

## **Safety Information 001/22**



Health

Recognition and prompt treatment of clozapine-induced constipation

## 7 February 2022

#### Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Directors of Mental Health Services
- Director Regulation & Compliance Unit

# **Expert Reference Group**

Content reviewed by:

- Mental Health Branch
- Clinical Excellence
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# Clinical Excellence Commission

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> **Review date** February 2023

### **Situation**

The delayed diagnosis of clozapine-induced constipation can result in serious harm related to intestinal obstruction<sup>1</sup>.

### **Background**

Clozapine is an atypical antipsychotic agent indicated only in people with treatment-resistant schizophrenia<sup>1,2</sup>. Clozapine has strong anticholinergic activity which can result in impaired intestinal peristalsis, with side effects ranging from constipation to faecal impaction, toxic megacolon, paralytic ileus and intestinal perforation, infarction, or ischaemia<sup>1</sup>.

Initial presenting symptoms of clozapine-induced constipation may include abdominal pain, abdominal distension, and vomiting<sup>3</sup>. Serious clozapine-induced constipation side effects should be considered a medical emergency.

The Therapeutic Goods Administration has published safety information on this subject in February 2011 and June 2018.

#### Recommendations

- Ensure signs of clozapine-induced constipation such as abdominal pain, abdominal distension and vomiting are promptly investigated.
- 2. Closely monitor bowel function and constipation in patients on clozapine, particularly in patients aged over 60 years and those at higher risk of constipation, such as patients:
  - a. who are taking other medications known to cause constipation (including anticholinergics or opioids)
  - b. who are taking a high clozapine dose
  - c. with a history of bowel disease
  - d. who have had bowel surgery<sup>1,4</sup>.
- Consider including clinical triggers for when escalation to a surgical team is required for patients with clozapine-induced constipation in local bowel management guidelines.
- 4. Consider including the following in local clozapine guidelines:
  - Requirement to educate patients about the risk of constipation with clozapine and how it should be managed, including dietary and exercise advice<sup>4</sup>.
  - b. Recommendation that clinicians have a low threshold to commencing laxative treatment for patients taking clozapine including prophylactic laxative treatment<sup>5</sup>.
  - c. Information on morbidity and mortality risks of clozapine related constipation and appropriate management and escalation pathways.
  - d. Requirement to initiate prompt treatment if constipation is suspected or reported. Urgent review and intervention is required for severe effects such as faecal impaction.



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#### References:

- 1. Australian Government Department of Health (2018) Medicines Safety Update, 9(2)
- 2. Pfizer Australia Pty Ltd (2021) Clopine Product Information
- 3. Palmer S E, McLean R M, Ellis P M, Harrison-Woolrych D M. Life-threatening clozapine-induced gastrointestinal hypomotility: An analysis of 102 cases. Journal of Clinical Psychiatry 2008; 69:759-68.
- 4. Freudenreich, O, McEvoy, J (2021) Guidelines for prescribing clozapine in schizophrenia. <u>UptoDate</u> [Accessed 10 December 2021]
- 5. Jibson, M D (2021) Second-generation antipsychotic medications: Pharmacology, administration, and side effect, <a href="UptoDate">UptoDate</a> [Accessed 10 December 2021]

### Suggested actions required by Local Health Districts/Networks

- 1. Forward this Safety Information to appropriate areas such as Mental Health Services, Surgical Heads of Department, and Emergency Departments for noting and action.
- 2. Ensure a system is in place to document actions taken.
- 3. Undertake a local review and risk assessment based on the recommendations provided.
- 4. Report any incidents associated with clozapine into ims+