

氯氮平

前言

氯氮平(Clozapine) [註冊藥物名稱為「可致律」]，主治精神分裂症，屬於抗思覺失調藥物。此單張旨在提供有關氯氮平的資料，供患者及其家屬作參考之用。

改服氯氮平優點

- ✓ 效果優勝
約有百分之三十至六十有頑強病徵病患者，在服用氯氮平後，病情得以改善，重過正常生活。
- ✓ 減少自殺念頭
氯氮平可減少精神分裂症患者的自殺念頭。
- ✓ 減少負性病徵
氯氮平對負性病徵，如喪失動力、情緒冷淡、社交退縮、自理能力貧乏等有顯著效果。
- ✓ 較少「錐體外系統」副作用
氯氮平比一般抗精神藥物明顯有較少「錐體外系統」副作用。如



手震、肌肉僵硬、行動緩慢、坐立不安等。

- ✓ 治療「遲發性運動障礙」
氯氮平較少出現口部、舌頭、面部或身體肌肉不受控制地顫動的現象。

服用氯氮平須知

患者在服用合適劑量的氯氮平六星期後，便會知曉藥物對患者的成效。如其他藥物一樣**必須依時及長期服用**，以達致穩定病情的作用。和其他抗思覺失調藥物一樣，氯氮平也有其副作用：

常見副作用

- ◆ 疲倦有睡意
- ◆ 過度流涎或口乾、便秘、夜尿
- ◆ 心跳過速
- ◆ 血壓下降(尤其在藥量調較初期或上升)
- ◆ 暈眩，體重增加
- ◆ 血脂和膽固醇上升
- ◆ 增加患糖尿病的風險

較少見副作用

- ◆ 白血球數量下降 (致患者較易受感染) 或上升

- ◆ 小便失禁
- ◆ 較容易令腦癇症發作
- ◆ 「錐體外系統」副作用
- ◆ 失眠
- ◆ 心肌炎
- ◆ 肺栓塞
- ◆ 胃潰瘍
- ◆ 急性胰臟炎、肝炎
- ◆ 青光眼
- ◆ 皮膚敏感或嚴重過敏症狀
- ◆ 性障礙

定期驗血

由於服用氯氮平有約百分之一的機會引起較嚴重的「顆粒性白血球缺乏症」，即白血球下降至危險界綫。



為確保患者得到最佳之保障，**服用者須於服用期內之首十八個星期，每星期驗血一次，其後每一個月驗血一次以監測白血球之數目**，確保在理想水平，並且以便醫生調校藥物或作出相應措施。



堅持服用氯氮平更是重要

如患者停用氯氮平超過三日，患者服用氯氮平的劑量就**必定**要從新調整。患者不但須重新於首十八個星期，每一星期驗血一次，而且還會影響病情。

服用其他藥物

在服用任何其他藥物前，請先與醫生商討，確保氯氮平與其他藥物共同服用之安全性。



患者及家屬

如何協助氯氮平療程取得成功？

- ◆ **必須按時、按量服用藥物**。如有困難(包括副作用所帶來之不便)，必須與醫生商討。
- ◆ 要清楚告訴醫護人員患者的一切情況，隱瞞病情往往令病情拖延或惡化。

- ◆ **如你忘記服藥或按時接受每週或每月一次的驗血檢查，應盡快覆診並通知醫生和個案經理** (如適用)。
- ◆ 如在服用氯氮平期間出現發燒，喉痛或類似感冒等症狀，應向醫生和個案經理 (如適用) 報告。

如有任何問題，請向你的主診醫生查詢


以上資料由瑪麗醫院精神科提供。



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氯氮平 CLOZAPINE



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CLOZAPINE

Introduction

Clozapine (registered medication brand name as “Clozaril”) is an antipsychotic drug for treating schizophrenia and its related disorders. This pamphlet aims at providing important information to patients (and their family) who are prescribed with clozapine.

Why are you prescribed with Clozapine?

