

Haloperidol Use and Unexpected Death in Dementia: Autopsy Findings in Psychiatric Inpatients

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Background: Clinical guidelines indicate that treatment with haloperidol, the most widely used antipsychotic drug, may be associated with increased cardiovascular mortality in patients with dementia.

Objective: To determine the cause of unexpected death in patients with dementia treated with haloperidol.

Methods: From January 1, 1989 through December 31, 2013, 1,219 patients with a primary diagnosis of dementia with behavioral disturbance were admitted to a 120-bed, free standing, psychiatric hospital. Sixty-five patients (5.3%) died unexpectedly. Complete post-mortem examinations after the unexpected death were performed in 55 patients, of whom 27 were treated with haloperidol, while the other received no antipsychotic drugs.

Results: The leading causes of death were myocardial infarction (25.5% of patients), pneumonia (23.6%) and stroke (10.9%). Other causes of death were myocarditis (3.6%), airway obstruction (1.8%) and upper gastrointestinal bleeding (1.8%). The cause of death could not be established at autopsy in 18 (32.7%) patients, of whom 16 had significant myocardial fibrosis and 2 had metastatic malignancies. Compared with patients not treated with antipsychotics, the group receiving haloperidol comprised more patients who were 80 years of age or older ($p=0.010$) and/or had psychotic features ($p=0.0095$). The cardiovascular causes of death (i.e., myocardial infarction, stroke and myocarditis) was more common in the group *not* treated with haloperidol ($p=0.034$). All of the other autopsy findings were similar in the two groups.

Conclusion: Based on autopsy findings, treatment with haloperidol for dementia does not appear to be associated with increased risk of unexpected, lethal cardiovascular events.