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CLOZAPINE TREATMENT AND OTHER ATYPICAL AND TYPICAL ANTIPSYCHOTICS: INCIDENCE AND COURSE OF BLOOD DYSCRASIAS DURING THE FIRST EIGHTEEN WEEKS OF TREATMENT.

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Blood dyscrasias induced by clozapine treatment and other Typical and Atypical Antipsychotics have received little attention. The aim of the present study was to shed more light on the incidence and course of clozapine-induced blood dyscrasias that occour during the first eighteen weeks of treatment compared to dyscrasias induced by other Typical and Atypical Antipsychotics. The study included 135 clozapine-treated patients (M 75 and F 60), 75 patients treated with other Atypical (M 35 and F 40), and 75 treated with Typical (M 39 and F 36). Persistent eosinophilia appeared in 36.8% of clozapine-treated patients, in 4%, ($p<.05$) and 2.7%, ($p<.05$), respectively, of patients treated with Atipical and Typical Antipychotics; persistent leukocytosis, instead, appeared in 26.5% of patients treated with clozapine, 13.3% and 18.7% treated, respectively, with Atypical and Typical. Moreover, persistent neutrophilia appeared in 27.2% of subjects treated with clozapine, 12.0% with Atypical and 10.7%, ($p<.027$) with Typical. Our data report an incidence of persistent anemia in clozapine-treated patients of 45.6% (62/136) with respect to 8% (6/75), ($p<.05$) of patients treated with Atypical and 12% (9/75), ($p<.05$) with Typical. Our study report sex-correlated differences in clozapine-treated patients, with a major incidence of persistent anemia among female patients ($p<.001$). Our data could be offered to alert clinicians to the possibility that hematologic complications may be more common in patients treated with clozapine than in patients treated with other antipsychotics.

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