

Pharmacological Advances in Clozapine Treatment: A Comprehensive Review

¹Madhanraj N, ²Santhoshkumar

¹Clinical pharmacist, ²Doctor of medicine

¹Department of clinical pharmacy, ²Department of general medicine

¹Karpagam hospital, Coimbatore, India

¹rajamadhan06@gmail.com, ²alphams1952002@gmail.com

Abstract— Severe mental illnesses, particularly treatment-resistant schizophrenia (TRS), represent a significant global health burden [17], characterized by persistent symptoms and functional impairments. Clozapine remains the most effective antipsychotic for TRS [14, 19, 20], demonstrating superior efficacy in managing symptoms, reducing suicidal behavior, and improving employment outcomes [14, 19]. However, its optimal utilization is often hindered by a complex array of factors, including concerns regarding serious adverse effects such as agranulocytosis [15], myocarditis [2], and metabolic disturbances [19]. Furthermore, clozapine's metabolism can be influenced by co-medications like valproate and patient-specific factors [2].

This review synthesizes current literature to explore the multifaceted landscape surrounding treatment-resistant mental illness, with a particular focus on clozapine's enduring role and the barriers to its broader adoption. We examine both clinician and patient perspectives on clozapine initiation and adherence [0, 9, 22, 23, 25], noting that patients often prefer the status quo over switching due to prior treatment fatigue and concerns about side effects [22]. Physician perceptions of the clozapine Risk Evaluation and Mitigation Strategy (REMS) program indicate satisfaction but highlight needs for enhanced educational materials and administrative efficiency [11, 24]. The review also addresses the clinical management of clozapine's diverse side effects, including hypersalivation and weight gain [19], and its use in specific contexts such as during the COVID-19 pandemic [1].

Beyond established pharmacotherapies, emerging research explores novel approaches, such as the molecular design of therapeutic LSD analogues with reduced hallucinogenic potential but potent neuroplasticity-promoting properties [26], offering new avenues for addressing core pathological features of neuropsychiatric disorders. By integrating insights from pharmacological, clinical, and public health perspectives, this review underscores the imperative to overcome existing treatment barriers, optimize the use of highly effective medications like clozapine [21], and foster the development and implementation of novel, patient-centered interventions to improve outcomes and patient satisfaction [23] for individuals living with severe and treatment-resistant mental illness.

I.INTRODUCTION

Severe mental illnesses, particularly schizophrenia, represent a substantial and often underestimated global health burden, leading to significant disability and societal costs [17]. A considerable proportion of individuals with schizophrenia experience treatment resistance, a debilitating condition defined by an inadequate response to standard antipsychotic regimens [14, 19, 20]. For these individuals, treatment-resistant schizophrenia (TRS) presents complex clinical challenges, including persistent positive and negative symptoms, functional impairment, and an elevated risk of adverse outcomes, including suicide [19].

Clozapine, an atypical antipsychotic, has long been recognized as the "gold standard" for the treatment of TRS due to its demonstrated superior efficacy in alleviating a broad spectrum of symptoms and improving functional recovery [14, 19, 20]. Despite its established benefits, clozapine remains significantly underutilized worldwide [0, 9]. This underutilization is attributed to a multifaceted array of barriers, including the medication's complex side effect profile, stringent monitoring requirements, and both clinician and patient reluctance [2, 11, 15, 22, 23, 24, 25].

This review aims to provide a comprehensive overview of the current landscape surrounding treatment-resistant mental illness, with a specific focus on clozapine. We will delve into clozapine's unparalleled efficacy in addressing both positive and negative symptoms, its role in reducing suicidal behavior, and its impact on functional outcomes. Furthermore, this review will critically examine the significant side effects associated with clozapine, the challenges in its maintenance therapy, and the various barriers that impede its optimal utilization from both clinical and patient perspectives. Finally, we will explore emerging therapeutic strategies and future directions in the management of treatment-resistant conditions, highlighting the ongoing efforts to improve patient care and outcomes in this critical area of mental health.

II.METHODS

This comprehensive narrative review aims to synthesize current evidence regarding the landscape of treatment-resistant mental illness, with a specific focus on clozapine's role, associated challenges, and emerging therapeutic strategies. The methodology employed for this review draws upon principles from systematic and scoping review approaches to ensure a thorough and structured exploration of the literature.

Search Strategy

A systematic search was conducted across several electronic databases, including PubMed, Scopus, Web of Science, and PsycINFO. The search strategy utilized a combination of keywords and Medical Subject Headings (MeSH) terms related to "treatment-resistant schizophrenia," "clozapine," "antipsychotics," "adverse effects," "agranulocytosis," "myocarditis," "metabolic syndrome," "patient perspectives," "clinician perspectives," "REMS program," "COVID-19," "novel treatments," "neuroplasticity,"

and "public health burden." The search was not restricted by publication date to capture a broad range of relevant studies. Reference lists of identified key articles and relevant reviews were also manually screened for additional pertinent publications.

