Clozapine: What GPs need to know



Clozapine

Background information

- Second generation antipsychotic
 - How does it work???
 - Low D2 receptor blocking
 - Potent anticholinergic and alpha blocking
- Licensed for
 - Treatment resistant schizophrenia
 - Psychosis in Parkinson's disease

Barnsley formulary: RED

Agranulocytosis/Neutropenia

- Unchecked, risk of sepsis, can be fatal.
 - Risk of agranulocytosis ~0.8%
 - Risk of neutropenia ~2.7%
- Patient, consultant psychiatrist and dispensing pharmacy must all be registered with the same clozapine monitoring agency.
- All patients must have mandatory regular FBC monitoring.
- Results must be submitted to the monitoring agency to authorise the ongoing supply of clozapine.
 - Clozapine must be prescribed by brand
 - ZTAS (Zaponex), CPMS (Clozaril) and DMS (Denzapine)

Agranulocytosis/Neutropenia

GP responsibilities

- To be alert to complaints of flu-like symptoms or other evidence of infection this may be indicative of agranulocytosis/neutropenia.
 - Order FBC as soon as possible

Any concerns report to SWYFT

Constipation

- Common side effect, most patients will experience it at some point while on treatment.
 - Likely due to clozapine anticholinergic properties
- Constipation can occur at any time and at any dose
- Usually mild, but can vary from person to person.
- Rarely clozapine induced constipation has been associated with serious and possibly fatal complications including intestinal blockage, bowel perforation and toxic megacolon.
 - More dangerous than agranulocytosis
 - Severe constipation ~20% mortality rate.
- Be aware when initiating/increase dose of other medicines that that can cause constipation, particularly
 - Anticholinergic
 - Opioids
- Aware changes in physical health
 - Dehydrated
 - Bed bound
 - Poorly controlled diabetes, hypothyroidism

Management

- Promote health bowel health where ever possible:
 - Eating more fibre
 - Avoid dehydration (note caffeine, alcohol and fizzy drinks)
 - Keeping active

Management: Laxatives

Acute

- Review and discuss what has previously helped.
- Urgency
- High risk patients
- Any red flags

Maintenance

 Review and discuss what has previously helped, including what helped during acute constipation.

Generally avoid bulk-forming laxatives

Red Flag

Abdominal and/or chest pain
You notice your belly is larger, swollen or distended
Nausea (maybe on and off)
Vomiting
Feel unwell/feverish

Constipation followed by explosive diarrhoea or leaking diarrhoea but still feeling constipated/discomfort (overflow)

Medical emergency refer patients to A+E

Interactions

Narrow therapeutic range

- Pharmacokinetics: metabolised predominantly by CYP⁴⁵⁰1A2
 - Inducers
 - Omeprazole, rifampicin, phenytoin, carbamazapine, smoking
 - Inhibitors
 - SSRIs (fluvoxamine, fluoxetine, paroxetine, venlafaxine), ketoconazole, erythromycin, clarithromycin, ciprofloxacin, COC, ritonavir and caffeine.

Interactions

- Pharmacodynamics: dopamine D1, dopamine D2, 5-HT2A, alpha1adrenoceptor, and muscarinic-receptor antagonist.
 - Medication with sedative or respiratory depressant effects (benzodiazepine, z-drugs, opioids)
 - Antihypertensive
 - Drugs that can prolong QTc
 - Anticholinergic drugs
 - C/I any medicines with significant risk of agranulocytosis
 - Carbamazepine, DMARDs, carbimazole, depot antipsychotics, chemotherapy etc.

