Table O.42: Haloperidol versus placebo in adults

Quality assessment							Summary of findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Anticipated absolute effects	
							With placebo	With haloperidol		Risk with placebo	Risk difference with haloperidol (95% CI)
Targeted behaviour that challenges (severity) – post-treatment (measured with: 12 weeks[1]; Better indicated by lower values)											
57 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⊖⊖ LOW[2] due to imprecision	29	28	-		The mean targeted behaviour that challenges (severity) – post-treatment in the intervention groups was 0.48 standard deviations lower (1 lower to 0.05 higher)
Targeted behaviour that challenges (severity) – post-treatment (measured with: 26 weeks[1]; Better indicated by lower values)											
40 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⊖⊖ LOW[2] due to imprecision	20	20	-		The mean targeted behaviour that challenges (severity) – post-treatment in the intervention groups was 0.25 standard deviations lower (0.87 lower to 0.37 higher)
Quality of life – post-treatment (measured with: 12 weeks[1]; Better indicated by higher values)											

Quality assessment							Summary of findings				
57 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	29	28	-		The mean quality of life – post-treatment in the intervention groups was 0.17 standard deviations lower (0.69 lower to 0.35 higher)
Quality of life – post-treatment (measured with: 26 weeks[1]; Better indicated by higher values)											
41 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	21	20	-		The mean quality of life – post-treatment in the intervention groups was 0.18 standard deviations lower (0.79 lower to 0.43 higher)
Adverse events (seizure, non-occurrence) – post-treatment											
57 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	29/29 (100%)	27/28 (96.4%)	RR 0.96 (0.88 to 1.06)	1000 per 1000	40 fewer per 1000 (from 120 fewer to 60 more)
Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment											
57 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	29/29 (100%)	26/28 (92.9%)	RR 0.93 (0.82 to 1.05)	1000 per 1000	70 fewer per 1000 (from 180 fewer to 50 more)
Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment											
57	no	no serious	no serious	very	undetecte	⨁⨁⨀⨀	21/29	23/28	RR	724	94 more per 1000

Quality assessment							Summary of findings				
(1 study)	serious risk of bias	inconsistency	indirectness	serious[2]	d	LOW[2] due to imprecision	(72.4%)	(82.1%)	1.13 (0.85 to 1.51)	per 1000	(from 109 fewer to 369 more)

[1] Patients agreed to take the study drug for 12 weeks, with the option of continuing until 26 weeks, unless at 12 weeks other options were preferred. Post-treatment data is therefore provided at both 12 and 26 week end of treatment.

[2] Optimal information size not met; small, single trial