

Important Information Regarding Your Client on Clozapine Titration

Why clozapine now?

- Evidence suggests that when two different antipsychotic medications have failed to help with psychosis despite an adequate dosage for at least 6 weeks, clozapine should be tried as the third trial. clozapine is more likely to help as a third trial than any other antipsychotic medication.
- clozapine, when effective, reduces mortality from physical health conditions and self-harm behaviors compared to any other antipsychotic medication in treatment resistant psychosis.

Common side effects & their management

Benign Tachycardia: Usually occurs within the first 4 weeks. R/O myocarditis or other causes. Consider adding bisoprolol, atenolol, metoprolol, or propranolol.

Postural Hypotension: Usually occurs within the first 4 weeks. R/O myocarditis. Advise getting up in slow stages, have a large glass of water by bedside and drink it before getting up from bed, increase fluid intake to 2L/day. Consider adding fludrocortisone.

Hypersalivation: Consider atropine 1% or hyoscine hydrobromide 1% sol 1-2 drops s/l HS. Alternatives include ipratropium bromide inhaler 1-2 puffs s/l HS, benztropine po HS or Hyoscine 300 mcg s/l po TID.

Hypertension: Usually occurs within the first 4 weeks. Slow the rate of increasing clozapine. Hypotensive therapy may be necessary.

Benign Pyrexia: R/O myocarditis, NMS, neutropenia, and other causes. It is thought to be due to inflammatory process and may be associated with elevated CRP and interleukin-6 levels. Slow the rate of increasing clozapine. Consider anti-inflammatory foods/spices (www.health.harvard.edu/staying-healthy/food-that-fight-inflammation).

Constipation: Advise fluid, fiber and exercise. Consider prunes, soaked chia seeds. Use magnesium up to 400 mgs/day (milk of magnesia, magnesium citrate or glycerin). Keep diary if <3 BMs/week or < baseline BMs. For drug induced constipation, R/O alarm features like weight loss, GI bleeding, Fe deficiency, severe abdominal discomfort, fever/rigors/chills or family h/o colorectal cancers and IBD. For clients >50 years of age, screen for colorectal cancer. Exclude endocrinal, neurological, mechanical obstruction and functional causes before diagnosing clozapine induced constipation. Bulk forming laxatives are not effective in clozapine induced slow transit constipation, instead use stimulants and softeners such as Senna and Docusate once intestinal obstruction is ruled out. Use PEG and lactulose as second choice.

Weight Gain/ Metabolic Syndrome: Dietary advice and exercise. Monitor weight weekly for 3 months. Weight gain of >5% in first month indicates high risk. There is a substantial evidence for use of Metformin in non-diabetic clients in reducing antipsychotic weight gain.

Nocturnal Enuresis: May resolve spontaneously over months. Consider oxybutynin PO or desmopressin nasal spray 10-20 mcg. Monitor for signs of fluid overload.

Myoclonus: May lead to tonic-clonic seizures. Do an EEG. Consider valproate as first choice and lamotrigine as second choice but note that lamotrigine may worsen some types of myoclonus.

Investigations Scheduled

CBC weekly for 6 months, CRP, High Sensitivity Troponin T levels weekly for 6 weeks, 3 months and 9 months.

Potentially Life-Threatening Adverse Effects the Need Treatment

Aggranulocytosis, Myocarditis, Thromboembolism example: DVT, stroke etc.; Fulminant hepatitis; Paralytic Ileus

Special Requests for Primary Care Provider

- ❖ Please prioritize your client for the duration of the titration
- ❖ Please review the latest physician note from our team when reviewing side effects or complications
- ❖ Please refer to side effects management attached or consult our team if you have questions
- ❖ Please feel free to call the case manager or physician at the team to discuss your client