Please note this is not an exhaustive list of interactions, please see the SPC

Smoking + Clozapine

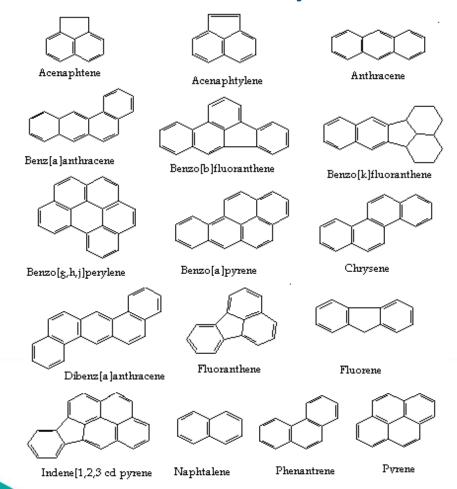
Smoking is a potent CYP⁴⁵⁰ 1A2 inducer

- Smoking increases the livers capability and the speed it metabolises clozapine
- Smokers generally need higher doses of clozapine than non-smokers.

Cigarette smoke is a complex mixture of chemicals.

Nicotine does **NOT** interact with clozapine

PolyCyclic aromatic Hydrocarbons



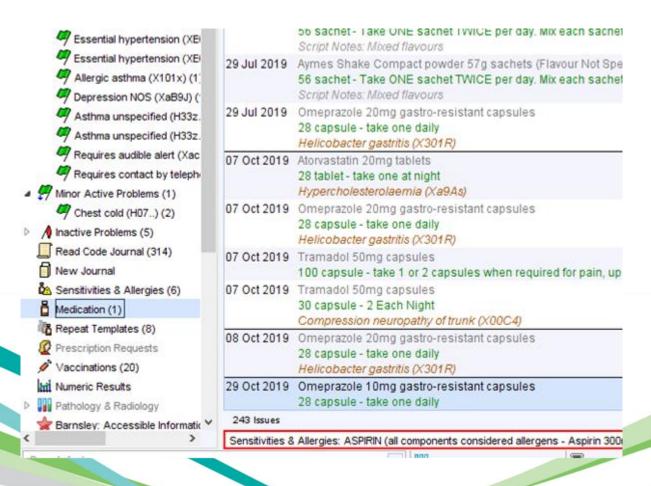
- Stop smoking, (including switching to NRT, ecigs/vaping or any other form of smokeless tobacco)
 - the levels of clozapine in the blood will increase (30-70% increase).
 - Risk of potentially **fatal toxicity** (seizures, respiratory depression, coma, death)
- **(Re)start smoking**, the levels of clozapine in the blood will decrease.
 - Increased risk of relapse

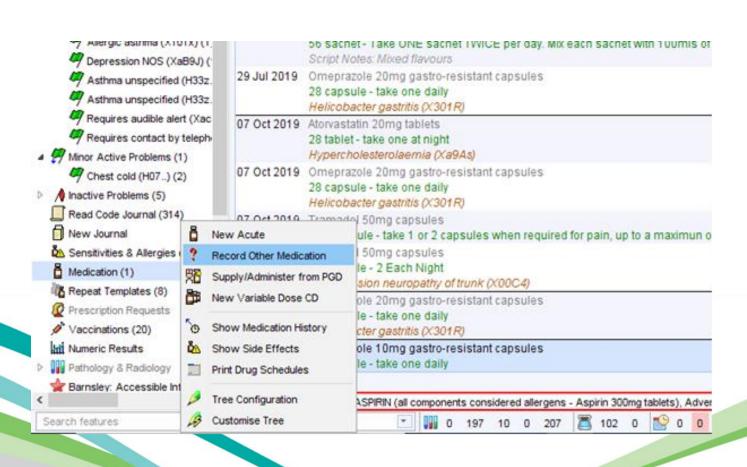
- Be aware and proactively ask about smoking status/changes in smoking behaviour:
 - Stopped or planning to stop smoking
 - Cutting down or increase in smoking
 - Using NRT, e-cigs/vaping, smokeless forms of tobacco
- Any changes SWYFT consultant psychiatrist/dispensing pharmacy should be informed.
 - Monitoring plan for side effects and toxicity
 - Plasma levels
 - Review clozapine dose

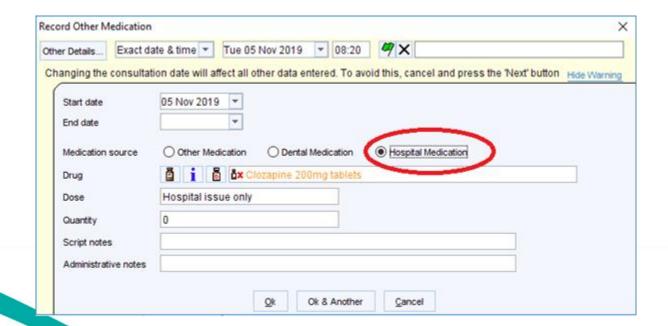
Last point!

