Townsville Clozapine GP Shared Care Program for Patients With Treatment Resistant Schizophrenia

Statement about the program

*The Clozapine GP Shared care program aims to provide mental health Patients and General Practitioners with a supported transfer of care to General Practitioners and ensures ongoing supervision by the consultant Psychiatrist.*

The program will:

- Improve patient’s ongoing mental and physical care by facilitating communication and information sharing between General Practitioners and Community mental health services.

Community based recovery has been linked to improvements in Patient care.

General Practitioners are well placed to offer continuity of care and integrated management of concomitant conditions such as diabetes and hyperlipidemia. Additionally, the care that General Practitioners provide is responsive, cost effective and takes place in a low stigma setting that is also sympathetic to social and family circumstances.

This program is developed in accordance with Section 100 highly specialized drugs program guidelines.

Definition ‘highly specialized drugs’ are medicines which, because of their clinical use or other special features, are restricted to supply arranged through hospitals having access to appropriate specialist facilities. Clozapine comes under this category.

1. Review by the Specialist should occur every 6 months as a minimum.
2. Clozapine supply is restricted to public and private hospitals having access to appropriate specialist facilities. Consultant Psychiatrists not affiliated with these specialist hospital units cannot prescribe drugs as pharmaceutical benefit items. To provide maintenance therapy, a non-specialist hospital doctor may only prescribe Highly Specialized Drugs under the guidance of the treating Psychiatrist.

Summary – Overview Of The Program:

Patients who are prescribed Clozapine will commence their treatment under the direct care of the Consultant Psychiatrist.

When a patient’s condition is stable and the Consultant Psychiatrist feels that the patient may benefit from continued care by the General Practitioner he/she may seek the agreement of the General Practitioner regarding Clozapine monitoring.

Any General Practitioner who agrees to participate in a shared care
agreement will need to be educated and registered with the Clozapine Patient Monitoring System (CPMS) operated by Hospira.

The Clozapine Coordinator will provide both formal and ad hoc education and support to General Practitioner on monitoring requirements of Cloapine.

**Background Information– Treatment Resistant Schizophrenia And Clozapine:**

Clozapine, introduced in the 1960s is an atypical neuroleptic, which had been shown to be very effective in the treatment of Schizophrenia. Clozapine is an atypical antipsychotic agent for the treatment of schizophrenia, indicated in cases of treatment resistance or incomplete recovery. However, Clozapine was temporarily withdrawn in the 1970s following fatal cases of agranulocytosis. Patients treated with Clozapine must have regular blood tests to detect any falls in white blood cells. Clozapine cannot be issued to a patient without a satisfactory blood result.

Agranulocytosis / neutropenia is a serious adverse event, which can occur with Clozapine therapy. The risk of agranulocytosis is greatest in the first four months and patients must have a blood test each week for the first eighteen weeks of the commencement of treatment.

Cases of myocarditis and cardiomyopathy have been reported in Patients on Clozapine. Myocarditis is a rare complication, but most likely to occur in the first month of therapy.

**Indications:**

Treatment Resistant Schizophrenia (patients non-responsive to two or more neuroleptic medications, or intolerant of, conventional neuroleptic medication due to side effects).