

INPLASY

Haloperidol for the treatment of delirium in ICU patients: a systematic review and meta-analysis

INPLASY202480104

doi: 10.37766/inplasy2024.8.0104

Received: 22 August 2024

Published: 22 August 2024

Corresponding author:

Guobin Miao

15931865117@163.com

Author Affiliation:

Emergency General Hospital.

Zhao, Y; Meng, C; Ren, Y; Gao, JY; Wang, Q; Li, YN; Sun,B; Miao, GB.

ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data analysis.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202480104

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 22 August 2024 and was last updated on 22 August 2024.

INTRODUCTION

Review question / Objective At present, haloperidol is the most frequently prescribed medication for managing delirium in the ICU; however, there is limited and inconclusive evidence regarding its efficacy. A meta-analysis was conducted by pooling data from recent clinical randomized controlled trials to assess the effectiveness of haloperidol in adult ICU patients with delirium.

Condition being studied The outcomes of interest were all acute death, ICU stays, hospital stays.

METHODS

Participant or population ICU adults patients with delirium.

Intervention Haloperidol.

Comparator Placebo.

Study designs to be included The search strategy was RCTs.

Eligibility criteria (1) ICU adult patients with delirious. (2) Treatment with Haloperidol or placebo or conventional therapy. (3) Outcome indicators: Death from any cause/length of ICU stays/length of hospital stays.

Information sources A comprehensive manual search of the PubMed, Embase and Cochrane databases was conducted in order to select relevant randomised controlled trials. Should the necessity arise to obtain pertinent research data, the authors will be duly contacted.

Main outcome(s) All acute death, ICU stays, hospital stays.

Quality assessment / Risk of bias analysis We evaluated the methodological quality of the individual studies using the Cochrane risk of bias tool for RCTs.

Strategy of data synthesis The estimates are expressed as odds ratio (OR) or mean difference (MD) with a 95% confidence interval (CI).

Subgroup analysis None.

Sensitivity analysis We conducted sensitivity analyses to investigate the influence of a single study on the overall pooled estimate of each predefined outcome.

Language restriction None.

Country(ies) involved China.

Keywords Haloperidol, Deliriums, ICU, Efficacy.

Contributions of each author

Author 1 - Yue Zhao.

Email: kendrazy@163.com

Author 2 - Chang Meng.

Author 3 - Yu Ren.

Author 4 - Jiayue Gao.

Author 5 - Qing Wang.

Author 6 - Yanan Li.

Author 7 - Biao Sun.

Author 8 - Guobin Miao.