RESTARTING CLOZAPINE FOLLOWING NEUTROPENIA: ABOUT 2 CASE REPORTS

A.Ratsifehera(1), C.Guy(1), MN.Beyens(1), G.Mounier(1), F.Marsille(1), M.Berger(2), C.Orset(2), M.Ollagnier(1), P.Mismetti(1)
1. Pharmacovigilance Centre, CHU Saint-Etienne, France
2. Psychiatry Department, CHU Saint-Etienne, France

INTRODUCTION

Clozapine: an atypical antipsychotic agent used in the management of treatment-resistant schizophrenia, which carries a significant risk of agranulocytosis. Treatment should not be renewed with a history of neutropenia during previous therapy problematic when clozapine is the only effective drug against the patient’s symptomatology.

METHOD

We report two cases of patients in whom clozapine was reintroduced given their psychiatric conditions, despite the occurrence of previous neutropenia.

OBSERVATION

Patient n°1:

- 54 years old woman, treated for 10 years with 600 mg daily dose of clozapine for schizophrenia
- Monthly blood monitoring
- Declines in absolute neutrophil count (ANC) on may 2010,
- Lowest ANC of 1220/mm3 led to discontinuation of clozapine, instead she had received several antipsychotic drugs, all ineffective
- Progressive reintroduction on June, to achieve the daily dose of 600 mg on October 2010
- Hasn’t experienced further critical decrease in ANC hitherto

Patient n°2:

- 14 years old male patient, treated for severe paranoid schizophrenia with 25 mg daily dose of clozapine
- After one month of this treatment, a drop in his ANC of 1200/mm3 led to clozapine withdrawal
- Four months later due to his psychiatric condition, clozapine was reinitiated at 12,5mg/day
- No major recurrence of blood dyscrasia was observed from that moment on

CONCLUSION

Although SMPC doesn’t allow rechallenge if blood dyscrasia arises during previous therapy, some authors suggest the possibility of reintroducing in certain circumstances.

- If other causes of neutropenia are identified, notably: benin ethnic neutropenia, underlying diseases, concomitant medication, drug interactions → Rechallenge + Monitoring
- If the blood dyscrasia (apart from agranulocytosis) is probably related to clozapine → Rechallenge + close monitoring + Lithium or Granulocyte colony stimulating factor (G-CSF)
- If history of agranulocytosis under clozapine → Rechallenge should be avoided

BIBLIOGRAPHY

Whiskey E, Taylor D. Restarting clozapine after neutropenia: evaluating the possibilities and practicalities. CNS Drugs 2007 ; 21(1):25-35