Reintroduction Of Clozapine In A Patient With An Extremely Challenging Behaviour, Fronto-temporal Dementia And Life-long History Of Treatment Resistant Psychosis Previously Successfully Treated With Clozapine.

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Introduction

Fronto-temporal Dementia (FTD) and chronic psychoses may have common aetiological factors. Despite existing controversies and increasing evidence favouring non-pharmacological treatments, antipsychotics are still used to mitigate BPSD (Behavioural and Psychological Symptoms of Dementia). Clozapine is a rare treatment choice in patients with dementia. This case report discuses reintroduction of Clozapine in a 74-year-old male with FTD complicated by extreme BPSD developed in the context of a life-long history of Paranoid Schizophrenia previously successfully treated with Clozapine.

Case

A 74-year-old male, retired GP, diagnosed with Fronto-temporal Dementia based on progressive deterioration in verbal communication, cognitive impairment, challenging behaviour and cortical atrophy, especially in temporal lobes, evident in MRI, was referred to our hospital from old-age inpatient unit due to extreme BPSD in the form of verbal and physical aggression, severe self-harm, as well as poor food and fluid intake. The patient presented with daily incidents of challenging behaviour of intensity requiring nursing in segregation with 3:1 support. The symptoms did not respond to pharmacological (antipsychotics, SSRIs, benzodiazepines, mood stabilizers, pregabalin) or non-pharmacological approaches (redirection, de-escalation).

Although first signs of cognitive decline have been reported several years earlier, the onset of BPSD coincided with discontinuation of Clozapine about two years prior to the admission, as presumed no longer required. Since then, progressive behavioural deterioration led to recurrent hospital admissions culminating in severe crisis and therapeutic impasse.

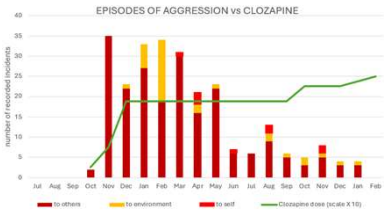
The patient had a life-long history of paranoid schizophrenia successfully treated with Clozapine for over 15 years prior to discontinuation.

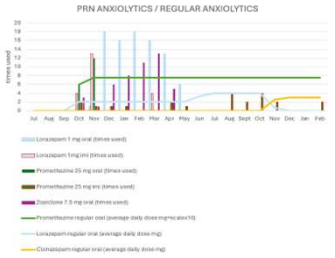
On admission the patient was extremely agitated with no meaningful verbal contact, refusing food and fluids and unable to bear his weight. Blood tests showed dehydration and AKI which prompted referral to general hospital. On his return, after two months of hospitalisation the patient presented with severe cognitive impairment, extremely limited verbal communication and continued to demonstrate extreme BPSD.

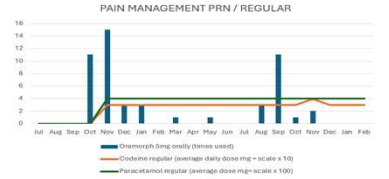
Treatment

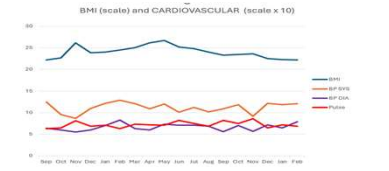
- Multifactorial assessment of triggers for challenging behaviour:
  - residual psychosis
  - anxiety
  - pain
  - constipation
  - infections
  - environment
  - boredom
  - frustration
- Multidisciplinary approach.
- Occupational therapy.
- Psychology.
- Development of Positive Behavioural Support Plan.
- Speech and language therapy.
- Physiotherapy.
- Music therapy.
- Pet (animal contact therapy).
- Positive risk taking (engaging in activities and community access).
- Facilitating family contacts.
- Reintroduction of Clozapine following the rule "start low, go slow", with careful monitoring of immunological, metabolic and cardiovascular health.
- Managing pain (the patients suffered from severe osteoarthritis).
- Managing constipation.
- Prompt diagnosing and treatment of infections.

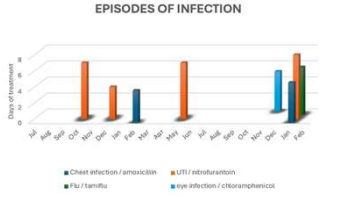
Outcomes

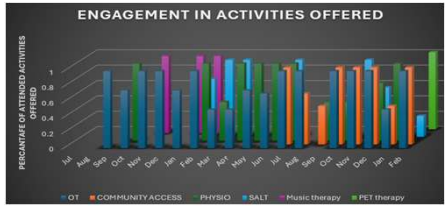


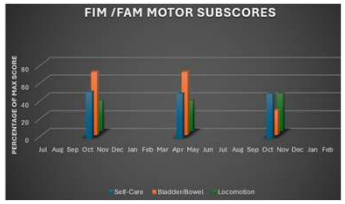


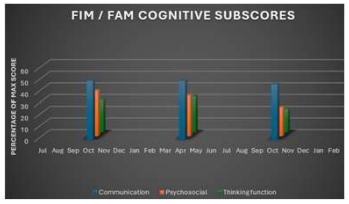












Discussion

- During 15 months of treatment, we have been observing a reduction in both frequency and intensity of episodes of aggression.
- There has been a massive reduction in self-injurious behaviour in comparison to the previous placement.
- More satisfactory interactions reported by the patient's wife.
- Surprisingly, the patient's compliance with medications and necessary investigations (including blood samples) has been excellent.
- Compliance with leisure and therapeutic activities offered have been surprisingly good as well.
- Deterioration in overall level of functioning appears to be moderate and likely associated with progression of FTD rather than adverse effects of the treatment.
- Still significant periods of agitation and restlessness with the behaviour suggestive of responding to hallucinations.
- Clozapine has been tolerated well with no obvious adverse effects on immunological, metabolic or cardiovascular health.
- As clozapine was used within a range of other pharmacological and nonpharmacological interventions, the extent of its beneficial effect requires further evaluation.

Conclusion

Clozapine, prescribed along a multidisciplinary input, could be a safe and potentially beneficial choice in challenging patients developing dementia in the context of psychotic disorders which already responded positively to this medication.

Acknowledgements

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