WELCOME

Clozapine & LAI Virtual Forum
March 1, 2023 | 4:00 – 4:45 pm ET

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: Managing Sedation Due to Clozapine**
MODERATORS

**Robert Cotes, MD**

SMI Adviser Physician Expert; Emory University

Dr. Robert Cotes, MD, is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. He has interest in clozapine, characterizing persistent symptoms of schizophrenia, understanding cardiometabolic side effects of antipsychotic medications, and first episode psychosis. Disclosures: Otsuka, Roche, Alkermes (Research Funding), Saladax Biomedical (Consultant), and Clinical Care Options (Speaker)

**Donna Rolin, PhD, APRN**

SMI Adviser Nursing Expert; University of Texas, Austin

Dr. Donna Rolin is Clinical Associate Professor and the Director of the Psychiatric Mental Health Nurse Practitioner program at the University of Texas with 23 years of experience in psychiatric nursing, including inpatient, community, forensic, and older adult settings.
Discussion Questions for Virtual Forum: Questions

• How big of a problem is sedation due to clozapine for your patients? Do you see this frequently?
  • How do you ask patients about this?
• Have you ever had anyone discontinue clozapine due to sedation?
• How do you typically manage clozapine-induced sedation?
  • What non-pharmacologic strategies do you use?
  • Do you use pharmacologic strategies?
Patient Reported Frequency of Sedation for Clozapine

- **InterSePT**
  - Drowsiness/sedation: 39%
  - Dizziness/Vertigo: 19%
  - Headache: 7%
  - Tremor: 7%

- **CATIE Phase II**
  - Sedation: 45%

[References]
Key Facts on Sedation Due to Clozapine

- Related to muscarinic and H₁ antagonism
- Likely associated with higher levels
- Appears early and may improve with time

- Common reason for early discontinuation
- Sometimes not noticed until someone is more stable

Considerations for Clozapine Titrations

Prior to starting clozapine: Minimize exposure to benzodiazepines and anticholinergics, Encourage patient to start monitoring sedation and report if issues occur

Consider only bedtime, rather than divided dosing

Individualize titration based on clinical scenario, demographics, other medications, and clinical response

Carefully cross-taper other sedating antipsychotics with clozapine

Revert to the prior clozapine dose, if possible, if the patient experiences significant sedation. After 3-7 days, may resume titration. Consider checking a level.

# STOP-Bang Questionnaire for Obstructive Sleep Apnea

<table>
<thead>
<tr>
<th>STOP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you often feel TIRED, fatigued, or sleepy during daytime?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has anyone OBSERVED you stop breathing during your sleep?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have or you being treated for high blood PRESSURE?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BANG</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI more than 35kg/m²</td>
<td>Yes</td>
</tr>
<tr>
<td>AGE over 50 years old</td>
<td>Yes</td>
</tr>
<tr>
<td>NECK circumference &gt; 16 inches</td>
<td>Yes</td>
</tr>
<tr>
<td>GENDER (biologic sex): Male?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Low Risk: Yes to 0-2 questions  
Intermediate Risk: Yes to 3-4 questions  
High Risk: Yes to 5-8 questions  

Pharmacologic Interventions

- **Barcelona prospective cohort on clozapine**
  - Dose reduction = 4/22 (18.2%) reduced number of hours slept
    - Average dose reduction 44 mg
  - Aripiprazole augmentation = 4/23 (17.4%) reduced number of hours slept
    - Average aripiprazole 7 mg

Pharmacologic Interventions

- **Modafinil**
  - Freudenreich et al. 2009
    - Double-blind, placebo-controlled pilot study
    - Dose range 200-300 mg
    - No benefit, no worsening
  - Symptomatic worsening in case reports (Ozer and Demir, 2010)

- **Methylphenidate**
  - Only case report/case series level data (Burke and Sebastian, 1993; Skoretz and Tang, 2016)

---

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

Physical Health and Cardiometabolic Monitoring for Patients on LAIs
April 5, 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