Table O.43: Risperidone versus haloperidol 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 haloperidol	With risperidone		Risk with haloperidol	Risk difference with risperidone (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	28	29	-		The mean targeted behaviour that challenges (severity) – post-treatment in the intervention groups was 0.49 standard deviations higher (0.03 lower to 1.02 higher)
Targeted behaviour that challenges (severity) – post-treatment (measured with: 26 weeks[1]; Better indicated by lower values)											
36 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to	19	17	-		The mean targeted behaviour that challenges (severity) – post-treatment in the

Quality assessment							Summary of findings				
	bias					imprecision					intervention groups was 0.39 standard deviations higher (0.28 lower to 1.05 higher)
Quality of life – post-treatment (measured with: 12 weeks[1]; Better indicated by higher values)											
57 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	28	29	-		The mean quality of life – post-treatment in the intervention groups was 0.43 standard deviations higher (0.09 lower to 0.96 higher)
Quality of life – post-treatment (measured with: 26 weeks 1; Better indicated by higher values)											
39 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	undetected	⨁⨁⨀⨀ LOW[2] due to imprecision	20	19	-		The mean quality of life – post-treatment in the intervention groups was 0.41 standard deviations higher (0.23 lower to 1.04 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	27/28 (96.4%)	29/29 (100%)	RR 1.04 (0.94 to 1.14)	964 per 1000	39 more per 1000 (from 58 fewer to 135 more)
Adverse events (discontinuation due to adverse events) – 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	26/28 (92.9%)	28/29 (96.6%)	RR 1.04 (0.92 to 1.18)	929 per 1000	37 more per 1000 (from 74 fewer to 167 more)
Adverse events (discontinuation due to other reasons) – post-treatment											
57	no	no serious	no serious	very	undetect	⨁⨁⨀⨀	24/28	23/29	RR	857 per	60 fewer per 1000

Quality assessment							Summary of findings				
(1 study)	serious risk of bias	inconsistency	indirectness	serious[2]	ed	LOW[2] due to imprecision	(85.7%)	(79.3%)	0.93 (0.73 to 1.18)	1000	(from 231 fewer to 154 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 study