treatment may be switched to another medicine which does not cause this side effect.
Breast growth and milk production (men and women)	Uncommon Any changes should be reported to your prescriber. Treatment may be switched to another medicine which does not cause this side effect.
Blurred vision	Rare This should wear off within a few days. Discuss with your prescriber if this persists. It may be necessary to switch to another medication. Symptoms will go away when switched to another medication
Abnormal movements (also known as tardive dyskinesia)	Rare This occurs only after long term treatment. It usually begins with unusual movements of the mouth and tongue. Treatment may be switched to another medicine which is less likely to cause this side effect. Symptoms may go away when switched to another medicine.

Very common = almost everyone affected

Common = many people affected

Uncommon = some people affected

Rare = few people affected

Very rare = very few or no one affected

Disclaimer

This leaflet does not replace the official manufacturer's Patient Information Leaflet.

For more information, visit www.slam.nhs.uk/meds or speak to a health care professional.

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