Kent and Medway NHS
NHS and Social Care Partnership Trust

Guidelines for the use of zuclopenthixol acetate injection (Clopixol Acuphase®)

Zuclopenthixol acetate (Clopixol Acuphase®) is not quick acting and should not be prescribed for rapid tranquilisation. It is a potentially toxic and hazardous drug. There is little published data to support its use in psychiatric emergencies however it still has a useful role in a limited number of indications.

Indications

Zuclopenthixol acetate should only be used for the short term treatment of acute psychosis or mania if: the patient has required repeated injections of a short acting antipsychotic drug such as olanzapine or haloperidol IM

- .For the initial treatment of acute psychoses including mania and exacerbation of chronic psychoses, particularly where a rapid onset of action and duration of effect of 2-3 days is desirable.

- giving repeated short acting antipsychotic injections would be inappropriate.
- the patient has had a previous good response and shown good tolerability to zuclopenthixol acetate..
- sufficient time has elapsed to assess the full response to previously injected drugs (30-60 mins after IM)
- an advanced directive has been made indicating that this is a treatment of choice

Conditions of use:

- Junior doctors may only prescribe zuclopenthixol acetate under the advice and authority of a senior psychiatrist (ST4 and above).
- Prior to prescribing the patient must be seen by the prescribing doctor. It is not acceptable to administer zuclopenthixol acetate against a verbal or faxed request or prescribe a course of zuclopenthixol acetate. The patient should be fully assessed by a doctor before each administration.
- *The MDT should consider withholding other antipsychotics for the duration of action (3 days following administration).*
- Use with extreme caution if the patient is struggling to avoid it being accidentally injected into a vein.

Zuclopenthixol acetate should never be administered

- In an attempt to “hasten” the antipsychotic effect of other antipsychotics.
- For rapid tranquilisation
- At the same time as other IM antipsychotics or benzodiazepines (may lead to over sedation which is difficult to reverse)
- As a test dose for zuclopenthixol decanoate

- Patients who accept oral medication
- Patients who are neuroleptic naïve
- Patients who are sensitive to movement disorders / EPSE or are known to suffer EPSE
- Patients intolerant to oral neuroleptics
- Patients who are unconscious, pregnant, have advanced renal ,hepatic or severe cardiovascular disease
- Patients with epilepsy
- Patients with Parkinson's disease

Onset and duration of action
The sedative effects usually begin to be seen 2 hours after injection and peak around 36 hours. The effects usually last for up to 72 hours although full elimination of the drug may
not be complete for 7 days.
Dose
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Adults: The dose is 50-150mg IM (1-3mls) as a single dose, repeated if necessary after 2-3 days. Some patients may need an additional injection between 1-2 days after the first injection. At least 24 hours must have elapsed between injections.

The duration of treatment should not exceed TWO weeks and the cumulative dose not exceeding 400mg with no more than 4 injections given in total.

Elderly; The dose may need to be reduced (usually 25-50mg) due to reduced metabolism and elimination with a maximum dose of 100mg per injection.

Adverse reactions
Generally dose dependent and more likely in those with no previous exposure.

Common
- Drowsiness
- Movement disorders (akathisia, dystonia, parkinsonian symptoms)
- Hypotension
- Raised prolactin
- Constipation

Less common
- Tachycardia
- Urinary retention
- Prolonged QT interval
- Neuroleptic malignant syndrome (NMS

Patient monitoring
Because of the extended release profile of zuclopenthixol acetate observations should be continued for 72 hours (see appendix 1)

Vital signs should be monitored prior to administration including degree of hydration, and where possible urea and electrolytes, LFT including GGT and ECG data. Post administration vital signs should be monitored and the patient observed for presence of EPSE that may necessitate Procyclidine.

References

1. Gibson RC et al. Zuclopenthixol acetate for acute schizophrenia and similar serious mental illness. Cochrane Database of Systematic reviews 2004, Issue 3
2. National Institute for Clinical Excellence Violence and aggression: short-term management in mental health, health and community settings (May 2015) NG10
3. Summary of Product Characteristics – Clopixol Acuphase. Lundbeck Ltd, July 2016
4 Taylor D; Paton C, Kapur S.. The Maudsley Prescribing Guidelines 12th edition.Wiley ; London 2012

Date: December 2020
Review Date: December 2023
Approved by: **Drug & Therapeutic Committee on……..**

Appendix 1

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ZUCLOPENTHIXOL ACETATE (CLOPIXOL ACUPHASE ®) PHYSICAL HEALTH MONITORING FORM

Patient name…….. D/O/B……

Ward…….

MONITOR BLOOD PRESSURE, PULSE, RESPIRATION, OXYGEN SATS AND TEMPERATURE

Time	Date/time	Blood pressure	Pulse	Respiration rate	Oxygen saturation	Temperature	Comments (i.e. follow up plans such as with abnormal readings)	Nurse / Doctor Signature
Baseline								
1 hour								
2 hours								
4 hours								
8 hours								
12 hours								
16 hours								
20 hours								
24 hours								
28 hours								
32 hours								
36 hours								
40 hours								
44 hours								
48 hours								
52 hours								
56 hours								
60 hours								
64 hours								
68 hours								
72 hours								