The Clozapine & LAI Virtual Forum is a peer-to-peer, interactive dialogue between psychiatrists, nurse practitioners, and other prescribing clinicians. It is informal, no registration required — just join our Zoom call and share your challenges and questions on the month's trending topic around either clozapine or LAIs.

**TODAY’S TOPIC:**
Obsessive Compulsive Symptoms in Patients Taking Clozapine
PRESENTERS AND MODERATORS

**Hannah Albritton, MD, PhD**
Dr. Hannah Albritton PGY-3 Resident in Psychiatry at Emory University School of Medicine.

**Jordan Cattie, PhD**
Dr. Jordan Cattie is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. She directs the Emory OCD and Anxiety Intensive Program.

**Oliver Freudenreich, MD, FACP**
Dr. Oliver Freudenreich is an Associate Professor of Psychiatry at Harvard Medical School and the Co-Director of the Psychosis Clinical and Research Program at Massachusetts General Hospital.

**Robert Cotes, MD**
Dr. Robert Cotes is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. He serves as SMI Adviser Physician Expert.

**Donna Rolin, PhD, APRN**
Dr. Donna Rolin is Clinical Associate Professor and the Director of the Psychiatric Mental Health Nurse Practitioner program at the University of Texas. She serves as SMI Adviser Nursing Expert.
Case Presentation and Discussion
Highlights of the Clozapine and OCS Literature

• Paradoxically antipsychotics can be used to augment SSRIs for treatment-resistant OCD, yet can induce OCS for individuals with SCZ, with the effect most commonly seen in clozapine (Fonseta et al., 2014)

• In a study of 118 individuals on clozapine, prevalence of OCD was 47% (Fernandez-Egea, et al., 2018)
  • Obsessions were associated with severity of positive symptoms, and not associated with treatment duration or clozapine dose/level, though this has been debated (Tezenas du Montcel et al., 2019).

• In a study of 122 individuals on clozapine, 44.3% had de novo OCS, 33.6% had OCS before and after clozapine initiation, and 21.3% did not report OCS (Gürcan et al., 2021).

• OCS in clozapine-treated individuals were shown to have a detrimental effect on wellbeing independent of depression and psychosis symptoms (Parkin et al., 2022)
Approach to New-Onset OCS (adapted from the Clozapine Handbook)

1. Discontinuation of clozapine will likely resolve the problem, but this is often not feasible for individuals with TRS
2. If there is a dose/level dependent component, consider dose reduction (e.g. 5% per month), especially if clozapine was titrated quickly and the lowest effective dose is not known
3. For those with a history of mania, SSRIs such as sertraline may be considered. Keep in mind fluvoxamine, fluoxetine, and paroxetine may increase clozapine levels.
4. For those with a history of mania, adjunctive aripiprazole may be considered (Englisch et al., 2009, Villari et al., 2011, Eryilmaz et al., 2013)
5. Consider evidence-based OCD psychotherapeutic interventions

FEEDBACK
Please help us improve the Clozapine & LAI Virtual Forum by completing this survey: http://smiadviser.org/forumfeedback

Pre-submit Cases
www.smiadviser.org/vfcases

UPCOMING VIRTUAL FORUM
Comprehensive Screening for Antipsychotic-Induced Movement Disorders via Telehealth
February 1, 2023 @ 4-4:45pm ET

For additional questions and resources – join the Clozapine and LAI Centers of Excellence Exchange Community
www.smiadviser.org/cloz_lai_signup