Profile of clozapine treated patient, a cross-sectional study

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INTRODUCTION

- Clozapine remains the main therapeutic option when other antipsychotics fail to achieve remission and absence of relapse in the treatment of schizophrenia [1].
- Nevertheless, its use was disregarded for years due to potential side effects, mainly agranulocytosis.
- However, incidence of this and other side effects is currently being restudied and clozapine might be earlier considered for the treatment of schizophrenia [2,3].

OBJECTIVE

1) To analyze the profile and the sociodemographic data of patients on clozapine treatment and 2) to evaluate side effects and metabolic profile of treatment.

MATERIALS AND METHODS

From all patients attended in the mental health outpatient clinic La Mina in Barcelona those on treatment with clozapine were selected. Sociodemographic data and metabolic profile were studied. Potential side effects of medication were evaluated by blood test, Simpson-Angus akathisia scale and UKU scale. A descriptive analysis was then conducted.

RESULTS

A total of 12 patients were included. All but one n=11 (91.67%) were diagnosed of schizophrenia. The remaining one was diagnosed of schizoaffective disorder.

Table 1. Sociodemographic data.

	n	%
Male sex	9	75
Completed compulsory education	3	25
Pensioners	9	75
Living with family of origin	9	75
Incapacitation	3	25

Main reason for clozapine prescription was lack of response to other antipsychotic treatments: n=10 (83.33%). Clozapine was prescribed after lack of response to four or more antipsychotics in n=8 (66.67%) of the patients and after lack of response to three antipsychotics in the remaining n=4 (33.33%). After clozapine prescription n=3 (25%) maintained antipsychotic monotherapy with clozapine.

None of the patients presented agranulocytosis or any other alteration in the hemogram.

Table 2. Clinical data

Mean age at diagnosis (years)	25.45 (SD ±11.24)		
Mean age at clozapine prescription (years)	36.67 (SD ±8.06)		
Lifetime hospitalizations	6.72 (SD ±6.08)		
Hospitalizations after clozapine prescription	1.55 (SD ±1.92)		
Metabolic data	IMC	29.48 (SD ±6.32)	
	cholesterol	201mg/dl (SD ±43.7)	
	LDL	119mg/dl (SD ±31.16)	
	HDL	41mg/dl (SD ±12.81)	
	Triglycerides	199mg/dl (SD ±151)	
	Systolic blood pressure	118.16mmHg (SD ±15.09)	
	Diastolic blood pressure	78.58 (SD ±7.52)	
Side effects	SAS*	3.17 (SD ±1.8)	
	UKU**	increased salivation	83%
		constipation	42%
		sedation	75%
		weight gain	58%
		decreased libido	42%
		erectile dysfunction*	44%
		increased sleeping hours	66.7%
		seizures	0%

* Simpson-Angus Akathisia Scale, **The UKU Side Effects Rating Scale, ***(out of the male group)

CONCLUSION

- Results of this study show a low presence of patients on clozapine treatment in the area of study.
- It's interesting to point out that most patients were started on clozapine after an average of ten years after diagnosis, the lack of efficacy of more than three antipsychotics and a high number of hospitalizations.
- Despite the potential side effects of clozapine claimed the side effects observed in our study were not severe and in no case contraindicated the use of clozapine. Besides, the majority of patients were treated with at least another antipsychotic so it is not easy to stablish which side effects are related to clozapine only.
- Therefore, as other studies recently report [2,3], treatment with clozapine should be revised and schizophrenic patients might benefit from an earlier start on clozapine.

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