IMPROVING CLOZAPINE TREATMENT SAFETY AND QUALITY THROUGH PROVIDER EDUCATION

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Problem Statement

• Imbalance of clinic visit
• No routine screening in terms of labs and symptoms monitoring.
• Clozapine clinic is a small focus group
• Physicians can use this framework moving forward.
First antipsychotic

It is still used today due to its efficacy.

There are known concerns and serious adverse effects

Due to these concerns clozapine did not gain widespread use in the United States until the 1990s.

Monitoring and prescribing guidelines

Prior to our quality improvement 0% of the patients were up to date and following all recommended screening.
## Methods

### 6 Quality Measures were chosen to be monitored

1. **Abnormal Involuntary Movement Scale Score (AIMs)**
2. **Lab monitoring (CMP, TSH, A1C and Lipids)**
3. **Constipation screening and treatment if positive**
4. **Pre-Diabetes prophylactic management of diabetic progression**
5. **Elevated lipid level treatment**
6. **Average visit frequency with provider of less than 3 months**
31 active patients were found to be currently treated with clozapine who follow with ECU Psychiatry residents.

Compliance
- Pre-diabetes
- Constipation
- Overall
Results

• All 6 categories with increase compliance at 6 months
• Overall compliance score increased
• Pre-diabetes and constipation
Conclusion

- Direct physician education improves screening compliance
- Meeting recommended screening requirements will minimize the risk of adverse events
- Could be implemented at other facility.
- Useful at ECU Psychiatry
• ECU Outpatient Psychiatry Clinic
THANK YOU