NHS Greater Glasgow & Clyde

Mental Health Service

Use of Zuclopenthixol Acetate (Clopixol Acuphase)

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Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
5.0	6/1/26	Updated physical monitoring form to include recording of time and date of injection and visual signs when patient refuses physical monitoring	Suma Jayaram

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Guidelines for the use of Zuclopenthixol Acetate Injection

(Clopixol Acuphase®)

Key Points

- Zuclopenthixol acetate (Clopixol Acuphase®) is **NOT** quick acting and should **NOT** be prescribed if immediate sedation is required. It is a potentially toxic and hazardous drug which has the potential to be used inappropriately. There is little published data to support its use in psychiatric emergencies.
- The advice and authorisation of a consultant psychiatrist must be obtained before zuclopenthixol acetate is prescribed.
- Zuclopenthixol must never be given to anyone who has not previously received treatment with a first generation antipsychotic.

1. Indications

Zuclopenthixol acetate should only be used, with extreme caution, for the treatment of acute psychosis or mania if:

1.1. The patient has required repeated injections of a short acting antipsychotic drug such as olanzapine or haloperidol IM, or sedative drugs such as lorazepam.

1.2. Giving repeated short acting antipsychotic injections would be inappropriate.

1.3. The patient has had a previous good response and shown good tolerability - it is best reserved for these patients.

1.4. Sufficient time has elapsed to assess the full response to previously injected drugs (60 mins after IM injection)

2. Conditions of Use

2.1. The advice and authorisation of a consultant psychiatrist must be obtained before zuclopenthixol acetate is prescribed.

2.2. Prior to prescribing the patient must be seen by the prescribing doctor. **Under no circumstances zuclopenthixol acetate will be administered** against a verbal or faxed request. **Zuclopenthixol acetate should not be prescribed as a course.** The patient should be fully assessed by a doctor before each administration.

2.3. The multi-disciplinary team should consider withholding other antipsychotics for the duration of action (3 days following administration).

Zuclopenthixol acetate should never be administered:-

2.4. In an attempt to “hasten” the antipsychotic effect of other antipsychotics.

2.5. For **immediate sedation** (onset of effect is too slow)

2.6. At the same time as other parenteral antipsychotics or benzodiazepines (may lead to over sedation which is difficult to reverse)

2.7. As a 'test dose' for Zuclopenthixol Decanoate depot

2.8. To a patient who is physically resistant (risk of intravasation and oil embolus).

Zuclopenthixol acetate should never be used for, or in the following:-

2.9. Patients who are neuroleptic naïve

2.10. Patients who are pregnant

2.11. Patients who are unconscious

2.12. Patients who are sensitive to Extra-pyramidal side-effects (EPS) or known to suffer from EPS

2.13. Patients with Parkinson's disease

2.14. Patient diagnosed with dementia with Lewy Bodies.

2.15. Patients who accept oral medication

Zuclopenthixol acetate should be used with caution in the following:-

2.16. Patients with renal or hepatic disorders

2.17. Patients with convulsive disorders

2.18. Patients with a history of cardiovascular disorders or risk factors for QTc prolongation e.g. hypokalaemia, hypomagnesaemia

2.19. Patients with dementia

2.20. Patients with risk factors for stroke

2.21. Patients with organic brain syndrome

3. Method of Administration

For deep IM injection only into the upper outer buttock or lateral thigh.

4. Onset and Duration of Action

The sedative effects usually begin to be seen 2 hours after injection and peak around 36 hours (corresponding to peak serum level). The effects usually last for up to 72 hours.

NOTE - Acuphase has NO PLACE in immediate sedation as its action is NOT rapid.

4.1. DOSE

The lowest effective dose should be used to minimise adverse reactions.

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 must not exceed 400mg, with no more than 4 injections given in total. There is no such thing as a "course of Acuphase".

The patient should be medically assessed before each administration.

Elderly; The dose may need to be reduced due to reduced metabolism and elimination with a maximum dose of 100mg per injection.

Patients with reduced renal or hepatic function; Contact pharmacy or the Specialist Medicines Information Service for Mental Health.

Dose of zuclopenthixol required	Equivalent volume of zuclopenthixol acetate 50mg/ml
25mg	0.5ml
50mg	1ml
75mg	1.5ml
100mg	2ml
150mg	3ml

5. Adverse Reactions

These are generally dose dependent and more likely in those with no previous exposure.

Common side effects	Less common
Drowsiness	Tachycardia
Movement disorders (akathisia, dystonia, Parkinsonian symptoms)	Urinary retention
Hypotension	Prolonged QTc interval
Raised prolactin	Neuroleptic malignant syndrome (NMS)
Constipation	

Consult the specific product characteristics for full prescribing information

6. Patient Monitoring

Because of the extended release profile of Zuclopenthixol acetate observations should be continued for 72 hours.

(See the physical health monitoring form below - Appendix 1).

7. References

7.1. Maudsley Guidelines 12th Edition David Taylor et al page 616

7.2. Psychotropic Drug Directory 2016 Stephen Bazire pages 5, 159

7.3. SPC Clopixol Acuphase, last updated 1.7.16, accessed via www.medicines.org.uk 15.08.16

7.4. Cochrane Database of Systematic Reviews 18.4.2012, Issue 4. Art. No.: CD000525. Jayakody K, Gibson RC, Kumar A, Gunadasa S. Zuclopenthixol acetate for acute schizophrenia and similar serious mental illnesses.

7.5. Southern Health NHS Foundation Trust Guidelines for the use of Zuclopenthixol Acetate (Clopixol Acuphase ®) Version: 2 Nov 2014

7.6. Medusa I/V and I/M Drug Administration Guide, accessed 12.6.12

Zuclopenthixol Acetate (Clopixol Acuphase): Physical Health Monitoring Form.

Use a new form for every dose administered

Patient Name:	CHI No:	Ward:	Hospital:
	Dose:	Date:	Time:

If Any Abnormal Result Occurs, Contact the Duty Doctor Immediately

Time (hr)	Date	Time	Blood Pressure	Pulse	Temp (◦C)	Resp Rate	**TO BE FILLED IN ONLY WHEN UNABLE TO TAKE OBSERVATIONS**			**Initials**
							Breathing: No difficulty / difficulty (hyperventilation)	Temp: No visual signs, Sweating, Flushing	Consciousness AVPU:(Alert, Voice, Pain, Unresponsive)	
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4										
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