NHS Highland

Appendix 3

CLOZAPINE PATIENT COUNSELLING NOTES

1. WHAT IS CLOZAPINE AND WHEN IS IT USED?

Clozapine is an atypical antipsychotic. It works in a different way and has different side effects from other antipsychotics. It is reserved for people with schizophrenia who have not been sufficiently helped by at least two other forms of antipsychotic medication.

2. IMPORTANCE OF BLOOD TESTS.

Why Needed.

Whilst most people do not experience problems whilst taking Clozapine, approximately 3 people out of every 100 will develop a condition known as neutropenia, which is a fall in the number of a particular type of white blood cells called neutrophils. When this happens the body is less able to fight infections and this can, in rare cases, be fatal. To detect any signs of neutropenia people taking Clozapine must have a blood test before starting treatment and then continue to have regular blood tests for as long as Clozapine treatment is continued. We do not know why neutropenia develops in some people. It is not related to the dose taken.

Frequency.

The risk of developing neutropenia is highest early on in treatment therefore blood is checked weekly for the first 18 weeks of treatment and then every two weeks for the first year. After one year the risk of neutropenia decreases so that as long as blood tests have been satisfactory up to that point most people can then transfer to a blood test every four weeks.

No Blood, No Tablets.

If, for any reason, there is not a recent blood test result, then no tablets can be dispensed by the hospital pharmacy. It is therefore very important that people cooperate with blood testing and turn up for appointments. The basic principal is **NO BLOOD NO TABLETS**.

3. SORE THROAT / FEVER / FLU-LIKE SYMPTOMS.

It is important to inform the doctor immediately of any signs of infection such as sore throat, fever or flu-like symptoms as these symptoms may indicate neutropenia is developing. He or she will normally do an additional blood test to check. In most instances the result of this test will be normal.

4. MISSED DOSES.

If a dose is forgotten, the next one should be taken as soon as it is remembered as long as it is only a few hours after the usual time. If the dose is missed for more than 48 hours the doctor should be contacted. Clozapine will normally have to be restarted at low dose and increased gradually to avoid side effects.

5. STOPPING CLOZAPINE.

If Neutropenia/Agranulocytosis Develops.

If neutropenia/arganulocytosis should develop (RED result), then Clozapine must be stopped immediately. Daily blood monitoring of the patient will be commenced.

Two consecutive red results = confirmed red result

Once Clozapine has been stopped, the white blood cells return to normal usually within 2-3 weeks, with no long-term effects on the blood. Unfortunately, if neutropenia/agranulocytosis has developed, the person should not be prescribed Clozapine again, no matter how well they responded to treatment.

Don't Stop Without Advice.

As with all medication, Clozapine treatment should be reviewed regularly, and if the decision is made, with the consultant, to discontinue treatment with Clozapine, it should be stopped gradually over several weeks.

Blood tests will continue to be required for four weeks after stopping Clozapine.

6 HOW SOON WILL CLOZAPINE WORK AND HOW LONG MUST IT BE TAKEN FOR?

30% of people treated with Clozapine respond in the first 6 weeks of treatment, 50% by 6 months and up to 60% by 12 months. Some people will do very well; some will be a bit better than they were; some people will not be helped. Clozapine needs to be taken over a long period of time if the full health benefits are to be gained and it is important that the tablets are taken every day. Treatment should not be stopped just because the symptoms have diminished or disappeared. If treatment is stopped the symptoms are likely to return.

7. SIDE EFFECTS.

Clozapine, like all antipsychotic medication, has side effects, the most important of which is neutropenia.

Other common side effects include: -

Weight gain – it is easier to prevent weight gain than to lose it once it is there. A healthy diet should be followed avoiding foods rich in fat and /or sugar which are high in calories. Exercise is helpful. Offer weight gain leaflet if necessary.

Constipation – **can be severe**.
Advise to eat more fibre and fruit / vegetables, increase exercise and to drink more liquids. If it continues to be troublesome, laxatives will be required. Bulk forming laxatives are usually first line but in more severe cases, osmotic and/or stimulant laxatives should be commenced.

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Drooling – if it is troublesome, your doctor can prescribe a tablet for it, usually hyoscine.

Drowsiness – Often wears off. The largest dose of Clozapine should be taken at night.

Postural hypotension – usually in the first 4 weeks. Try not to stand up too quickly.

Rarely, fits can occur, usually if the Clozapine dose is high or the dose has been increased rapidly. If this happens, tell your doctor.

8. ALCOHOL INTAKE.

Taking Clozapine with alcohol can make some people feel very drowsy. This is particularly important if you need to drive or operate machinery. Drinking in true moderation may be possible providing you feel okay after a glass of your normal drink. Judge for yourself how you feel. Clozapine must not be stopped just because you fancy a drink at the weekend.

9. SMOKING

If you stop smoking while on Clozapine, your blood levels of Clozapine can nearly double (which could make you really unwell). You must let your care team know if you are planning on giving up smoking, reducing smoking or have stopped as your dose may need adjusting

10. CAFFEINE

Caffeine (in tea, coffee and many soft drinks) may increase the effects of Clozapine particularly if you drink a lot of it. If you change your caffeine intake significantly, tell your doctor as your Clozapine dose may need adjusting.

11. RETURNED PERIODS / CONTRACEPTION / RISK OF PREGNANCY.

With some antipsychotic medication, some women find their periods become irregular or even stop altogether. This does not tend to happen with Clozapine therefore a woman's menstrual cycle may return to normal once she is switched to Clozapine. This means that women may need to consider contraception if they wish to avoid the risk of pregnancy. Clozapine does not interact with oral contraceptive pills.

Like most other antipsychotics, Clozapine's use in pregnancy cannot be recommended, as Clozapine has not been proven to be absolutely safe in pregnancy. However there is no strong evidence to show that it will harm the unborn child. Women who are taking Clozapine and become pregnant, or think they may be pregnant should always tell their doctor.