



Covid-19 and Clozapine

Document authors

Professor David Taylor

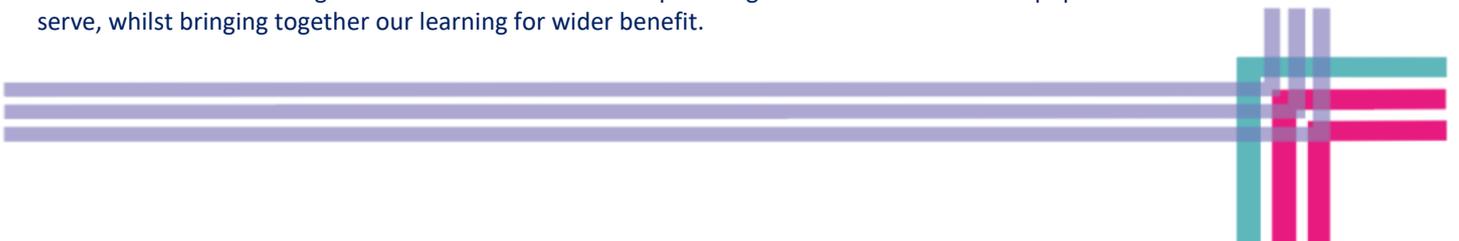
Dr. Siobhan Gee

Responsible owners

Medical Director: Dr Michael Holland

Nursing Director: Vanessa Smith

The Quality Centre is how we work with staff, patients, and carers, alongside colleagues at Kings College London and Kings Health Partners, to drive improvement, innovation and value-based commissioning in mental health care. All our work is underpinned by the principles of collaboration, inclusion, shared learning and the use of data intelligence to achieve our vision of optimising health outcomes for the populations we serve, whilst bringing together our learning for wider benefit.





COVID-19 and clozapine

Data are emerging that show a reduction in WCC, neutrophils and lymphocytes in patients taking clozapine who become infected with COVID-19. This reduction is small (mean of around $1 \times 10^9/L$) and transient, recovering within 2 weeks.

For some patients this temporary reduction in WCC and neutrophils may be sufficient to cause their blood tests to be classified as 'amber' or even 'red' by ZTAS. If clozapine-related neutropenia can be ruled out, it is not always necessary to stop clozapine for these patients. Stopping clozapine is very likely to cause a relapse in symptoms. Clozapine-related neutropenia can usually be ruled out if the neutropenia occurs in patients taking clozapine for more than six months, especially if more than a year. In addition, true clozapine related neutropenia follows a characteristic pattern of a precipitous fall in neutrophil counts of 'normal to nil' over a week or less.

On the basis of our findings, clinicians should act to **rule-out COVID-19** in patients presenting with a fall in neutrophil counts.

The following monitoring guidelines should be used for patients who:

- Have had a **positive COVID-19 swab** within the preceding 14 days
- AND
- Have been taking clozapine for **more than 6 months**
- AND
- Have **never had neutropaenia** before (amber or red blood results)

Patients without BEN

Blood counts (x 10 ⁹ /L)	Classification	Action
WBC ≥ 3.5 AND neutrophils ≥ 2.0	GREEN	Continue clozapine
WBC ≥ 3.0 and < 3.5 AND/OR neutrophils ≥ 1.5 and < 2.0	AMBER	Continue clozapine Increase monitoring frequency to twice weekly
WBC ≥ 2.5 and < 3.0 AND/OR neutrophils ≥ 1.0 and < 1.5	RED	Continue clozapine Increase monitoring frequency to daily
WBC < 2.5 AND/OR neutrophils < 1.0	RED	STOP clozapine immediately

Patients with BEN

Blood Counts (x 10 ⁹ /L)	Classification	Action
WBC ≥ 3.0 AND neutrophils ≥ 1.5	GREEN	Continue clozapine
WBC ≥ 2.5 and < 3.0 AND/OR neutrophils ≥ 1.0 and < 1.5	AMBER	Continue clozapine Increase monitoring frequency to twice weekly
WBC < 2.5 AND/OR neutrophils < 1.0	RED	STOP clozapine immediately

Patients with **prolonged** neutropaenia (amber or red for > 1 week): please contact the pharmacy department for advice.

