Clozapine Constipation Prophylaxis: Developing a National Movement

Comisiwn Bevan Commission

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Background:

Clozapine, the gold standard for treatment-resistant schizophrenia, carries significant risks. **Clozapine-Induced Gastrointestinal Hypomotility (CIGH)** affects up to 75% of patients, ranging from mild symptoms (e.g., reflux) to severe, potentially fatal complications (e.g., ileus, obstruction, perforation). Severity relates to clozapine's pharmacology and patient risk factors.

Screening relies on patient-reported outcomes but lacks detection sensitivity. Given CIGH's prevalence and detection challenges, **prophylactic laxatives** have been recommended. A New Zealand protocol reduced serious CIGH cases from 8.2 to 1.1 per 100 person-years (RR 0.13; 95% CI 0.403–0.043).

In 2020/21, **CAVUHB implemented a Clozapine Laxative Prophylaxis Pathway (CLPP)** for all clozapine patients. This project evaluates CLPP and explores an all-Wales protocol.

Objectives & Approach:

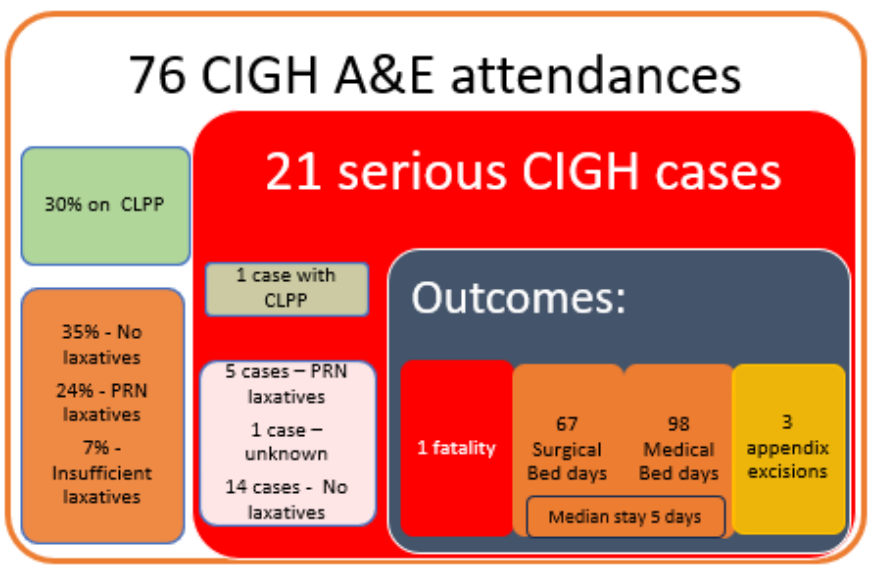
1.Evaluate CLPP Uptake
Audit laxative prescribing in CAV clozapine outpatients.

2. Gather Feedback
Survey patients, prescribers & clinic staff on CIGH awareness and CLPP.

3. Assess Impact & Value
Review CIGH-related A&E visits/admissions (2006–2025) and cost-benefit of prophylaxis.

4. Map Wales Practices
Identify CIGH prevention approaches & clozapine patient numbers across Health Boards.

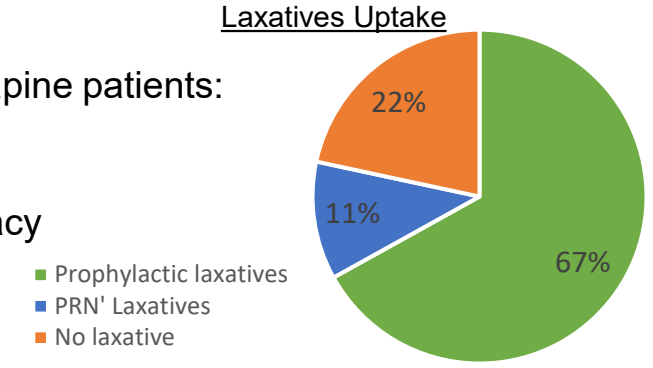
Fig 2. CIGH Cases Characteristics



Outcomes:

1. CLPP Uptake: Audited 245 clozapine patients:
- **67%** prescribed prophylactic laxatives
- Most regimens appropriate
- **15%** involved inappropriate polypharmacy
- **1% (n=2)** included harmful laxatives

Fig 1. Prophylactic Laxatives Uptake



'I don't want to talk about my bowel habit it makes me uncomfortable'

'It is embarrassing for me to talk about my poo'

2a. Patient & Carer Feedback:
- **43%** participated; 50% experienced clozapine-induced constipation
- **93% recognised CIGH as serious** & supported prophylactic laxatives. Most seek help via clozapine clinic; others turn to family or GPs. Embarrassment limits discussion in clinic

2b. General Staff Knowledge & Feedback:
- 89 prescribers responded
- **52%** knew of CIGH; 59% of these knew CLPP → greater confidence in CIGH management
- **0% opposed prophylactic laxatives**; 49% had reservations or felt it extended beyond their role remit
- Support for CLPP higher among those aware of detection challenges; 50% of uncertain respondents cited outdated "cathartic colon" concerns

'I don't prescribe Clozapine. I don't see patients regarding mental health issues' – general practice prescriber

2c. Specialist Staff Knowledge & Feedback:
- 13 clozapine clinic staff responded
- **100% aware of CLPP**; Reliance on medic prescribing highlighted as timely treatment barrier
- **70% unaware of detection sensitivity & silent nature of CIGH**. 61% wanted training to boost confidence in CIGH identification & management

3. Assessing Impact & Value:

2103 A&E attendances (355 patients) screened for serious CIGH – Fig 2.

Cost benefit model assumptions:
- Serious CIGH prevalence (literature)
- Current CAV clozapine population
- Maximal CLPP costs
- A&E attendance + 5-day admission (median) + initial investigations
- Acute interventions excluded

23 vs 3 Serious CIGH cases p.a.

CAV Gross Cost Avoidance p.a:

£97,492 - £152,492

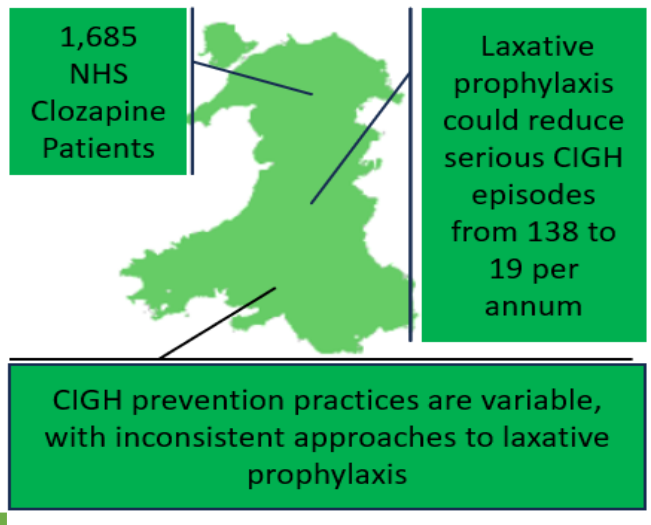
CAV Net Cost Avoidance p.a:

(max CLPP cost deducted)

£19,198 - £74,241

Range attributes to difference in medical Vs surgical bed costs

4. Practices Across Wales:



Key Conclusion:

CLPP reduces serious CIGH cases & associated healthcare costs.

Next Steps:

Refine CLPP, training & propose **unified all-Wales** CIGH prevention & management approach.