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Clopixol Acuphase® is not Rapid Tranquilisation; so what is it?

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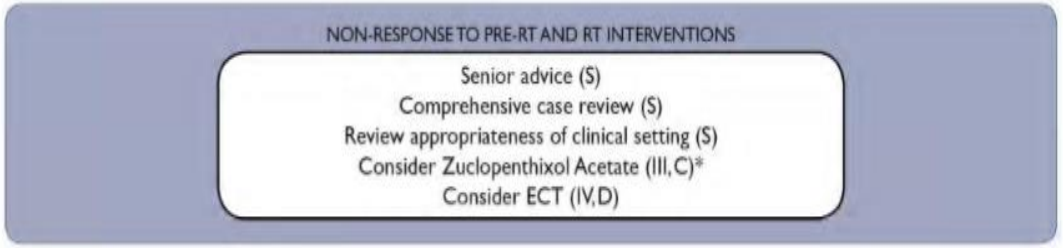
Overview – Clopixol Acuphase®

- BAP NAPICU guidelines
- Why not RT?
  - Pharmacokinetics
  - The evidence
- Place in therapy
- Prescribing, administration and monitoring requirements

Zuclopenthixol acetate (Clopixol Acuphase®)

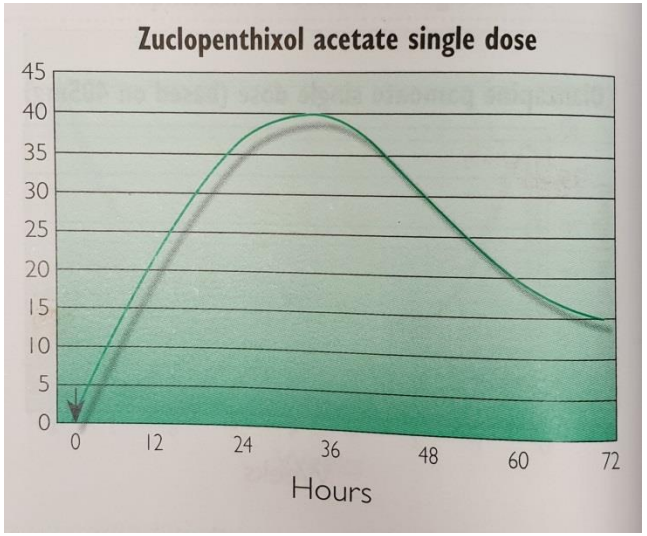
- Indicated for the short term management of acute psychosis, mania or exacerbations of chronic psychosis
- BAP NAPICU guidelines for the management of acute disturbance:



- **Not indicated** as rapid tranquilisation (RT)
  - **Why not? Place in therapy?**

Why not RT? - pharmacokinetics

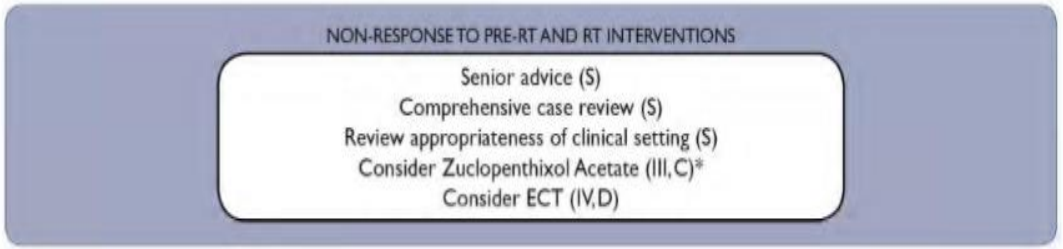
- IM formulation – esterification of zuclopenthixol (acetate versus decanoate) - **intermediate versus long duration of action**
- Onset of action - **not fast enough for RT!**
  - sedative effect at 4 - 72 hours
  - antipsychotic effect at 8 hours
- Maximum serum concentrations at 24 – 36 hours
- 3 days later, serum level drops to ~ 1/3 of the max
- Half-life ~ 20 hours
- Difficult to reverse the effects



