MMG006 GUIDELINES FOR USE OF ZUCLOPENTHIXOL ACETATE INJECTION
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Why we need this Guideline
Zuclopenthixol acetate injection (Clopixol Acuphase®) is indicated for the short-term management of acute psychosis, mania, or exacerbations of chronic psychosis. It may be considered as a treatment option when an acutely psychotic patient would otherwise require repeated injections of short-acting antipsychotic drugs such as haloperidol, olanzapine or aripiprazole, or sedative drugs such as benzodiazepines (e.g. lorazepam), and when anticipated benefit outweighs the risk.

What the Guideline is trying to do
To provide guidance on the prescribing and use of zuclopenthixol acetate injection.

Which stakeholders have been involved in the creation of this Guideline
Medicines Management Committee.

Any required definitions/explanations
ECG - electrocardiogram
EPSE – extrapyramidal side effects
GGTs – gamma-glutamyltransferase
LFTs – liver function tests
MDT – Multi-Disciplinary Team
NEWS – National Early Warning Score
PICU - Psychiatric Intensive Care Unit

Key duties

Medicines Management Committee
Will approve and review these guidelines

Medical Director
Is responsible for the dissemination of this guideline to their Clinical Directors and Clinical Tutors

Clinical Directors
Are responsible for the dissemination and implementation of the guideline in their service areas

Heads of Service
Are responsible for the dissemination and implementation of the guideline in their service areas

Doctors
Are responsible for reviewing the patient and prescribing zuclopenthixol acetate injection

Nurses
Are responsible for ensuring the appropriate monitoring takes place in accordance with guidelines – see section on service user monitoring.
Guideline detail
When considering treating a patient with zuclopenthixol acetate injection advice should be sought from the local psychiatric ICU as to appropriateness of therapy and possibility of transfer of patient from an open ward setting to the PICU. Zuclopenthixol acetate should only be used in an in-patient setting as the patient will require close monitoring over a full 72 hour period.

Junior doctors must only prescribe zuclopenthixol acetate injection under the advice and authority of a consultant psychiatrist.

Licensed Indications:
- For the initial treatment of acute psychoses including mania and exacerbation of chronic psychoses, particularly where duration of effect of 2-3 days is desirable. It is not intended for long-term use and duration of treatment should not be more than two weeks.
- Zuclopenthixol acetate IM injection (Clopixol Acuphase) is not licensed for the treatment of dementia-related behavioural disturbances.
- It must not be used for Rapid Tranquilisation.

Zuclopenthixol acetate injection should only be used for the short-term treatment of acute psychosis or mania if:
- The patient has required repeated intramuscular injection of a short-acting antipsychotic drug such as haloperidol and olanzapine.
- Giving repeated short-acting antipsychotic intramuscular 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. Allow at least 60 minutes after any intramuscular injection.
- An advanced directive has been made indicating that this is the treatment of choice and it is considered appropriate.

Zuclopenthixol acetate injection should never be administered
- In an attempt to “hasten” the antipsychotic effect of other antipsychotic therapy
- For rapid tranquillisation
- At the same time as other parenteral antipsychotics or benzodiazepines
- As a test dose for Zuclopenthixol decanoate depot
- If the patient is struggling excessively to resist injection and who cannot be suitably restrained. This is to avoid it being accidentally injected into a vein.

Zuclopenthixol acetate injection should never be used for or in the following service users
- who accept oral therapy
- who are neuroleptic naïve
who are unconscious (due to any cause including intoxication with alcohol or medications)
who are pregnant, have renal or hepatic impairment, cardiac disease (see admission bloods if necessary)
who are known to suffer from extrapyramidal side effects (EPSE) with antipsychotic medication
with dementia related disorders
who are known to suffer from epilepsy or Parkinson’s disease

Zuclopenthixol acetate injection should be used with caution in patients with risk factors for stroke
Prescribers should consult the Manufacturer’s Summary of Product Characteristics for full prescribing information. Available at www.emc.medicines.org.uk
Prescriptions must state Zuclopenthixol acetate injection in full to avoid confusion with the depot preparation.

**Prior to prescribing, service users must be seen by the prescribing doctor. It is not acceptable for Zuclopenthixol acetate injection to be administered against a verbal request. The patient must be fully assessed by a doctor before each dose is prescribed and following each administration in order to assess outcome and tolerability.**

**Dose:**

The usual dosage is 50-150mg given by deep intramuscular injection into the gluteal muscle or lateral thigh repeated if necessary after 2-3 days. Some patients may need an additional injection between 1 and 2 days after the first injection.

The dosage may need to be reduced in the elderly owing to reduced rates of metabolism and elimination. In elderly patients the maximum dosage per injection is 100 mg.

Zuclopenthixol acetate injection is not intended for long-term use and duration of treatment should not be more than two weeks.

The maximum accumulated dosage over a two-week period should not exceed 400mg or four injections. There is no such thing as a “course of acuphase”

Injections should be spaced at least 24 hours apart. The MDT should consider withholding other anti-psychotic treatment for at least 3 days following Zuclopenthixol acetate injection.

**Onset of action:**
Sedative effects usually begin to be seen 2 hours after injection with peak serum concentrations between 12 and 36 hours. Effects can last for up to 72 hours. The half-life is 20 hours (between 13-23 hours).

**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

_Please note_

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

**Service User Monitoring/Frequency of Monitoring**
Vital signs should be monitored prior to administration. Degree of hydration should be reviewed and documented and baseline bloods to include urea and electrolytes and LFTs including GGT should be taken and reviewed for any abnormalities. Where it is not possible to take these prior to administration the most recent blood results should be reviewed. Where possible a baseline ECG should be performed to identify any existing prolonged QT interval or other cardiac abnormality. Where this is not possible the most recent ECG should be reviewed prior to prescribing and administration.

Heart rate, blood pressure, temperature, respiratory rate and level of alertness should be monitored every hour for the first four hours and then every four hours until 72 hours post injection. The patient should also be monitored for signs of EPSE which may necessitate the use of procyclidine. Results of these observations must be recorded on the NEWS chart and the NEWS escalation process followed dependent upon the results. If the patient is sleeping but has been alert prior to sleep (e.g. overnight) and previous results have not been a cause for concern only undertake the observations if it is possible to do so without waking the patient and record these on the NEWS chart with a note that the patient was sleeping.

**Storage**
Where a ward has both Zuclopenthixol acetate injection and Zuclopenthixol decanoate injection in stock these must be stored separately to avoid confusion and reduce the risk of the incorrect injection being administered.

**Training requirements associated with this Guideline**

**Mandatory Training**
There is no mandatory training associated with this Guideline.

**Specific Training not covered by Mandatory Training**
Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description.
How this Guideline will be monitored for compliance and effectiveness

The table below outlines the Trusts’ monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
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<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
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<td>Prospective data to be collected after each administration and presented as a summary report to MMC</td>
<td>Medical Director</td>
<td>Quarterly</td>
<td>Medicines Management Committee</td>
<td>Medicines Management Committee</td>
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Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.

Equality considerations

See MMP001 Control of Medicines Policy.

Reference Guide

Psychotropic drug directory 2018 The professionals’ pocket handbook & aide memoire Stephen Bazire.


Norfolk and Suffolk NHS Foundation trust Guidelines for the use of zuclopenthixol acetate intramuscular injection Version 1.
### Document control details

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