

The use of clozapine in the treatment of bipolar disorder in a patient with clinical comorbidities

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Background and aims: Clozapine is an effective antipsychotic that has been used in the treatment of bipolar disorder for a long time despite the lack of evidence from controlled trials. Current guidelines recommend it as monotherapy for refractory patients and its use in acute and maintenance treatment is a third line option. We report a case in which clozapine was used in the acute and maintenance phase.

Methods: Report of a single case.

Case Report: The patient was a 44 year-old male with a lifetime diagnosis of BD admitted to the psychiatric inpatient unit due to a severe manic episode and poor symptom control. He had also a substance use disorder (alcohol dependence) and focal and segmental glomerulosclerosis with previous creatinine level of 1.4 mg/dl. The patient has been treated for the previous two years with olanzapine 10 mg, lithium carbonate 1200 mg and valproate 2000 mg (serum levels of 0.9 meq/l and 90 µg/ml, respectively). At admission the patient was dehydrated and presented with delirium showing signs of lithium intoxication, with a blood level of 1.5 meq/l and a creatinine level of 1.9 mg/dl. After 10 days there was an important increase in CK, ALT, AST, as well as signs of valproate intoxication, with a blood level of 110 µg/ml. The patient was treated with vigorous IV hydration and all medications were washed out. After clinical stabilization clozapine monotherapy was initiated in combination with electroconvulsive therapy. The patient recovered the kidney function and the acute symptoms were controlled with clozapine 300 mg. There has been no relapse in mood episodes or any haematologic side effects after a twelve-month follow up period.

Conclusions: Monotherapy with clozapine was effective and safe in this case during the acute and maintenance phase, with no report of clinical complications. We suggest that clozapine may be considered earlier in cases presenting with clinical comorbidities that may render as hazardous the use of other medications.

Keywords: bipolar disorder, clozapine, acute and maintenance treatment, clinical comorbidities