Why not RT? – the evidence

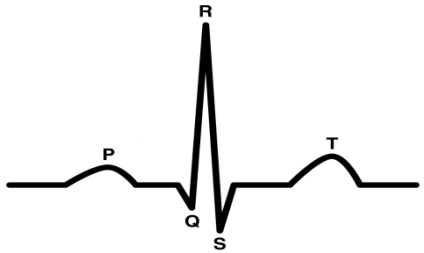
- Key findings from pharmacokinetic studies:
  - ✓Delayed onset of action **(not fast enough for RT!)**
    - Sedative effects (2-4 hours onset in minority of patients only)
    - Antipsychotic action ~ 8 hours
- Key findings from comparative studies (multi-doses of comparative drugs over a defined number of days):
  - ✓No more or less effective than other treatments (e.g. haloperidol) in terms of antipsychotic effect **BUT did not have a 'rapid onset'**
  - ✓May result in less forced injections (where restraint needed to enable treatment)

Where does it fit in practice?



- Expected disturbed / aggressive / violent behaviour over extended period of time
- After repeated RT injections to avoid further (anticipated) restraints and RT
- Past history of repeated RT injections (and restraints)
- Past history of good and timely response to clopixol acuphase®
- Advanced directive

Prescribing consideration



- Assessment prior to initiation:
  - ✓Full psychiatric & medical history
  - ✓Physical examination
  - ✓Baseline ECG – advised (QTc prolongation)
  - ✓Baseline physical observations if possible
  - ✓Recent bloods – liver / renal impairment, u&e's
  - ✓Allergies, adverse drug reactions (including EPSE risk)
  - ✓Recent + current medicines (interactions, additive side-effects, polypharmacy, potential for high cumulative doses)
  - ✓Particular attention to current psychotropics (regular + prn – RT, including ongoing treatment plan)
  - ✓Recent use of illicit substances/alcohol
  - ✓Consent to treatment status

Further considerations

- **Should not** be used in the following situations:
  - Antipsychotic naïve patients
  - Patients accepting oral medication
  - Pregnancy
  - Reduced level of consciousness (of any cause)
  - An attempt to ‘hasten’ the antipsychotic effect of other antipsychotics
  - At the same time as other IM antipsychotics
  - Concerns regarding current physical health
  - RT

Dosing and administration

- 50-150mg, repeated if necessary after 2-3 days
- Max. 400mg in a 2 week period & max 4 injections
- At least 24 hours between injections
- Reduced doses required in older adults
- No evidence for use in children
- Clopixol acuphase® is **not a course** - assess patient before each individual dose is prescribed and administered – **ongoing review of regular treatment plan**

Monitoring

Table 2: Physical monitoring schedule.	
Prior to Administration	TPR, BP, degree of hydration, level of consciousness, oxygen status if asleep. Where possible, obtain Us & Es, LFTs including GGT and an ECG.
1 hour post administration	TPR, BP, degree of hydration and level of consciousness. If an ECG was not taken previously, this should be obtained when the patient is calm.
2 hours post administration	TPR, BP, degree of hydration and level of consciousness. If an ECG was not taken previously, this should be obtained when the patient is calm.
2 – 37 hours post administration	TPR, BP, degree of hydration, level of consciousness should be monitored every half an hour.
37 – 72 hours	TPR, BP, degree of hydration, level of consciousness should be monitored every two to four hours.
Where further injections have been given, restart monitoring schedule from the beginning after each dose.	
Emergency resuscitation equipment, procyclidine injection and flumazenil injection must be available before treatment.	

- Response + adverse effects – **documentation!**
- Regular treatment plan – **ongoing review**

(NB: the above monitoring schedule is an extract from C&I Clopixol Acuphase Policy)

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Thank you – any questions?

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