

# PREDICTORS OF CLINICAL RESPONSE TO CLOZAPINE IN TREATMENT RESISTANT SCHIZOPHRENIA

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## INTRODUCTION

Clozapine is the treatment of choice in resistant schizophrenia. In practice, therapeutic decision to initiate treatment with clozapine is often difficult to take, because of its adverse effects requiring strict periodic monitoring. There is a clinical need to identify factors associated with a good response to clozapine during resistant schizophrenia

The aim of this study was aim to investigate predictors of response to clozapine during resistant schizophrenia.

## MATERIALS AND METHODS

We conducted a cross-sectional study, in two psychiatric departments "A" and "F" of Psychiatric Razi hospital in Manouba, Tunisia and included 57 patients with treatment resistant schizophrenia (TRS). We investigated clinical clozapine response using BPRS. We dichotomously categorized our population into two groups: clozapine responders with BPRS total scores equal to or less than 35 and clozapine non responders with a BPRS score above 35.

For clinical response predictors we investigated: Childhood Traumatic events using the Childhood Trauma Questionnaire (CTQ) scale, Premorbid adjustment scale (PAS) and demographic, clinical characteristics and profile treatment

## RESULTS

The mean age was 37.1 ans  $\pm$  9.2. The sex ratio was 2.8.

Paranoid schizophrenia was significantly associated with good clinical response ( p=0.029).

A better clinical response was associated with an emotional neglect score  $>0.72$ , CTQ total score  $\leq 0,40$  (p=0.038) and social functioning during childhood  $\leq 0.25$  (p= 0.029) and during first adolescence  $<0.27$  (p=0.03).

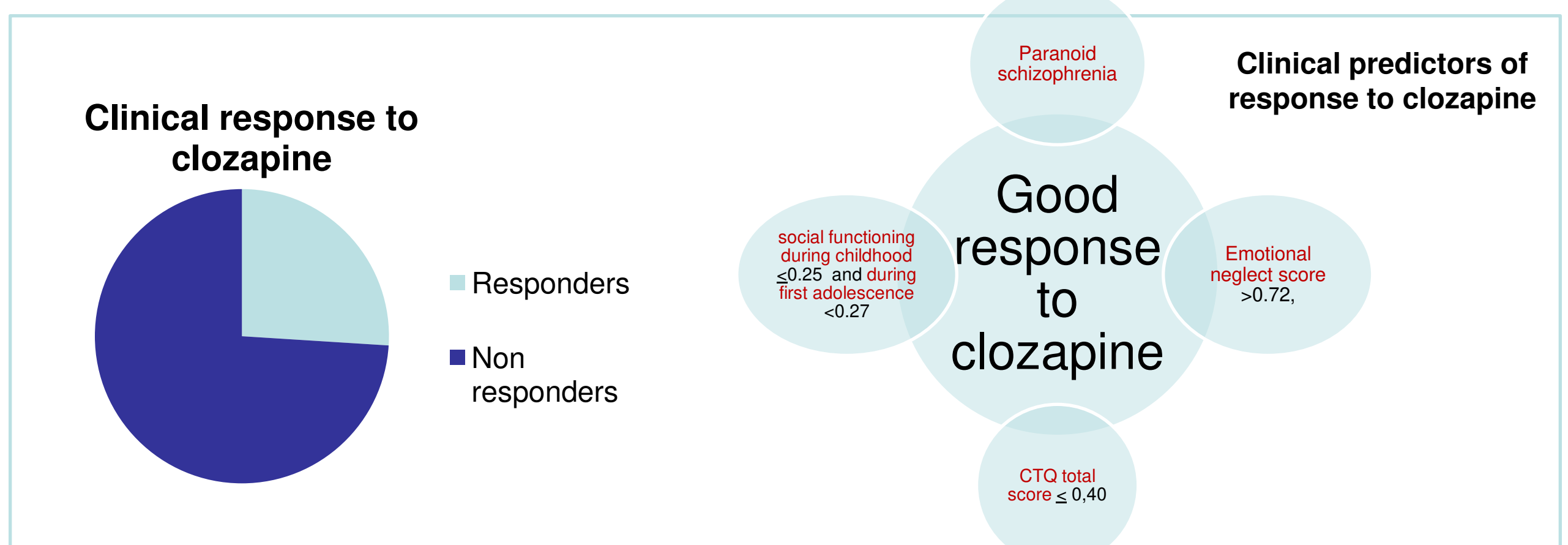
Mean duration of illness	15.8 years
Duration of untreated psychosis	15.9 months
Mean illness duration at clozapine introduction	8.9 years
Mean clozapine dose per day	396,4 mg $\pm$ 114,2
Childhood Trauma rate (CTQ) ( $>0,41 \pm 0,04$ )	49%
Premorbid adjustment rate (PAS) ( $<0,36 \pm 0,14$ )	37%

## DISCUSSION

Female gender, earlier age of onset, non-paranoid subtype, longer duration of illness, baseline psychopathology, baseline quality of life, serum clozapine levels below 350 ng/ml and poor functioning during the previous year have already been reported as the potential clinical predictors of non-response to clozapine (1). Our results suggest the importance of adequate premorbid adjustment and the absence of childhood trauma in clozapine response.

## CONCLUSION

Our study has shown the importance of premorbid and clinical parameters in predicting clinical response to clozapine in patients with TRS in order to optimize therapeutic management



1 Rajkumar AP, Chitra C, Bhuvaneshwari S, Poonkuzhali B, Kuruvilla A, Jacob KS.

Clinical predictors of response to clozapine in patient with treatment Resistant Schizophrenia. Psychopharmacol Bul. 2011;44(3);51.

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