

Letter to the editor

Non-compliance with clozapine? Delusional system

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The use of clozapine is complicated because of the need for mandatory haematological monitoring which may affect patient compliance (Meltzer, 1992; Paton and Wolfson, 1995). We report a case where compliance with clozapine and haematological monitoring was poor, not only because of a lack of understanding regarding the importance of haematological monitoring, but also because the routine weekly phlebotomy had been incorporated into the patient's delusional system.

The patient is a 44-year-old man with a long history of treatment-resistant schizophrenia. He has a chronic systematized delusional system concerning his mother, he believes that she has been replaced by a witch. Over a 10 year period he has expressed many persecutory beliefs involving witchcraft and demonic possession. He was started on clozapine after 10 years of treatment resistance, with his mother's consent. While clinical improvement was noticed initially, it was not sustained. On further investigation it was established that the

patient was hiding his tablets; this situation was resolved by administering the medication in a glycerine solution. Subsequently, he became very agitated when weekly blood samples were taken and he frequently absconded from the ward. In one instance, he telephoned the emergency services and asked for police aid because he believed the medical staff intended to drink his blood as part of a witchcraft ritual. He also stated that the tablets were meant to "alter my religious beliefs". He pleaded with the medical staff to allow him to go to a "health club and enjoy fresh air and vitamins". We started him on a behavioural regime whereby weekend leave was granted in exchange for compliance with both medication and blood monitoring. He is currently maintained on clozapine 350 mg daily. His compliance has improved and delusional beliefs are less prominent. Thus, the continued use of clozapine in cases such as this, while presenting specific challenges (Lieberman et al, 1989), may offer a unique opportunity for severely psychotic patients to experience a significant improvement in their condition.

Lieberman JA, Kane JK, Johns CA. Clozapine: guidelines for clinical management. *J Clin Psychiatry* 1989;50:329-38

Meltzer HY. Dimensions of outcome with clozapine. *Br J Psychiatry* 1992;160(Suppl 17):46-53

Paton C, Wolfson P. Haematological monitoring for clozapine: Do patients know why? *Psychiatr Bull* 1995;19:536-7