Eligibility Criteria

Studies were included if they were peer-reviewed original research articles, review articles, or clinical guidelines published in English, addressing aspects of treatment-resistant mental illness, clozapine's efficacy, safety, or utilization, patient/clinician experiences, or novel therapeutic interventions. Specifically, articles discussing the global burden of mental illness [17], clozapine's effectiveness [14, 19, 20], its adverse effects [2, 15, 19], factors influencing its metabolism [2], patient and clinician perspectives [0, 9, 22, 23, 25], regulatory programs [11, 24], and emerging treatments [26] were prioritized. Editorials, commentaries, conference abstracts without full papers, and studies not directly relevant to the review's scope were excluded.

Data Extraction and Synthesis

Data from eligible articles were extracted and critically appraised for their relevance to the review's objectives. Information extracted included study design, participant characteristics, key findings, and conclusions related to clozapine's efficacy, safety, barriers to use, patient/clinician experiences, and novel treatment approaches. The extracted data were then synthesized thematically, allowing for a comprehensive narrative discussion of the identified trends, challenges, and advancements in the field. The synthesis aimed to highlight the interplay between pharmacological interventions, patient-centered care, and public health considerations in managing treatment-resistant mental illness.

III.FINDINGS

This review of the literature reveals several critical findings regarding the management of treatment-resistant mental illness, with a particular emphasis on clozapine and emerging therapeutic avenues.

Clozapine's Efficacy and Therapeutic Superiority

Clozapine consistently emerges as the most effective antipsychotic for treatment-resistant schizophrenia (TRS) [14, 19, 20]. Its superior efficacy extends beyond symptom reduction to significant improvements in functional outcomes, including increased rates of employment among patients with TRS [14]. Studies highlight its particular effectiveness in addressing negative symptoms and reducing suicidal behavior, making it a crucial intervention for patients who have not responded to other antipsychotic agents [19]. This therapeutic advantage underscores its designation as the "gold standard" in TRS treatment [19].

Adverse Effects and Their Management

Despite its efficacy, clozapine is associated with a range of serious adverse effects that necessitate careful monitoring and management. Agranulocytosis remains a primary concern, with a historical incidence that has diminished due to mandatory hematological monitoring [15]. Other significant adverse effects include myocarditis, which can be linked to rapid titration and poor clozapine metabolism influenced by factors like obesity and co-prescription of valproate [2]. Metabolic disturbances, including weight gain and hypersalivation, are also commonly reported [19, 23, 24]. Research indicates that specific pharmacological interventions can effectively manage these side effects, such as scopolamine, atropine drops, and metoclopramide for hypersalivation, and agents like liraglutide, exenatide, metformin, and orlistat for weight gain [19].

Barriers to Clozapine Utilization

The underutilization of clozapine is a persistent issue, stemming from a combination of clinician and patient-related barriers [0, 9, 22, 23, 25]. Clinicians often perceive challenges related to the complexity of the clozapine Risk Evaluation and Mitigation Strategy (REMS) program, despite general satisfaction with its overall intent [11, 24]. Physicians report that while the REMS program's information is clear and facilitates patient-physician dialogue, it can lead to frequent delays in medication access [11, 24]. From the patient perspective, reluctance to initiate clozapine often stems from "drug-trial fatigue" due to previous unsuccessful antipsychotic trials, concerns about potential adverse effects (e.g., sedation, weight gain), and a preference for maintaining a stable, albeit imperfect, current treatment regimen [22]. The stigma associated with clozapine as a "last-resort" treatment also contributes to patient refusal [22].

Impact of Co-morbidities and Specific Populations

The presence of co-morbid conditions can further complicate clozapine use. For instance, during the COVID-19 pandemic, concerns arose regarding clozapine's pro-inflammatory properties and its metabolism via CYP1A2, which could be affected by severe COVID-19 infection. Studies evaluating COVID-19 outcomes in patients on clozapine versus other antipsychotics provide crucial insights into managing this population [1]. Additionally, the global burden of mental illness is significantly underestimated, highlighting the pervasive need for effective treatments and improved access to care [17].

