Clozapine, the first atypical neuroleptic (NL) medicine, on the market since 1991, has had to compete with other NL medications, better tolerated and without any prescription constraints.

**Objectives**

In order to understand the situation of clozapine today, a survey reviewed clozapine prescriptions (Q1 and Q2 - 2018) and analysed the evolution of the psychiatrists’ prescriptions.

**Study design**

1. **Computerized extract**
   - Hospitalized patients
   - 2018/01 → 2018/06

2. **Criteria**
   - Age, gender, indication, previous treatment, coprescriptions

3. **Survey**
   - Prescription modalities: practice, average dose (AD), adverse events (AE), efficacy and risk management plan (RMP)

**Results & discussion**

- **Indication:** Lewy Body Dementia (LBD)
  - 6 patients
  - AD: 31.25mg

- **Indication:** schizophrenia
  - 7 patients*
  - AD: 350 mg

  *These patients are treated in the outpatient clinic

- **Clozapine prescription:**
  - 3rd or 4th line: previous treatment ineffectivity
  - Reasons for change: noncompliance (60%)
  - 10 months < initiation of treatment < 4 years
  - Boosters: antidepressants, anxiolytics, mood stabilizers

- **Risperidone (sustained-release formulation) (6/8)**
- **Clozapine:** 2nd line (2/8); 3rd line (5/8); 4th line (1/8)
- **AE:** priapism, hypersialorrhea, sedation (3/8); agranulocytosis (1/8)
- **Clozapine:** effective (5/8) to very effective (3/8)
- The RMP is not a limit to the prescription (8/8)

**Limits of clozapine prescriptions:**
- Quality of the doctor-patient relationship
- Need of a few weeks of hospitalization for initiating the therapy
- Need of medical monitoring

**Psychiatrists’ needs:** a sustainedreleased formulation (one tablet a day) and a lighter medical monitoring.

**Conclusion**

Patient’s compliance to clozapine is a *sine qua non* condition for a successful therapy. Its efficacy can predict an earlier and more frequent use.