Time for movement in our practice? - **CIGH monitoring in an acute mental health trust**

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Introduction

Clozapine induced gastrointestinal hypomotility (CIGH) is a common side effect of clozapine treatment, thought to occur in 30-60% of patients on clozapine. CIGH is more common and more fatal than agranulocytosis, yet there are no formal recommendations for prevention or management within our trust. We designed an audit to compare current practice within the trust to recommendations from the Maudsley guidelines.

Methods

- We were supplied with details of the 30 patients most recently started on clozapine within our trust by Denzapine
- We searched the clinical records to identify when clozapine was initiated and checked for evidence of GI history / abdo exam / advice about side effects and dietary and lifestyle modifications.
- Following clozapine initiation, clinical records were searched for entries containing the words abdom*/ bowel / stool / constip* / laxatives / senna / docusate / laxido / lactulose to identify cases of CIGH.

Results

The audit highlighted that pre-clozapine assessment and advice is not happening routinely. 4% of patients had a GI history taken and 19% had an abdominal examination performed. No patients had an assessment for risk factors which may predispose to constipation. 15% of patients were informed about the risk of CIGH but only 4% were given advice about dietary and lifestyle modifications which could be taken to mitigate this risk. No patients had a stool chart during clozapine titration. Of the patients who did develop constipation, 44% had an abdominal examination performed, and 69% were started on laxative medication.

Discussion

- Of the 27 patients identified, 16 were found to have constipation within 3 months of starting clozapine (59%).
- This audit highlights that current practice within the trust falls significantly short of guidelines, particularly with regards to pre-clozapine assessment and advice.
- This audit suggests that we are acting in a reactive way to treat constipation rather than actively monitoring for it. There is potential to improve quality of life and reduce morbidity by taking a more proactive attitude.
- We plan to implement change by leading a teaching session for doctors working on the inpatient wards, and by amending our clozapine titration chart to include prompts reminding the prescribing doctor and nursing staff to consider prevention and management of CIGH.
- Literature review performed for this audit highlights a lack of clear guidance into best practice around prevention, monitoring, and treatment of CIGH. There is scope for further research into this in the future.