To decrease clozapine and boost pharmacologically for to improve the functionality of the patient

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Introduction

Clozapine is a very good antipsychotic drug for cases treatment for refractory schizophrenia. However, the drug carries some side effects that hinder the full integration of the patient in a psychosocial rehabilitation program.

Clozapine is considered to be the gold-standard treatment for refractory schizophrenia. However, an estimated 40–70% of patients who failed other antipsychotics will not respond or will only partially respond to second-line clozapine therapy, even when satisfactory plasma levels are reached. Furthermore, a significant proportion of patients stop clozapine therapy, voluntarily or not, because of such side effects (many of which are thought to be related to its active metabolite, norclozapine).as sedation, weight gain, metabolic disturbances, and neutropenia.

Evidence-based augmentation strategies for partial responders to clozapine are scarce. Add-on therapy with an antidepressant such as a selective serotonin reuptake inhibitor (SSRI) may be helpful in certain clinical situations, especially for patients with residual negative or depressive symptoms. Fluvoxamine is an SSRI that mainly inhibits CYP1A2, as well as CYP2C19 and CYP3A4.

Predicting clozapine plasma levels following co-administration of fluvoxamine can be quite challenging, given inter-individual variations in metabolism. Many factors may play a role in clozapine metabolism, including age, gender, race, smoking status, and drug and food interactions. Two- to tenfold increases in clozapine plasma levels have been reported after the addition of fluvoxamine.

Methods

Evaluation of three patients diagnosed with schizophrenia and admitted to our hospital, where he has performed this pharmacological reset unable to follow group activities and sport in our program to present (adverse effects clozapine).

- **Patient 1**, with an initial dose of 350 mg / day of clozapine, three months after starting the drug, had risen to 25 kg, as well as a significant increase in triglycerides. Clozapine was lowered to 150 mg / day, enhancing it with amisulpride 800 mg / day.
- **Patient 2**, the dose of clozapine 400 mg / day was lowered to 200 mg / day per drowsiness, enhancing it with amisulpride 400 mg / day and fluvoxamine 100 mg / day.
- **Patient 3** was prescribed clozapine doses up to 150 mg / day (could not climb more for intolerance). Symptomas psychotic persisted. 50 mg of fluvoxamine was added.

Results

- **Patient 1**, could join groups rehabilitative activities, including sport. Improved the apato apathy, he felt better, dropped some weight and improved analytical parameters.
- **Patient 2**, improved their wakefulness and psychopathology may attend rehabilitative activities.
- **Patient 3**, rose clozapine levels of 107 ng / ml to 224 ng / ml improving added psychotic symptoms without side effects and facilitating autonomy and social and community reintegration.

Conclusions

Even the control pharmacology is essential for the treatment of schizophrenia, we have to consider that if the patient is impregnated or unwanted effects, you will be very difficult to be able to benefit from psychosocial rehabilitation programs.

The goal of the clinician is to watch those changes and reset the drugs at all times of the rehabilitation process.

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