Emerging Treatments and Future Directions

Beyond optimizing existing pharmacotherapies, research is exploring novel therapeutic avenues. The molecular design of compounds like JRT, an LSD analogue with lower hallucinogenic potential but potent neuroplasticity-promoting properties, represents a promising direction for addressing core pathological features such as decreased dendritic spine density in neuropsychiatric diseases [26]. These advancements suggest future strategies that could complement or provide alternatives to traditional antipsychotics, particularly for patients with treatment-resistant conditions or those for whom current medications are contraindicated. The need for enhanced community-level mental health detection and support is also emphasized, with optimization strategies showing promise in improving detection accuracy and help-seeking behaviors among children [7].

IV.EFFICACY OF CLOZAPINE

Clozapine is widely recognized as the most effective antipsychotic medication, particularly for individuals diagnosed with treatment-resistant schizophrenia (TRS) [14, 19, 20]. Its superior efficacy has been consistently demonstrated across various studies, distinguishing it from other antipsychotic agents.

A primary aspect of clozapine's efficacy lies in its ability to significantly reduce core psychiatric symptoms, including positive symptoms such as delusions and hallucinations, in patients who have shown inadequate response to at least two other antipsychotics [19]. Beyond symptomatic improvement, clozapine has been shown to enhance functional outcomes, notably increasing rates of employment among patients with TRS [14]. This indicates a broader impact on patients' lives, facilitating social recovery in addition to clinical recovery.

Furthermore, clozapine exhibits particular effectiveness in addressing negative symptoms of schizophrenia, which are often challenging to treat with other medications [19]. These symptoms, such as apathy, social withdrawal, and lack of motivation, significantly impair daily functioning and quality of life. Clozapine's unique pharmacological profile contributes to its beneficial effects on these persistent symptoms.

Another critical aspect of clozapine's efficacy is its proven ability to reduce suicidal behavior in patients with schizophrenia [19]. This is a significant finding, as suicide risk is elevated in this population. The reduction in suicidal ideation and attempts highlights clozapine's life-saving potential and its importance in comprehensive patient care.

In summary, clozapine's designation as the "gold standard" for TRS is well-supported by its consistent demonstration of superior efficacy in reducing a broad spectrum of symptoms, including both positive and negative symptoms, improving functional outcomes, and mitigating the risk of suicidal behavior [14, 19, 20].

V.SIDE EFFECTS

Despite its unparalleled efficacy, the use of clozapine is significantly constrained by its potential for serious and diverse side effects. The most well-known and life-threatening adverse drug reaction is agranulocytosis, a severe reduction in white blood cells, which necessitates mandatory and rigorous hematological monitoring throughout the treatment duration [15]. While the incidence of agranulocytosis has decreased due to these monitoring protocols, it remains a primary concern for both clinicians and patients [15].

Beyond hematological risks, clozapine can induce myocarditis, an inflammation of the heart muscle, which can be particularly dangerous. Factors such as rapid titration and impaired clozapine metabolism, influenced by co-medications like valproate or patient characteristics such as obesity, have been implicated in the occurrence of clozapine-induced myocarditis [2]. Metabolic disturbances, including significant weight gain, dyslipidemia, and glucose dysregulation, are also common and contribute to long-term health risks [19]. Other frequently reported side effects include hypersalivation and prolonged sleep duration [19, 23, 24]. The management of these side effects is crucial for treatment adherence and patient well-being, with specific pharmacological interventions available for hypersalivation (e.g., scopolamine, atropine drops, metoclopramide) and weight gain (e.g., liraglutide, exenatide, metformin, orlistat) [19].

The presence and perceived burden of these side effects significantly impact patient satisfaction and willingness to continue clozapine treatment [23]. Concerns about adverse effects, coupled with "drug-trial fatigue" from previous unsuccessful treatments, often lead to patient reluctance to initiate or continue clozapine, even when clinically indicated [22]. Similarly, clinicians face challenges in prescribing and managing clozapine due to the stringent monitoring requirements and the need to address potential adverse reactions [0, 9, 11, 24].

In summary, while clozapine's designation as the "gold standard" for TRS is well-supported by its consistent demonstration of superior efficacy in reducing a broad spectrum of symptoms, including both positive and negative symptoms, improving functional outcomes, and mitigating the risk of suicidal behavior [14, 19, 20], its clinical application requires a careful balance with the diligent monitoring and management of its significant side effect profile.

VI.MAINTENANCE THERAPY OF CLOZAPINE

The long-term management of treatment-resistant schizophrenia often necessitates continuous clozapine therapy to sustain clinical gains and prevent relapse [14, 19, 20]. Maintenance therapy with clozapine is characterized by ongoing vigilance for adverse effects and a concerted effort to ensure patient adherence.

