Commentary: The risks of enforcing clozapine therapy

Thomas R. E. Barnes

Pereira et al's paper (1999, this issue) is to be welcomed in that it highlights an area of clinical decision that requires a careful balance of short- and long-term risks and benefits in the individual patient. In this (necessarily) brief commentary I will concentrate on this aspect, and leave aside any ethical and medico-legal considerations.

The essence of this paper is a "locally devised structured decision process" for enforcing clozapine therapy in patients for whom it is indicated, but who are unwilling to take it. The paper presents a structured decision 'aide memoire', which is rather non-specific. For example, what constitutes a lack of response to previous antipsychotic medication is not defined in terms of adequate dosage, duration or adherence. Further, the authors recommend the broad canvassing of general views from colleagues and official bodies. However, there is a distinction to be made here between an informed second opinion relating to a particular patient, hearing of other clinicians' experience of starting patients on clozapine and informal discussion about the suggested approach.

Perhaps most critically, there is no mention of the need to elicit exactly why an individual patient might be currently reluctant to start clozapine. Depending on the reasons, the patient may be amenable to change through strategies such as reassurance and more detailed information about the potential hazards and advantages of the drug, or a psychological intervention, specifically cognitive-behavioural therapy, to improve aspects of insight or tackle a particular delusion (Barnes et al, 1996). Discussion between the patient and others already receiving clozapine may serve to allay concerns. Using such an approach in our in-patient service for treatment-resistant schizophrenia, along with patience and steady persuasion, we have usually achieved the goal of the patient eventually accepting treatment. If not, the risks, both short-term and long-term, of confrontation have generally been judged to outweigh the potential benefits, and the plan to administer clozapine has been abandoned, or at least postponed.

The possible short-term benefits of enforcing clozapine in a particular patient, in the manner described by Pereira et al are that a blood sample is obtained and clozapine treatment initiated. The risks include needle-stick injury, disruption of therapeutic relationships and problems asso-
Original Papers

Early Detection of Antipsychotic Side-Effects

Robert Chaplin, Julie Gordon and Tom Burns

Aims and Methods: Staff from five community mental health teams (CMHTs) were trained to use structured rating scales for akathisia, tardive dyskinesia and Parkinsonism. Detection rates of these side-effects were compared for the six months before and after the intervention.

Results: Fifty-seven per cent of the target professionals participated, screening 200 (52%) eligible patients. This resulted in significant increases in the recording of all three side-effects as positive but no increase in their formal diagnosis.

References


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