

Drug name	Indication Target symptoms: state if positive or negative effect Potency (if noted. receptor occupancy if noted) Neurotransmitter(s) affected	Half-life (T1/2), metabolism (CYP 450 enzyme)	Notable side effects (
Typical antipsychotics (conventional)			
Haloperidol	Blocks dopamine 2 receptors, reducing positive symptoms of psychosis and possibly combative, explosive, and hyperactive behaviors Blocks dopamine 2 receptors in the nigrostriatal pathway, improving tics and other symptoms in Tourette's syndrome.	Decanoate half-life approximately 3 weeks Oral half-life approximately 12–38 hours	Acute blockade of dopamine receptors in the striatum can cause parkinsonism, dystonia. Chronic blockade of dopamine receptors in the striatum can cause tardive dyskinesia. By blocking dopamine receptors in the pituitary, it can cause hyperprolactinemia. By blocking dopamine receptors in the mesocortical and mesolimbic pathways, especially D2 receptors, it can cause worsening of negative symptoms (neuroleptic-induced depression). Blocking alpha 1 adrenergic receptors can cause dizziness, hypotension.
Thioridazine	Blocks dopamine 2 receptors, reducing positive symptoms of psychosis	Metabolized by CYP450 2D6	Acute blockade of dopamine receptors in the striatum can cause parkinsonism, dystonia. Chronic blockade of dopamine receptors in the striatum can cause tardive dyskinesia. By blocking dopamine receptors in the pituitary, it can cause hyperprolactinemia. By blocking dopamine receptors in the mesocortical and mesolimbic pathways, especially D2 receptors, it can cause worsening of negative symptoms (neuroleptic-induced depression). Blocking muscarinic receptors can cause anticholinergic effects.