Guidance on the Use of Zuclopenthixol Acetate (Clopixol Acuphase)

The aim of this guideline is to support the safe and appropriate use of zuclopenthixol acetate within SSSFT based upon available national guidance and the Summary of Characteristics (SPC).

The Cochrane Collaboration published an Intervention Review in 2012 which considered zuclopenthixol acetate for acute schizophrenia and similar serious mental illnesses. The author concluded that recommendations on the use of zuclopenthixol acetate for the management of psychiatric emergencies in preference to 'standard' treatment should be viewed with caution. Most of the small trials present important methodological flaws and findings are poorly reported. The Cochrane Review did not find any suggestion that zuclopenthixol acetate is more or less effective in controlling aggressive acute psychosis or in preventing adverse effects than intramuscular haloperidol and did not have a rapid onset of action. The use of zuclopenthixol acetate may result in less numerous coercive injections and low doses of the drug may be as effective as higher doses.

Zuclopenthixol acetate is a non-formulary medicine within South Staffordshire and Shropshire Healthcare NHS Foundation Trust and an 'Individual Patient Request' form will need to be completed by the patients’ Consultant Psychiatrist for approval by the Medical Director or Director of Pharmacy and Medicines Optimisation.

Criteria for Use

1. Zuclopenthixol acetate should only be considered after repeated injections of short-acting antipsychotics (eg. haloperidol, olanzapine, aripiprazole) or sedative medicines (e.g. lorazepam) have been administered and have failed to manage the patients’ symptoms.

2. Zuclopenthixol acetate should only be administered as per the SPC:
   a. Licensed indication (initial treatment of acute psychosis, mania or exacerbations of chronic psychosis).
   b. Dose (by deep intramuscular injection into the gluteal muscle or lateral thigh), 50-150 mg per injection (elderly 50-100mg per injection). The maximum duration of treatment is 2 weeks within which time a maximum of 4 injections can be given and the total dose should not exceed 400 mg.
   c. Frequency (if necessary the dose can be repeated after 2-3 days, however some patients may need an additional injection between 1 and 2 days after the first injection).

3. Patients receiving further doses of zuclopenthixol acetate after the initial dose should receive subsequent injections at least 24 hours apart. Serum levels of zuclopenthixol acetate normally peak 36 hours after administration after which they slowly decline and this should be considered before repeated doses are administered.

4. Zuclopenthixol acetate should not be administered to patients for rapid tranquillisation (due to its prolonged duration of action) except under certain circumstances outlined by NICE Guidance:
   a. If the patient is expected to be disturbed/violent over an extended time period
   b. If the patient has a past history of good/timely response to zuclopenthixol acetate
   c. If the patient has a past history of needing multiple injections of short acting medicines for the purposes of rapid tranquillisation
   d. If the use of zuclopenthixol acetate is cited in an advanced directive.
5. Zuclopenthixol acetate should never be administered at the same time as other parenteral antipsychotics\textsuperscript{2, 3} as this may lead to sedation which is difficult to reverse. Zuclopenthixol acetate can begin to cause sedation two hours after administration and this can last for up to 72 hours\textsuperscript{2}.

6. Zuclopenthixol acetate should only be administered after enough time has elapsed to assess the full response to previously injected short acting antipsychotic or sedative medicines (i.e. 60 minutes after IM injections)\textsuperscript{2}.

7. Patients who are already maintained on regular antipsychotic therapy should not receive zuclopenthixol acetate\textsuperscript{2}. The first dose of a depot/long acting antipsychotic injection can be administered with the last dose of zuclopenthixol acetate, zuclopenthixol acetate must not be administered to a patient who has recently been administered a depot/long acting antipsychotic injection. Oral antipsychotic medication can be introduced two to three days after the last injection of zuclopenthixol acetate.

8. Patients receiving zuclopenthixol acetate must not be antipsychotic naïve, they must have had previous exposure to antipsychotics\textsuperscript{1, 2, 3} and have tolerated their effects.

9. Patients who are sensitive to extrapyramidal side-effects (EPSEs) should not receive zuclopenthixol acetate\textsuperscript{1, 2, 3}.

10. Patients with Parkinson’s disease should not be administered zuclopenthixol acetate\textsuperscript{3}.

11. Patients receiving zuclopenthixol acetate should be conscious\textsuperscript{2, 3}.

12. Patients who are struggling excessively to resist injection and who cannot be suitably restrained should not receive zuclopenthixol acetate due to the risk of intravasation and oil embolus\textsuperscript{2}.

13. Patients with heart disease should not receive zuclopenthixol acetate\textsuperscript{2}.

14. Zuclopenthixol acetate should be used with caution in patients with the following\textsuperscript{3}:
   a. Hepatic impairment (the dose should be halved in those with compromised liver function)
   b. Renal failure (dose should be halved in renal failure)
   c. Risk factors for stroke

15. The patient should have had recent routine blood tests (electrolytes, glucose, renal and liver function) and an ECG which did not show QTc prolongation or any significant cardiac abnormalities\textsuperscript{3, 6}.

16. Patients who are pregnant should not receive zuclopenthixol acetate unless the expected benefit to the patient outweighs the theoretical risk to the foetus\textsuperscript{3}. This should be documented in the patients electronic care records (RiO) by the patients Consultant Psychiatrist. If the patient is not already under the care of a clinician who specialises in antenatal mental health care, advice should be sought and a referral considered.
17. Patients should be carefully monitored after each injection of zuclopenthixol acetate and the findings should be recorded at regular intervals as specified on the SSSFT ‘Zuclopenthixol Acetate Post-Administration Physical Observations Record Sheet’. Physical monitoring requirements include:

a. Level of alertness (AVPU)
b. Respiration rate
c. Blood pressure
d. Pulse
e. Temperature

18. The pharmacological treatment/management plan should be documented in the patients electronic care records (RiO) by the patients Consultant Psychiatrist; this should include both the short and long term treatment plan.

19. There is no such thing as a course of ‘Acuphase’, only one dose of zuclopenthixol acetate should be prescribed at a time. The patient should be medically reviewed before each dose of zuclopenthixol acetate is prescribed and following each administration in order to assess the outcome.

20. A ‘Zuclopenthixol Acetate Post-Administration Physical Observations Record Sheet’ and an electronic incident (Safeguard) report should be completed after the administration of each dose of zuclopenthixol acetate. Completed copies of the record sheet and incident report should be uploaded onto RiO as ‘Clinical Documents’.

21. An antimuscarinic agent should be prescribed on an as required basis to allow the prompt treatment of dystonic or parkinsonian side effects should they develop following the administration of zuclopenthixol acetate.

References

For Inpatient Administration Only

Zuclopenthixol Acetate (Clopixol Acuphase)
Post-Administration Physical Observations Record Sheet

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<th>Level of Alertness (AVPU)</th>
<th>Respiration Rate</th>
<th>Blood Pressure</th>
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Document if observations have been offered/attempted and the patient has refused.
Document if the patient is asleep and confirm that they are breathing – you do not need to wake them.
Level of alertness and respiratory rate should always be documented; a visual estimation of respiratory rate is acceptable.
Upload to the patients electronic clinical records (RIO) once completed.
A further record sheet should be completed for each subsequent dose of zuclopenthixol acetate administered.