|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Clozapine in mg | 2x6.25 | 12.5 | 25 | 25 | 37.5 | 50 | 50 | 62.5 | 62.5 | 62.5 | 75 | 75 | 100 | 100 | 100 | 100 | 100\* |

Clozapine titration scheme for outpatients

Clozapine titration scheme for inpatients

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Clozapine in mg | 2x6.25 | 25 | 50 | 75 | 100 | 100 | 100 | 100 | 150\* | 200 | 200 | 200 | 200 | 200\* |

\*clozapine plasma level 12 hours after intake the night before

The first day a starting dose of 6.25mg is advised because for some patients a first dose of 12.5mg may lead to collapse or other inacceptable side effects leading to irrevocable refusal by a fearful or annoyed patient. If the first 6.25mg is well tolerated a second dose may be given after at least 2.5 hours. Clozapine intake is usually once daily at bedtime in order to avoid sedation during the day.

White blood cell controls may be combined with baseline and weekly CRP monitoring. In case of CRP elevation the patient may be screened for infection (for example of the upper respiratory tract) or clozapine induced inflammation (for example myocarditis) secondary to rapid titration. In the first case dose reduction and in the second case an even slower titration may be considered.