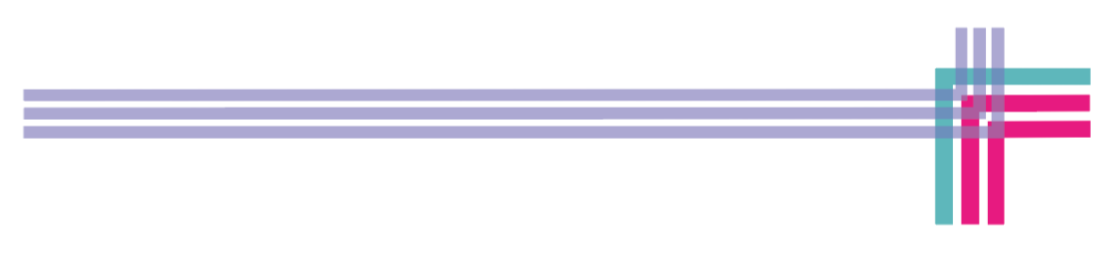


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The Quality Centre is how we work with staff, patients, and carers, alongside colleagues at Kings College London and Kings Health Partners, to drive improvement, innovation and value-based commissioning in mental health care. All our work is underpinned 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.

**Responsible owners**

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**Covid-19 and Clozapine**

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**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 1x109/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 109/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 109/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.

**Prof. David Taylor and Dr. Siobhan Gee. 26th November 2020**