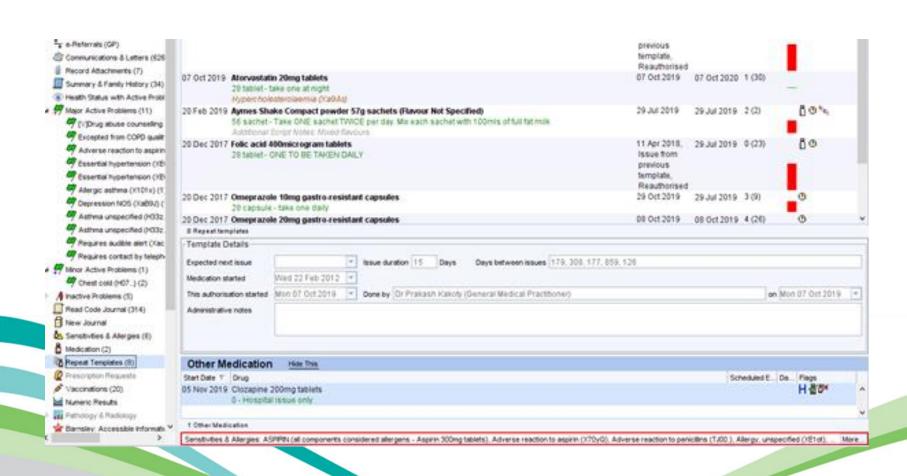
- Patients who have <u>missed more than 48hrs</u> of clozapine (accidentally or deliberately)
 - Should be advised not to restart clozapine at their previous dose
 - Loss of tolerance
 - Need urgent review by SWYFT to review treatment plan:
 - Re-titrate, starting dose 12.5mg, re-titration may need to be on a in-patient ward
 - Alternative antipsychotic
 - Monitoring mental state
 - Additional support

SystemOne Hospital only drugs.

