A NEW BREATH FOR CLOZAPINE



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Clozapine, the first atypical neuroleptic (NL) medicine, on the market since 1991, has had to compete with other NL medications, better tolerated and without any prescription constraints.

Objectives

In order to understand the situation of clozapine today, a survey reviewed clozapine prescriptions (Q1 and Q2 - 2018) and analysed the evolution of the psychiatrists' prescriptions.

Study design









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Computerized extract

Hospitalized patients $2018/01 \rightarrow 2018/06$



Age, gender, indication, previous treatment, coprescriptions

Survey

Prescription modalities: practice, average dose (AD), adverse events (AE), efficacy and risk management plan (RMP)

Results & discussion



13 patients:

- 4 females
- 9 males
- Average age: 59,7 years

Indication: Lewy Body Dementia (LBD)

→ 6 patients
→ AD: 31,25mg

Indication: schizophrenia

→ 7 patients*

→ AD: 350 mg

*These patients are treated in the outpatient clinic

Clozapine prescription:

- 3rd or 4th line: previous treatment inefficacy
- Reasons for change: noncompliance (60%)
- 10 months < initiation of treatment < 4 years
- Boosters: antidepressants, anxiolytics, mood stabilizers



Risperidone (sustained-release formulation) (6/8)

Clozapine: 2nd line (2/8); 3rd line (5/8); 4th line (1/8)

AE: priapism, hypersialorrhea, sedation (3/8); agranulocytosis (1/8)

Clozapine: effective (5/8) to very effective (3/8) The RMP is not a limit to the prescription(8/8)

Limits of clozapine prescriptions:

- Quality of the doctor-patient relationship
- Need of a few weeks of hospitalization for initiating the therapy
- Need of medical monitoring

Psychiatrists' needs: a sustained-released formulation (one tablet a day) and a lighter medical monitoring.

Conclusion

Patient's compliance to clozapine is a *sine qua non* condition for a successful therapy. Its efficacy can predict an earlier and more frequent use.

