INITIATING CLOZAPINE TREATMENT

The initial titration of clozapine should allow for optimal patient tolerability and minimize the risks of hypotension, seizure and sedation. Special considerations can be made in specific patient populations, especially in older or medically compromised patients.

Suggested titration schedule:

- Treatment begins with one half of a 25mg tablet (12.5mg) once or twice for day one.
- Clozapine is increased by increments of 25 every other day until a dose of 100 mg is achieved.
- After the first 100 mg, clinicians may increase clozapine by 25 to 50mg/day, if well tolerated, to achieve a targeted dose of 300 to 450mg/day by the end of two weeks.
- Clozapine can be given in divided doses during titration, though clinical experience shows that HS dosing is often better tolerated and advantageous for compliance.

Because of the possibility of increased adverse reactions at higher doses, particularly seizures, patients should ordinarily be given adequate time to respond to a given dose level before escalation to a higher dose is contemplated. Clozapine can cause EEG changes, including the occurrence of spike and wave complexes. It lowers the seizures threshold in a dose-dependent manner and may induce myoclonic jerks or generalized seizures. These symptoms may be likely to occur with rapid dose increase and in patients with preexisting epilepsy. In this case, the dose should be reduced and, if necessary, anticonvulsant treatment initiated.

**Dosage should not exceed 900mg/day.**