Clozing the Door on Suicide: Clozapine for Suicidality in Schizophrenia and Schizoaffective Disorder

**Activity Title:**

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**Speaker:**

**Objectives:**

Identify suicide risk and suicide rates of patients with schizophrenia

Describe clozapine’s anti-suicidality benefit in schizophrenia and schizoaffective disorder

Identify superiority of clozapine to differing antipsychotics for suicide prevention in schizophrenia and schizoaffective disorder

**Outline**

An estimated half of patients with schizophrenia have suicidal thoughts and 5-10% die of suicide. Suicidal risk exists in each phase of schizophrenia. While antipsychotics can reduce mortality in schizophrenia, clozapine may be more efficacious than other antipsychotics. Clozapine is a second-generation antipsychotic typically reserved for treatment resistant schizophrenia after failure of 2 or more antipsychotics. Clozapine is considered a second line agent due to its risk of severe neutropenia, myocarditis, orthostasis hypotension, seizures, and metabolic syndrome. The InterSePT trial compared clozapine to olanzapine and found it more efficacious for suicidality. This led to clozapine receiving an indication for suicidality in schizophrenia and schizoaffective disorder. Limited randomized controlled trials have been conducted evaluating this outcome since. Several retrospective cohort studies have evaluated clozapine’s efficacy for suicidality with mixed results. Clozapine may offer a potential treatment option for suicidality schizophrenia or schizoaffective disorder; however, given its risks, it may not warrant use as a first line agent. Future randomized trials are needed to demonstrate if clozapine is more efficacious than other antipsychotics.

**Audience Questions:**

Which of the following is true regarding suicide in schizophrenia?

1. Suicidal thoughts are rarer than the general population
2. Suicide rates are higher in those with schizophrenia compared to the general population
3. Untreated psychosis is a protective factor for suicidality in schizophrenia
4. Treatment of psychosis eliminates suicide risk in patients with schizophrenia

Which of the following is true regarding suicidality prevention with clozapine based on randomized trials?

1. Equal efficacy to olanzapine
2. Time to effect of 6 months
3. Superior efficacy compared to haloperidol
4. Reduced efficacy compared to quetiapine

Which of the following is true regarding suicidality outcomes in long-term cohort studies involving clozapine?

1. Clozapine has demonstrated superiority compared to both second- and first-generation antipsychotics
2. Clozapine has demonstrated a suicidality benefit in all long-term studies
3. Clozapine’s anti-suicidality benefits have only been observed in non-treatment-resistant schizophrenia
4. Clozapine’s benefits for suicidality have only been observed when used as adjunctive treatment in schizophrenia

DD, a 26-year-old male with a past medical history of schizophrenia and hypertension presents to the emergency room after a suicide attempt via wrist cutting. He has been managed on aripiprazole 20 mg daily for 5 years since his first episode of psychosis after no response to risperidone. DD has been admitted to an inpatient unit for safety. Which of the following is an appropriate option for management of schizophrenia and DD’s suicidality.

1. Discontinue aripiprazole and initiate clozapine at 100 mg at bedtime
2. Increase aripiprazole to 25 mg daily
3. Discontinue aripiprazole and initiate clozapine at 25 mg daily
4. Continue aripiprazole and add-on clozapine at 50 mg daily

**Format:**

Live

Home study

Live and Home study

Webinar (Live)

10/19/22

**Date of Live Activity:**

**Activity length (hr. or CEU): 1 hour**

Topic Designators – activities are related to:

If a CPE activity’s target audience is exclusively for pharmacists, the designation “P” will be used as follows:

01-P Disease State Management/Drug therapy

02-P AIDS therapy

03-P Law (related to pharmacy practice)

04-P General Pharmacy

05-P Patient Safety

06-P Immunizations

07-P Compounding

08-P Pain Management/Opioids