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CLINICIANS' HESITATION IN USING CLOZAPINE

KLİNİSYENLERİN KLOZAPİN KULLANIMINDAKİ TEREDDÜTLERİ

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Dear Editor;

Clozapine has a central role in the treatment of several serious psychiatric disorders. The efficacy of clozapine has been examined in a large number of studies since it was first introduced. Both positive and negative symptoms of schizophrenia improve with clozapine treatment. It is the particular antipsychotic medication that has been shown to be superior to other drugs in patients with treatment-resistant schizophrenia (Kane & Correll, 2010). Clozapine has also been shown to diminish the rate of hospitalization (Tiihonen et al., 2009). It significantly decreases the comorbid use of alcohol and substance in patients with schizophrenia, probably by reducing the craving (Green, 1999). Evidence suggests that clozapine is efficacious also in decreasing suicidality in schizophrenia (Meltzer, 1999)

Despite evidence-based treatment guidelines, long delays observed in clozapine initiation. Antipsychotic polypharmacy and high doses are also commonly used before initiation of clozapine treatment. There is evidence that clozapine is underused, and clinicians' doubts related to clozapine must be reevaluated (Çetin, 2014).

Clozapine is known to have low extrapyramidal side effects and low tendency to elevate prolactin. However, it has some uncommon but life-threatening side effects such as agranulocytosis, myocarditis, and cardiomyopathy. Overestimation of side effects, clinicians' perception of them and lack of knowledge on how to manage them has been hypothesized as underlying reasons for clinicians' hesitation in using clozapine (Raja, 2011). The incidence of agranulocytosis was approximately 0.8 % in

12,760 patients receiving clozapine; leukopenia occurred in almost 3 percent of cases (Munro et al., 1999). The peak risks for both occurred early in treatment, between 6 to 18 weeks from initiation. Regular white blood cell count monitoring over a five-year period has been determined to decrease the risk of agranulocytosis from 1-2% to 0.38%. With adequate resources and control, a significant number of them can be identified early on, and appropriate measures are taken to minimize their impact. However, the burden of monitoring may further prevent psychiatrists from prescribing clozapine. Reasons of clinicians for limited use of clozapine are listed as reluctance to have blood test, side effects, metabolic problems, lack of experience, patient/family reluctance to use clozapine, clinicians concerns about poor compliance, need to admit/bed shortage, tendency to try other antipsychotics first, delayed diagnosis/not sure about diagnosis, negative views of others (Gee, 2014). In contrast, the evidence suggests that patients receiving clozapine are more satisfied with the medication when compared to other antipsychotics (Hodge & Jespersen, 2008).

Given the high burden and costs of inadequate treatments for schizophrenia, the underutilization of clozapine is remarkable. The effectiveness of clozapine in treatment-resistant cases, worthiness for increased efforts to encourage greater use in appropriate patients. More should be done to initiate clozapine treatment and to prevent delay of a potentially life-saving treatment.

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