

### Guidance for clozapine re-titration following a treatment break

Like any antipsychotic successful treatment with clozapine requires consistent compliance. One hundred percent compliance with treatment is impossible to guarantee so treatment breaks are almost inevitable. However, with clozapine there are very strict rules regarding the re-establishment of treatment following a defined treatment break.

#### What constitutes a clozapine treatment break?

A patient is deemed to have had a clozapine treatment break if dosing has been interrupted for more than 48 hours.

If treatment has been missed for less than 48 hours this is not classed as a treatment break and dosing may resume without any adjustment.

#### Does a treatment break impact on the patient's full blood count testing frequency?

Yes, although the three clozapine manufacturers have slightly different rules for this.

Clozapine monitoring service	Treatment break rules – change of blood test frequency
CPMS (Clozaril)	If there has been a break of more than 96 hours, revert to weekly blood tests for 6 weeks*
DMS (Denzapine)	If there has been a break of more than 72 hours, revert to weekly blood tests for 6 weeks*
ZTAS (Zaponex)	

\* After 6 weeks patients may resume their previous blood sampling schedule if authorised to do so by the monitoring service.

The clinical team must notify the clozapine patient monitoring service and Leverndale pharmacy of the treatment break as soon as possible, even if clozapine treatment has been resumed already.

#### Please note:

- Patients must have a valid (less than 10 days old) full blood count result in place before restarting clozapine
- An ECG should be performed before resuming treatment if the treatment break exceeds 72 hours
- Always contact pharmacy for advice following a treatment break

#### What dose should a patient resume after a treatment break?

Patients should recommence clozapine treatment starting from 12.5mg once or twice daily on day 1. The summary of product characteristics for clozapine suggests that titration back to their previously established dose may be achieved at a faster rate than for new starts if it is safe to do so. The [blank clozapine titration chart](#) can be used for this purpose.

The following factors should be considered when deciding how quickly to build up the dose

- What dose were they on previously and for how long? The higher the dose the longer re-titration will take

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- Did the patient experience any issues during the original titration (e.g. postural hypotension, persistent tachycardia)?
- What caused the treatment break (e.g. intolerable dose related side effects, physical illness)?
- The setting in which the re-titration will take place. Hospital re-titrations may allow more rapid dose escalation as more intense monitoring is possible. Patients may be discharged prior to the completion of their re-titration if their CMHT can support the necessary monitoring.

If in doubt use the [standard clozapine titration chart](#). That takes the daily dose to 275mg per day by day 15 and further alterations can be made from there as appropriate.

**What steps can I take to prevent treatment breaks?**

- Provide regular patient education emphasising the need for reliable compliance with treatment.
- As admission to an acute hospital is often a source of unintended treatment breaks, ensure clozapine warnings on EMIS are up to date so that clozapine use is identified on the Glasgow Mental Health Summary within Clinical Portal.