

Clozapine treatment during the Covid-19 pandemic: an Audit in a London Trust

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Aims and hypothesis

Aim: To determine whether available guidelines for COVID-19 infection in patients taking clozapine were followed in a London Trust during the first wave of COVID-19

Hypothesis: During this challenging time there may have been limited awareness of these guidelines

Background

People with severe mental illness may be vulnerable to severe COVID-19 infection.

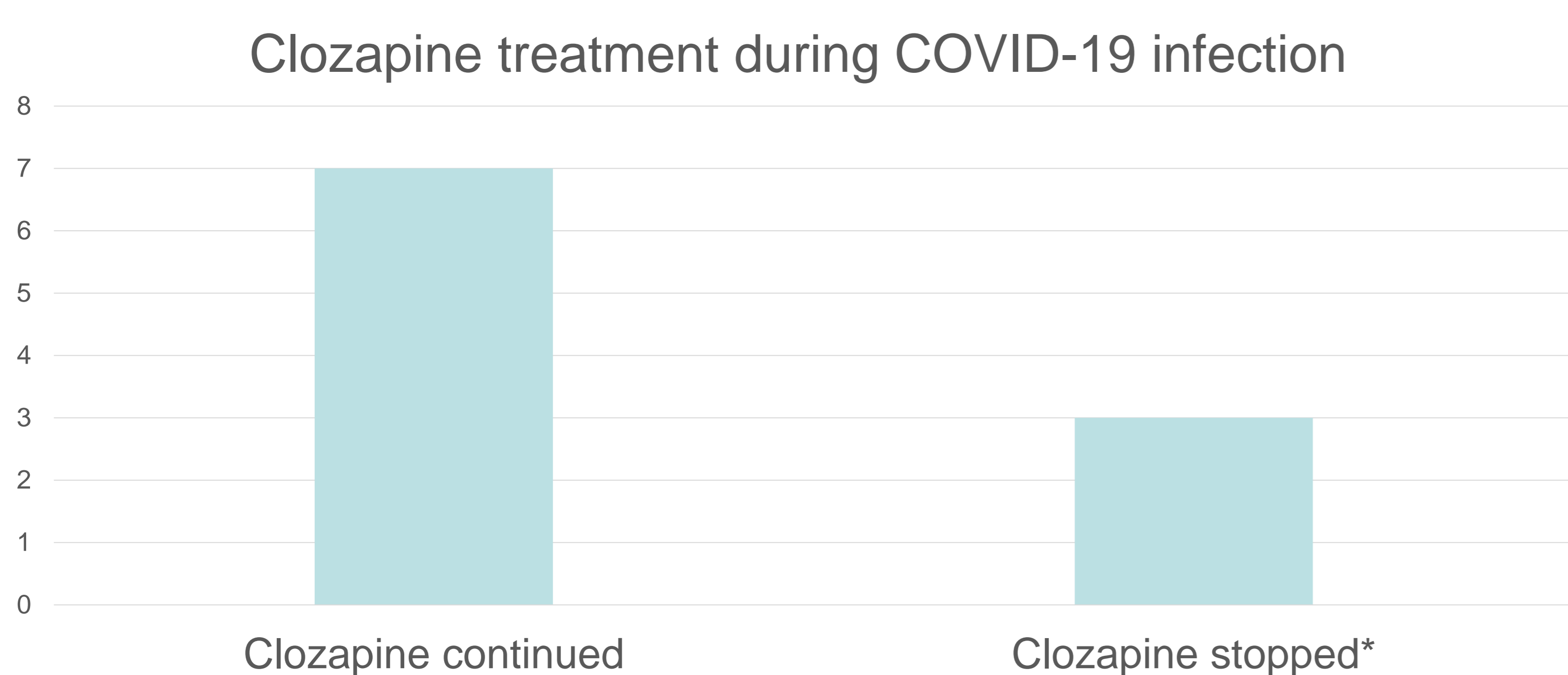
Particular concerns were raised with regards to clozapine treatment, which is associated with haematological side effects and possibly immunocompromise¹

In March 2020, the Zaponex Treatment Access System (ZTAS), issued guidelines for clinicians in managing clozapine treatment in patients with suspected or confirmed COVID-19 infection², including: (1) Immediate FBC, (2) Immediate assay (3) Consider anticipatory dose reduction to prevent toxicity), (4) Increase frequency of FBC monitoring

Method

- Cross referenced list of clozapine patients with COVID-19 episode data to identify patients, supplemented by patients known to the audit team
- Retrospectively extracted data from the electronic patient record
- Analysed data using Microsoft excel

Results



*Reasons for cessation of treatment: Cross-tapering to a different antipsychotic prior to COVID-19 episode with no adjustment due to COVID-19 infection (n=1), long QTc (n=1), due to concern regarding risk of clozapine with concurrent severe infection (n=1)

- We identified 10 patients with a confirmed COVID-19 infection out of a total of 894 patients registered on ZTAS.
- 7/10 patients continued clozapine following testing positive for COVID-19, in line with guidance that COVID-19 infection is not a contraindication to clozapine use.
- 1 patient had clozapine stopped **due to concern regarding risk of clozapine with concurrent severe infection**
- For patients who remained within psychiatric inpatient settings for the duration of their illness, 0/3 had an increase in FBC monitoring
- 1/14 patients had a clozapine assay, but this was routine.
- Limitations: identification of positive cases, access to information from acute medical admission

Conclusions

- There appeared to be limited awareness and reference to guidelines for clozapine treatment during COVID-19 infection
- Recommendations to take clozapine assays were not adhered to, despite risk of toxicity in acute infection
- **Next steps:** We must increase awareness of available guidelines to ensure clozapine is safely prescribed and monitored during COVID-19 infection, both in mental health settings and acute medical hospitals.

References

1. de Leon J, Ruan C, Verdoux H, et al. Clozapine is strongly associated with the risk of pneumonia and inflammation. *General Psychiatry* 2020;33:e100183. doi: 10.1136/gpsych-2019-100183
2. Leyden Delta. HCP's Guide to clozapine use during the corona crisis. Nijmegen, The Netherlands. 2020; March.