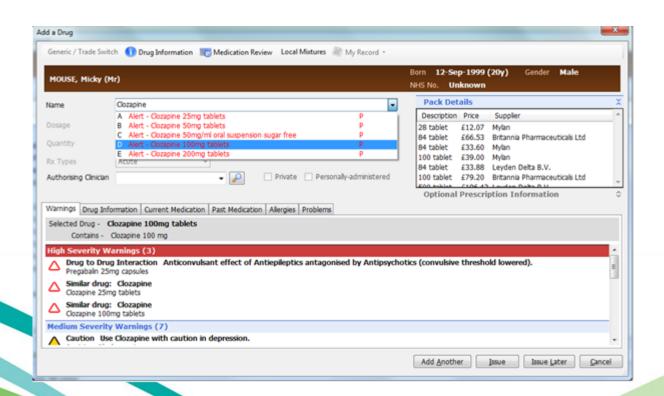


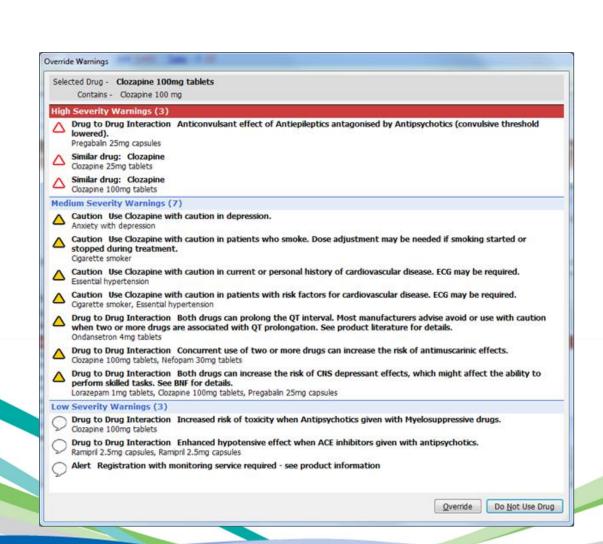


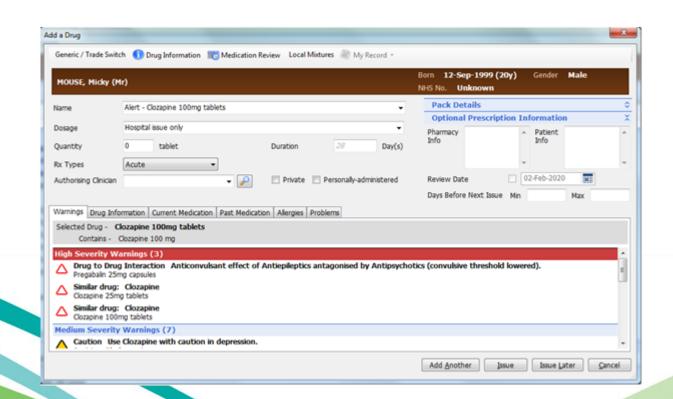


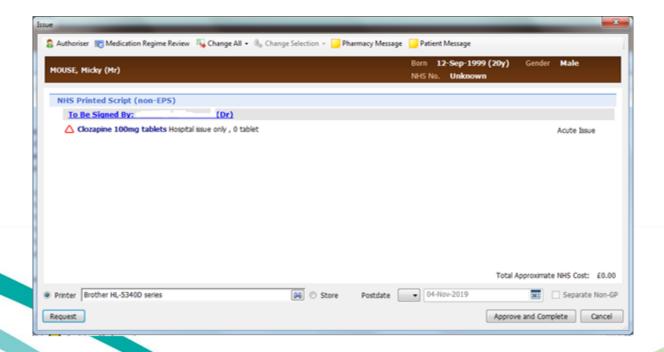


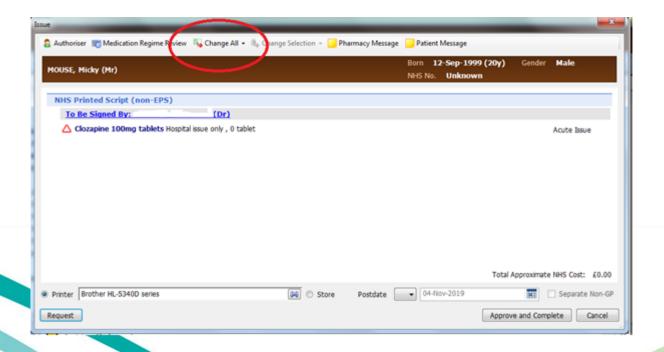
EMIS Hospital only drugs

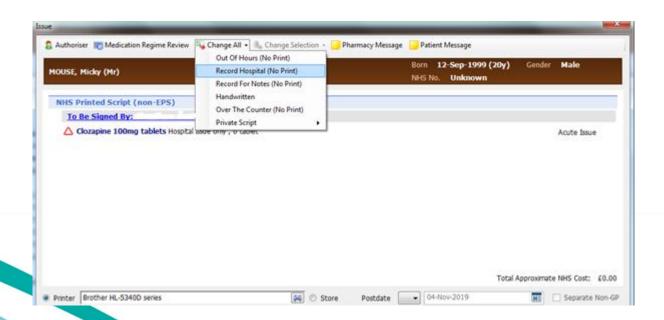












Q Salbutamol 100micrograms/dose inhaler CFC free AS REQUIRED, 2 x 200 dose

Variable use repeat

R Allopurinol 300mg tablets One To Be Taken Each Day After Food, 28 tablet

Hospital

- S Clozapine 100mg tablets Hospital issue only, 0 tablet
- T CD Lorazepam 1mg tablets One To Be Taken At Night When Required, 28 tablet

Allergies No allergies recorded for this patient.

Screen Message