

CLOZAPINE

There are many myths around serious mental illness (SMI) that are not always accurate. Let's take a look at common myths around SMI and clozapine.

MYTH

You Should Not Prescribe Clozapine Until All Other Medications Have Failed

FACT

Do not think of clozapine as a last-resort option. The *APA Practice Guideline for the Treatment of Patients with Schizophrenia* recommends clozapine if:

- ✔ a patient shows no or minimal response to two antipsychotic medications at an adequate dose.¹
- ✔ the risk of suicide attempts or suicide remains substantial despite other treatments.¹
- ✔ the risk for aggressive behavior remains high despite other treatments.¹

In fact, some studies suggest that if you delay the use of clozapine for patients who may benefit from it, it may lead to poorer treatment outcomes.^{2,3}

MYTH

You Can Only Be Proficient with Clozapine if You Had Specific Training During Residency

FACT

Certainly if you have training in residency or other programs, that can help. Yet one study finds that many current prescribers of clozapine do not have specific training during residency.⁴ Today, many resources are available to help you get the skills you need to build your confidence if you want to prescribe clozapine. For example, through the resources in SMI Adviser's [Clozapine Center of Excellence](#), you can:

- ✔ access live webinars and on-demand courses
- ✔ join a [discussion-based learning community](#)
- ✔ download and share various resources
- ✔ submit questions and receive free clinician-to-clinician consultations
- ✔ participate in 12-week, interactive virtual learning collaboratives

These free resources help you identify the right clozapine candidates, effectively use Clozapine REMS, find information about dosing, mitigate side effects, and more. For specific questions, use SMI Adviser's [FREE clinician-to-clinician consultation service](#). Submit a question and receive a personalized reply from one of our national experts within one business day.

MYTH

People Who Take Clozapine Can Benefit from a Standard Dose and Personalized Dosing is Not Needed

FACT

The dose that is needed to maximize the tolerability and efficacy of clozapine can vary quite considerably. Clozapine efficacy is more closely correlated with clozapine plasma levels rather than dose. Studies suggest that most people respond with a level between 350 to 600 ng/mL.^{5,6} On average, a female who does not smoke needs about half the clozapine dose (265 mg) to get to a level of 350 ng/mL than a male who smokes (525 mg).⁷ For more information on how to interpret clozapine levels, see the details [in this post from SMI Adviser](#).

SMI Adviser offers a [Clozapine Dose Planner](#) to help you estimate a person's level based on their age, gender, weight, and smoking status.

MYTH

You Cannot Ever Prescribe Clozapine to Individuals of African Descent with a Low Absolute Neutrophil Count

FACT

People in certain ethnic groups may have absolute neutrophil counts that are lower than "standard" reference laboratory ranges. This includes individuals of African descent. There is a separate algorithm in Clozapine REMS for people who have benign ethnic neutropenia (BEN). BEN is also sometimes called benign familial neutropenia. Before they start treatment with clozapine, individuals who have BEN must have a baseline absolute neutrophil count of at least 1000/ μ L. People who have BEN are not more likely to develop infections or clozapine-induced neutropenia.⁸

For more on BEN, [see this post from SMI Adviser](#) and a [recording from the Clozapine & LAI Virtual Forum](#).

MYTH

There is Only One Best Titration Standard for a Person When They Start Clozapine

FACT

A clozapine titration plan should be individualized based on a number of factors. This includes age, gender, smoking status, other medications, race/ethnicity, and clinical urgency. Published sample inpatient titrations are generally faster than outpatient ones.⁹ Slower titrations may be less likely to result in clozapine-induced myocarditis and may help to prevent early discontinuation or settling on a dose that is too high for the patient.^{10,11} Prescribers need to be flexible when they conduct new clozapine titrations. You may need to adjust the plan as the titration continues. For more about how to titrate clozapine, [see this post from SMI Adviser](#).



**Have more questions on clozapine?
Ask us at [SMLadviser.org/submit-consult](https://www.smladviser.org/submit-consult).**

Join our #MissionForBetter at [SMLadviser.org](https://www.smladviser.org).

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