
Letters to the Editor : May neuroleptics maintain clozapine-induced gains?

Volume: 14**Issue: 01****January 1996****Page: 61**

Dr Chittaranjan Andrade, - *Associate Professor, Department of Psychopharmacology, NIMHANS, Bangalore*

There is strong evidence that clozapine is superior to conventional neuroleptics in the management of treatment-resistant schizophrenia [1], [2]. However, clozapine has a broad spectrum of adverse effects, and additionally places the patient at risk for the development of a life-threatening disorder, agranulocytosis. While the risk is maximum during the first 4 months of therapy, about 25 per cent of the recorded cases of granulocytopenia have occurred at later time points. A patient continues to be at risk for clozapine-induced granulocytopenia and agranulocytosis even years after the initiation of treatment [2].

An issue that may therefore be considered is: once a patient shows clinical response to clozapine, is it a viable therapeutic strategy to replace clozapine with a conventional neuroleptic? Expressed otherwise, can the clinical gains with clozapine be maintained with conventional maintenance therapy?

This is an unresearched area, but there is a parallel of sorts both for and against the idea that successful therapeutic agent may be replaced by a different agent during the maintenance phase of treatment. On the one hand, once peak response is obtained, electroconvulsive therapy is usually discontinued and replaced by an appropriate drug regimen; the results are, in general, satisfactory. On the other hand, after the completion of a successful course of electroconvulsive therapy, maintenance therapy with antidepressant drugs may fail if such drug therapy had been unsuccessful during the acute phase of illness [3].

Considering that clozapine is most commonly prescribed for the treatment-resistant schizophrenic patient, the latter situation is a closer parallel. However, only a controlled trial of continuation therapy comparing clozapine with a conventional neuroleptic will resolve the issue. Since the findings will be of importance to decision-making in schizophrenic patients successfully treated with clozapine, such a trial is urgently required.

1. Kane J, Honigfeld G, Singer J, Meltzer H, The Clorazil Collaborative Study Group. Clozapine for the treatment-resistant schizophrenic: A double-blind comparison with chlorpromazine

Archives of General Psychiatry Page: 45: 789-96, 1988

2. Bleehen T, *Leponex / Clozaril literature review. Basle: Sandoz Pharma Ltd* 1993

3. Sackeim H A, Prudic J, Devanand D P, Decina P, Kerr B, Malitz S, The impact of medication resistance and continuation pharmacotherapy on relapse following response to electroconvulsive therapy in major depression

Journal of Clinical Psychopharmacology Page: 10: 96-104, 1990
