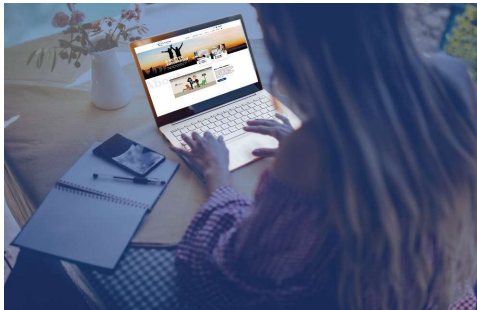


# WELCOME

---

## Clozapine & LAI Virtual Forum

January 11, 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: **Obsessive Compulsive Symptoms in Patients Taking Clozapine**

# PRESENTERS AND MODERATORS

---

## **Hannah Albritton, MD, PhD**

Dr. Hannah Albritton PGY-3 Resident in Psychiatry at Emory University School of Medicine.

## **Jordan Cattie, PhD**

Dr. Jordan Cattie is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. She directs the Emory OCD and Anxiety Intensive Program.

## **Oliver Freudenreich, MD, FACLP**

Dr. Oliver Freudenreich is an Associate Professor of Psychiatry at Harvard Medical School and the Co-Director of the Psychosis Clinical and Research Program at Massachusetts General Hospital

## **Robert Cotes, MD**

Dr. Robert Cotes is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. He serves as SMI Adviser Physician Expert.

## **Donna Rolin, PhD, APRN**

Dr. Donna Rolin is Clinical Associate Professor and the Director of the Psychiatric Mental Health Nurse Practitioner program at the University of Texas. She serves as SMI Adviser Nursing Expert.

# Case Presentation and Discussion

---

# Highlights of the Clozapine and OCS Literature

- Paradoxically antipsychotics can be used to augment SSRIs for treatment-resistant OCD, yet can induce OCS for individuals with SCZ, with the effect most commonly seen in clozapine (Fonseta et al., 2014)
- In a study of 118 individuals on clozapine, prevalence of OCD was 47% (Fernandez-Egea, et al., 2018)
  - Obsessions were associated with severity of positive symptoms, and not associated with treatment duration or clozapine dose/level, though this has been debated (Tezenas du Montcel et al., 2019).
- In a study of 122 individuals on clozapine, 44.3% had *de novo* OCS, 33.6% had OCS before and after clozapine initiation, and 21.3% did not report OCS (Gürcan et al., 2021).
- OCS in clozapine-treated individuals were shown to have a detrimental effect on wellbeing independent of depression and psychosis symptoms (Parkin et al., 2022)

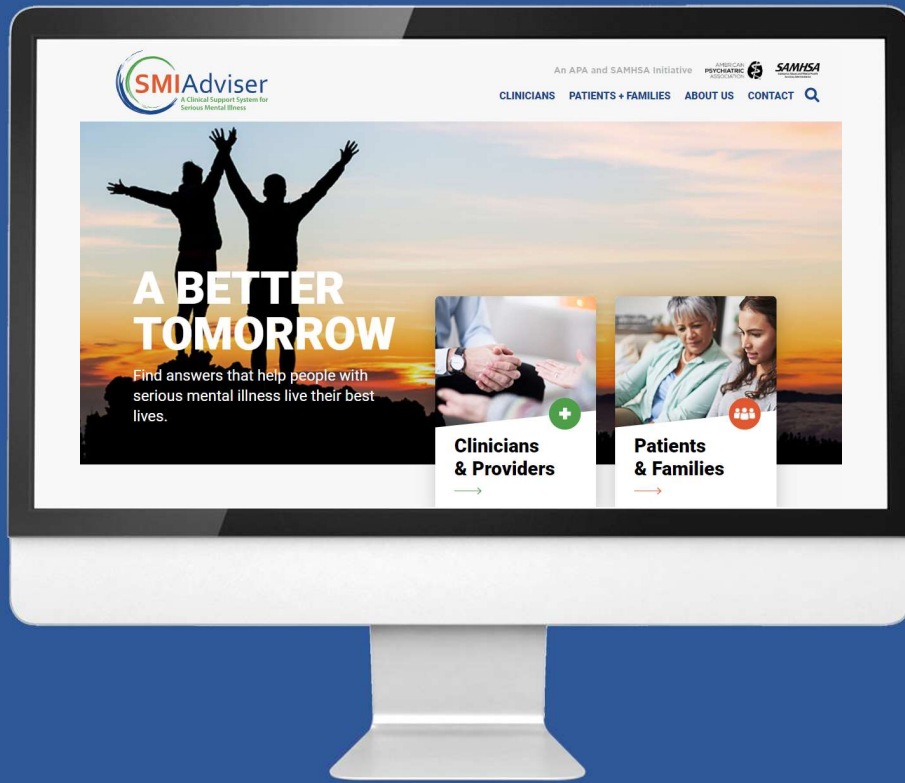
## Approach to New-Onset OCS (adapted from the Clozapine Handbook)

1. Discontinuation of clozapine will likely resolve the problem, but this is often not feasible for individuals with TRS
2. If there is a dose/level dependent component, consider dose reduction (e.g. 5% per month), especially if clozapine was titrated quickly and the lowest effective dose is not known
3. For those with a history of mania, SSRIs such as sertraline may be considered. Keep in mind fluvoxamine, fluoxetine, and paroxetine may increase clozapine levels.
4. For those with a history of mania, adjunctive aripiprazole may be considered (Engelisch et al., 2009, Villari et al., 2011, Eryilmaz et al., 2013)
5. Consider evidence-based OCD psychotherapeutic interventions

Meyer JM, Stahl SM (2019). [The Clozapine Handbook: Stahl's Handbooks, Cambridge University Press.](#)

# FEEDBACK

Please help us improve the Clozapine & LAI Virtual Forum by completing this survey:  
<http://smiadvise.org/forumfeedback>



## Pre-submit Cases

[www.smiadvise.org/vfcases](http://www.smiadvise.org/vfcases)

## UPCOMING VIRTUAL FORUM

### **Comprehensive Screening for Antipsychotic-Induced Movement Disorders via Telehealth**

February 1, 2023 @ 4-4:45pm ET

For additional questions and resources – join the Clozapine and LAI Centers of Excellence Exchange Community

[www.smiadvise.org/cloz\\_lai\\_signup](http://www.smiadvise.org/cloz_lai_signup)

An APA and SAMHSA Initiative

