Guidelines for the Safe Use of Clopixol Acuphase® (zuclopenthixol acetate)

Presentation	Ampoules containing zuclopenthixol acetate 50 mg per 1 ml
Indication	Clopixol Acuphase® is licensed as "initial treatment of acute psychoses, including mania & exacerbation of chronic psychoses, particularly where duration of effect of 2-3 days is desirable"
Objectives of care	To alleviate distress and the requirement for repeated administration of rapid tranquillisation (RT) medication for disturbed / violent behaviours
Place in therapy	• **The decision to treat with Acuphase® can only be made by a consultant psychiatrist, senior registrar (ST4 or above*) or level 3 non-medical prescriber (NMP) if within their knowledge and competence.** • The decision to initiate should be made with the full MDT to complete the optimal risk/benefit assessment for the individual, therefore this decision is best made in hours. On call registrars (ST4 or above*) can initiate or prescribe further doses but should seek consultant advice if needed. • There is inadequate data & no convincing evidence to support use of Acuphase® in acute psychiatric emergency (Cochrane Library) • The onset of action of Acuphase® is not as rapid as may be believed or required (peaks in 24-36 hours) • Acuphase® should never be considered as a first-line drug for rapid tranquilisation (RT), unless such practice is in accordance with an advanced directive Acuphase® **should not be used**: • In an attempt to hasten the antipsychotic effect of another therapy • As a test dose for zuclopenthixol decanoate depot • In community-based settings *ST4 doctor or above with membership of the Royal College of Psychiatrists (or equivalent professional body of home country).
Patient criteria for inclusion	• 18 years or over • Disturbed / violent behaviours over an extended time period • Where RT has been required repeatedly or has been ineffective, i.e., haloperidol and/or sedative drugs (and non-pharmacological de-escalation) should have been used first - See Rapid Tranquilisation Policy • Prior history of previous use & good response, with use defined in an advance directive

Patient criteria for exclusion	• Under 18 years of age • Intoxication with alcohol / unconscious • Antipsychotic naïve or no previous trial of a potent dopamine antagonist e.g. Haloperidol (PO/IM), Risperidone, Zuclopenthixol • Accepting oral medication • Known sensitivity to EPSEs • Pregnancy & breast-feeding • Any contra-indications or cautions without a documented assessment of the risks & benefits (see SPC for details) ➢ Myasthenia gravis ➢ Parkinson's disease ➢ Cardiac disease ➢ Epilepsy ➢ Renal or hepatic impairment
Alternatives to Acuphase®	• Zuclopenthixol is a higher potency dopamine antagonist. If a patient is treatment naïve or if they have not received a medication with potency equal to or higher than risperidone there is a risk of severe EPSEs that may be prolonged due to duration of action (consider discussing with pharmacy). • Consider **oral** Zuclopenthixol 20 mg twice daily and titrating according to response ➢ Oral is a more reversible and a less restrictive option ➢ Each dose peaks in 3-6 hours ➢ Steady state plasma levels are reached in 72 hours; similar plasma levels are achieved with oral compared to Acuphase®
Prescribing guidance	• Each dose should be prescribed in the "once only" section of the inpatient prescription chart • Dose range: - 50 mg (1 ml) to 150 mg (3 ml); adjusted to the severity of the patient's illness - Maximum dose per injection for an older patient is 100 mg (2 ml) - accumulated dosage must not exceed 400 mg (or 4 injections) in a 2-week period • **Prescribe Procyclidine** oral and IM when required • **Review co-prescribed antipsychotics** (Oral, IM and depot) - these would usually be discontinued; consider withholding other antipsychotics for the duration of action (2-3 days following administration) • Acuphase® should be included in HDAT calculations to determine if additional monitoring is required for 7 days following administration. 100% BNF max (AMH) = 75 mg / day; 150 mg within any 48-hour periods; 400 mg within any 2-week period

Administration	• Allow 30-60 mins to establish response from previously administered IM medications before giving Acuphase® • Administer Acuphase® by deep intramuscular injection into the upper outer buttock or lateral thigh • Caution is required if considering RT (especially antipsychotics) during treatment with Acuphase®, as excessive sedation and/or aggravated adverse events may occur if the patient is exposed to high plasma levels of multiple drugs • Administration of other IM medication within 60 minutes of Acuphase® should only be considered in exceptional circumstances, and only under the authorisation of a consultant, NMP L3, registrar ST4 or above.
Physical health Monitoring	• Sedative effects can appear within 2 hours of injection & may peak at 24-36 hours. Significant effects last up to 72 hours but can persist for up to 7 days • The patient must be carefully monitored after each injection; this should be documented using NEWS2 documentation. • Physical health parameters should normally be monitored as follows: ➢ 15 and 30 minutes after injection, then ➢ At 1, 2, 4, 6, 8, 12, 18, 24, 30, 36, 42 & 48 hours • If a patient refuses observations a minimum of respiratory rate and level of alertness should be recorded
Review and assessing need for further doses	• The decision to prescribe subsequent doses should be made by the consultant following a review of the patient at a suitable time interval after the last dose • A dose may be prescribed/authorised by regular consultant, as part of treatment plan, prior to an out of hours period • Acuphase® **should not** be viewed as a course of treatment • If further doses are required, ideally 2-3 days should be left between administrations to allow assessment of response • A minimum interval of 24 hours should be left between doses. • The accumulated dosage must not exceed 400 mg (or 4 injections) in a 2-week period • Due to the prolonged duration of action, restarting / commencement of oral antipsychotics should be delayed until 2-3 days after the last dose of Acuphase®

References:

Summary of Product Characteristics – Clopixol Acuphase®. Lundbeck Ltd, last updated 4th July 2022
The Maudsley Prescribing Guidelines, 14th edition, 2021
The Psychotropic Drug Directory 2020/21. Stephen Bazire
Antipsychotic Dosage Ready Reckoner v9.1 (July 2021), POMH-UK