HIGH DOSE FLUVOXAMINE AUGMENTATION TO CLOzapine IN TREATMENT-RESISTANT PSYCHOSIS

Research Objectives:
Although clozapine is the gold standard for treatment-resistant schizophrenia, more than 30% of patients remain unresponsive to clozapine monotherapy and may benefit from augmentation strategies. Fluvoxamine augmentation of clozapine may be beneficial in treatment resistance due to pharmacokinetic interactions, allowing for lower clozapine dosages with higher clozapine serum levels; and an increased clozapine to norclozapine ratio, which can modify adverse effects. This case series aims to examine the effects of clozapine augmentation with higher fluvoxamine doses on persistent negative, anxiety, and obsessive-compulsive symptoms through fluvoxamine's serotonergic activity.

Methods:
Four cases of patients with treatment-resistant psychosis were identified who underwent high dose fluvoxamine augmentation of clozapine to target residual negative symptoms, refractory psychosis, anxiety, and obsessive-compulsive symptoms.

Results:
This augmentation strategy continued in two patients after discharge who showed clinical improvement without significant adverse effects. Two patients experienced adverse effects leading to fluvoxamine discontinuation. Despite the fact that fluvoxamine augmentation led to improvement in only 2 patients, all patients achieved high serum clozapine levels. Haematologic parameters were monitored in all patients and no abnormalities were observed. No severe adverse effects of clozapine were experienced.

Conclusion:
Though high variability of responses and adverse effects were observed during fluvoxamine augmentation to clozapine, this strategy was successfully increased clozapine serum levels. Through fluvoxamine's serotonergic effects, this strategy may confer benefit to residual negative, obsessive and anxiety symptoms. Limitations of this case series include the retrospective nature, absence of controls, diversity of diagnoses, multiple interventions in each patient, and lack of masked raters.