- ✓ **Better Efficacy**
About 30-60% of patients with treatment-resistant symptoms to other antipsychotic drugs might benefit from alleviation of their symptoms after taking clozapine.
- ✓ **Reduced Suicidal Ideation**
Previous studies showed that patients with schizophrenia taking clozapine might also benefit from a reduction in suicidal ideation.
- ✓ **Improvement on Negative Symptoms**
Clozapine improves negative symptoms (for examples, amotivation, flattening of affect, social withdrawal, poor self-care, etc.) associated with schizophrenia



- ✓ **Lesser Extrapyrimal Side-effects**
Clozapine causes lesser extrapyramidal side-effects, such as hand tremor, muscle rigidity, slowness of motor response, restlessness, etc., than other commonly used antipsychotic drugs
- ✓ **Alleviation of Tardive Dyskinesia**
Long-term treatment with antipsychotic drugs, especially typical antipsychotic drugs, might cause tardive dyskinesia—a phenomenon characterized with patients suffering from involuntary repetitive movements over face, mouth, tongue, and body parts including extremities. Clozapine has been shown being effective in alleviating, and in some patients achieving resolution of, these symptoms.

What should I beware of while I am taking Clozapine?

Patients usually improve after six weeks of treatment with an adequate dose of clozapine. As to all other medical conditions, there is no exception that a **GOOD ADHERENCE to clozapine is MANDATORY**. Similar to all other medications, clozapine also has its own side-effects:

Common side-effects:

- ◆ Drowsiness and Dizziness
- ◆ Sedativeness
- ◆ Excessive Salivation
- ◆ Dry Mouth, Constipation, Nocturnal Enuresis
- ◆ Tachycardia, Hypotension or Hypertension
- ◆ Weight gain
- ◆ Dyslipidemia
- ◆ Potentially increase in risk of diabetes.

Uncommon and rare side-effects

- ◆ Lowered or Raised White Blood Cell Counts
- ◆ Urinary Incontinence
- ◆ Increased Risk of Seizure
- ◆ Extrapyrimal Side-Effects
- ◆ Insomnia
- ◆ Myocarditis, Pulmonary Embolism
- ◆ Gastro - Esophageal Reflux Disease
- ◆ Acute Pancreatitis, Hepatitis
- ◆ Glaucoma
- ◆ Severe Allergic Reaction,
- ◆ Sexual Dysfunction.



IMPORTANT: “No Blood-No Drug” for Clozapine

About 1% of patients taking clozapine might develop a rare but emergency medical condition known as “agranulocytosis”—a dangerously low level of white blood cell counts inside the body. Patients suffering from agranulocytosis are highly susceptible to infections, and if unattended, can be life-threatening. To safe-guard our patients who are prescribed with clozapine, patients taking clozapine are required to have **mandatory and regular blood test**.

For the **first 18 weeks** of treatment with clozapine, patients need to have blood test **once weekly; thereafter**, patients need to have blood test **once monthly whilst they are taking clozapine**. With this protective measure, doctors can ensure the suitability and health of the patients to continue on clozapine.



Stay Stable, Stay On Clozapine

It is extremely important for patients taking clozapine to have good adherence to their prescription. Patients who stopped clozapine for 3 consecutive days need to have clozapine re-titrated from the beginning, **AND** to have the 18-week once weekly blood test re-started all over again! Therefore, having a good adherence not only keeps the patients stable in their course of illness, it also helps avoiding the unnecessary need of extra blood tests for white blood cell counts during the re-initiation of clozapine.

Concomitant Use of Other Medications

If you need to take other medications for other medical conditions, please inform your doctors that you are taking clozapine to minimize any potential drug-drug interactions.



Ensure Every Success from Clozapine Treatment

With just a few tips below for you and your family, you can get the best out from your clozapine treatment:

- ◆ **Always have a good adherence to your clozapine prescription.** If you have any difficulties in taking clozapine, forget to take your clozapine, and/ or experience any side-effects from clozapine, please contact your doctor or your case manager (if applicable) for advice.
- ◆ Always inform your medical carers if there is any change in your mental condition.
- ◆ **Always have your scheduled blood test on time.** If you forget to receive your regular once weekly or once monthly blood tests, please contact your medical carers or case manager (if applicable) as soon as possible.
- ◆ **Always looking after your own health.** If you experience fever or flu-like symptoms, please report to your doctor or case manager (if applicable) as soon as possible.

Should you have any queries, please contact your doctor in-charge.

Information provided by Department of Psychiatry, Queen Mary Hospital