Optimal Clozapine Use

Clozapine stands alone as the gold standard for effective treatment in resistant schizophrenia. Resistant schizophrenia means not achieving a sustained recovery following the first episode of psychosis. Ideally, recovery is returning to the level of function prior to illness and-or being a full- time student or employed. Only 14% of patients fit these recovery criteria at 5 years. If your loved one is not in recovery, it is critical to consider clozapine. Knowledge will empower you.

Clozapine is used to treat only 1-2 % of patients with schizophrenia. A robust response to antipsychotics during initial treatment is reported to occur in 40 -70% of patients. If antipsychotics are switched to any drug other than clozapine, the response rate is between 8-12%. Clozapine will, when adequately dosed, bring dramatic improvements in over 70% of refractory schizophrenia patients. Early intervention with the most effective treatment for the psychotic illness provides the best outcomes. NIH and Clinical Excellence guidelines conservatively state that clinicians should offer clozapine to patients whose illness has not responded to 2 trials of at least 2 different antipsychotics. Even following these guidelines, it has been shown that clozapine can be started within a few months of using other antipsychotics. Unfortunately, in the US the average time to starting clozapine is 9.7 years.

Clozapine's dramatic underutilization is psychiatry's single biggest failure to use evidence-based medicine. Clozapine has shown advantages clinically, neuropsychologically, and socially. Clozapine has

demonstrated the largest improvements in positive, negative, affective and cognitive symptoms compared to all other antipsychotics. After intensive psychosocial and clozapine treatment in a resistant schizophrenia population with duration of illness of 15 years, employment outcomes improve significantly when measured in a 12-month follow-up: 50.8% of the patients were now employed, and of these patients, 25.4% were competitively employed. Clozapine is uniquely useful in reducing concomitant substance abuse. Violence occurs in between 30-40% of inadequately treated patients. Clozapine reduces this by 38%. Suicide kills 5-10%. Clozapine reduced suicide attempts by 84% compared with olanzapine. Clozapine is superior in terms of therapeutic adherence, quality of life, and self-perceived satisfaction with treatment. 87% of surveyed individuals on clozapine felt that the advantages of clozapine outweighed any and all disadvantages. Overall survival compared to other antipsychotics or no therapy is best with clozapine. Using clozapine optimally in a global supportive approach can change the trajectory of the illness and gives the patient the best opportunity to lead a full and meaningful life.

Most treating providers have an irrational fear of the drug due to the perceived increased liability. Data from the first 5 years of the clozapine registry show that agranulocytosis resulted in the deaths of 12 patients. After 1 year of treatment, the risk is the same as that observed with phenothiazines. Clozapine is also associated with myocarditis or cardiomyopathy, but its frequency is less than 0.1%. When 100 psychiatrists were questioned regarding attitudes about clozapine, most were reluctant to prescribe it because they felt their patients would not like it. Predictable side effects such as sedation, weight gain and metabolic side effects are similar to those of other

antipsychotics and can be effectively managed. Constipation, hypersalivation, and seizures can also be ameliorated (see the website). In expert hands clozapine can be the foundation on which to rebuild a life. We have a medicine, which if used properly, can save countless lives. Although doctors are taught to do no harm, the reality is that harm in this context happens more by omission than commission. Every year 5,000 people with schizophrenia in the US die from suicide. It is estimated that over 1500/year of these deaths could have been prevented with the appropriate use of clozapine. Please be relentless. Show your provider the data. Take what we know and make the provider use it.

Robert S. Laitman MD graduated from Northwestern University Phi Beta Kappa with a dual BA/MS (1979). He is a Washington University (St. Louis) School of Medicine graduate (1983). He is triple Board certified in Internal Medicine, Nephrology and Geriatrics. After his son developed schizophrenia he read voraciously and has expanded his medical practice to include psychiatric internal medicine. Over the last 6 years he has developed considerable expertise in the medical management of clozapine. For further detailed information on clozapine and a list of valuable references please see the Laitman's charity website: Teamdanielrunningforrecovery.org.