

Developing a systematic care-pathway for clozapine use in rehabilitation

Dr Nikhil Sharma, Mr Stuart Benefield, Dr Fraser Scott, Dr Rajesh Mohan

Heather Close Rehabilitation Unit, South London & Maudsley NHS Foundation Trust, London

BACKGROUND AND AIMS: Clozapine remains the gold-standard treatment for patients with persisting and treatment refractory symptoms of psychosis. However, it is sub-optimally used. Clinician concerns about safety and adverse effects may explain Clozapine's under-use.

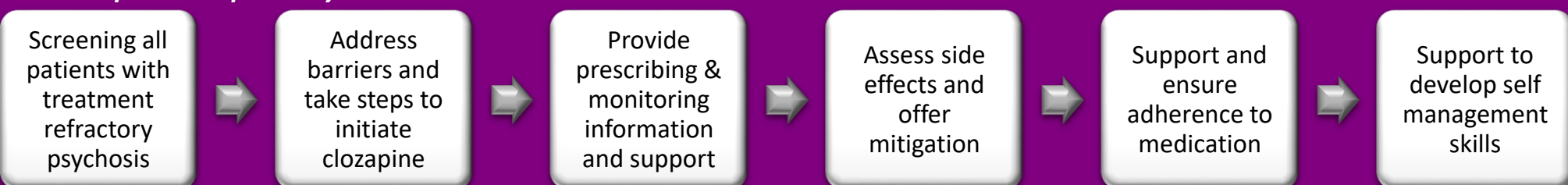
Developing clinically meaningful, evidence based care-pathways can enhance MDT confidence to initiate Clozapine for patients with treatment refractory psychosis. We used clinical data to develop a clozapine care-pathway and the process is described below.

METHODS: Clinical information on characteristics including symptoms, co-morbidity, risks, previous and current treatments and treatment response were obtained from rehabilitation inpatients with psychosis. The Clozapine care-pathway included clinical, prescribing and monitoring information, side effects, adherence and self-management. Those who met criteria, but not on clozapine were reviewed and the barriers were analysed.

Sample	N (%)
Indicated, clozapine prescribed	12 (55)
Indicated, clozapine not initiated	5 (23)
Not needing clozapine	5 (23)
Patients with long term psychosis	22 (100)

RESULTS: 22 of 24 patients had long term psychosis with a mean duration of illness of 20 years. 12 (55%) patients were currently on clozapine (age range 31-70, 33% female). Clozapine was indicated in an additional 5 (23%), but not initiated, due to active treatment refusal (n-3) or significant contraindications (n-2). 70% were treated under the Mental Health Act, and one third of this group had capacity regarding medication.

Clozapine care pathway



DISCUSSION: A quarter of patients needing clozapine are not started on treatment. Patient refusal of treatment and previous contra-indications are usual reasons. Side effects and monitoring burden are significant barriers. A care-pathway, improves the rates of treatment uptake, monitoring of treatment factors, dose optimisation, plasma-level monitoring, side effects, complications and augmentation as needed. Digital technology and assistive devices can promote self-management and autonomy. The care-pathway should integrate standardisation and personalisation.

NEXT STEPS

1. Screening all patients with treatment refractory symptoms
2. Early engagement of clozapine candidates with care pathway
3. Patient and staff familiarisation with clozapine care pathway
4. Developing and implementing a self-medication programme

Advantages of a clozapine care pathway

Better patient and staff engagement

Safer prescribing and monitoring

Side effect measurement & reduction

Reducing metabolic complications

Optimising treatment & augmentation

Promotes self management