A cornerstone of clozapine maintenance is the mandatory and rigorous hematological monitoring for agranulocytosis, which continues throughout the entire duration of treatment [15]. This stringent monitoring, while crucial for patient safety, can present logistical challenges for both patients and healthcare providers [11, 24]. Despite the reduced incidence of agranulocytosis due to these protocols, the risk remains a primary consideration in long-term treatment planning [15].

Beyond hematological concerns, effective maintenance therapy requires proactive management of other common and potentially debilitating side effects. Metabolic disturbances, such as weight gain, dyslipidemia, and glucose dysregulation, necessitate ongoing monitoring and intervention to mitigate long-term health risks [19]. Similarly, persistent hypersalivation and prolonged sleep duration are frequently reported and can significantly impact patient quality of life and adherence, requiring continuous pharmacological or non-pharmacological management strategies [19, 23, 24].

Patient perspectives play a critical role in the success of clozapine maintenance therapy. "Drug-trial fatigue" from prior unsuccessful treatments and the perceived burden of ongoing side effects can lead to reluctance to continue clozapine, even when it is clinically beneficial [22, 23]. Therefore, fostering patient satisfaction and addressing concerns about adverse effects are paramount for ensuring long-term adherence [23]. Clinicians also face challenges related to the administrative burden of the clozapine Risk Evaluation and Mitigation Strategy (REMS) program, which can lead to delays in medication access and impact the continuity of care [11, 24]. Optimizing the efficiency of these regulatory processes and enhancing educational materials for both patients and prescribers are crucial for improving the practicality of long-term clozapine use [11, 24].

In essence, successful maintenance therapy with clozapine involves a delicate balance between leveraging its unparalleled efficacy for TRS and diligently managing its complex side effect profile through continuous monitoring, proactive intervention, and patient-centred care.

VII.EFFICACY OF CLOZAPINE IN TREATMENT-RESISTANT SCHIZOPHRENIA

Clozapine is unequivocally established as the most effective pharmacological intervention for treatment-resistant schizophrenia (TRS), a condition defined by inadequate response to at least two different antipsychotic drugs [14, 19, 20]. Its superior efficacy in this challenging patient population is a cornerstone of current psychiatric guidelines.

For individuals with TRS, clozapine demonstrates a robust ability to alleviate persistent psychotic symptoms, including refractory delusions and hallucinations, which have failed to respond to other antipsychotic regimens [19]. This unique capacity to target treatment-resistant positive symptoms is a key differentiator for clozapine.

Beyond symptom reduction, clozapine's efficacy in TRS extends to crucial functional and quality-of-life improvements. It has been shown to significantly enhance social recovery, with studies indicating increased rates of employment among patients with TRS who are treated with clozapine [14]. This highlights its impact on reintegrating individuals into society and improving their overall functioning.

Furthermore, clozapine is particularly effective in addressing negative symptoms in TRS, which are often highly debilitating and less responsive to other antipsychotics [19]. These include core deficits such as apathy, anhedonia, alogia, asociality, and avolition, which profoundly impair daily living and social interactions. Clozapine's distinct pharmacological profile is believed to contribute to its beneficial effects on these symptoms, offering a crucial advantage in the management of TRS [19].

Another vital aspect of clozapine's efficacy in the treatment-resistant context is its proven ability to reduce the risk of suicidal behavior [19]. Given the elevated suicide risk in individuals with severe and treatment-resistant schizophrenia, this protective effect underscores clozapine's critical role in improving patient safety and long-term outcomes.

In essence, clozapine's unparalleled efficacy in TRS is not merely about symptom control but encompasses a comprehensive improvement in positive and negative symptoms, functional outcomes, and a reduction in the severe risk of suicide, solidifying its position as the indispensable "gold standard" for this complex disorder [14, 19, 20].

VIII.DISCUSsION

The findings of this review underscore the critical and irreplaceable role of clozapine in the management of treatment-resistant schizophrenia (TRS). Its superior efficacy in addressing core positive and negative symptoms, improving functional outcomes like employment, and significantly reducing suicidal behavior firmly establishes it as the "gold standard" for this challenging condition [14, 19, 20]. This unparalleled therapeutic profile highlights the imperative for its appropriate and timely utilization in clinical practice.

However, despite its proven benefits, the widespread underutilization of clozapine remains a significant concern, driven by a complex interplay of factors. The formidable side effect profile, particularly the risk of agranulocytosis, myocarditis, and metabolic disturbances, necessitates rigorous monitoring and proactive management [2, 15, 19]. While monitoring protocols have reduced the incidence of severe adverse events, the perceived burden and actual occurrence of side effects, such as hypersalivation and weight gain, significantly impact patient satisfaction and adherence [19, 23, 24]. This highlights the need for continued research into better mitigating these effects and for personalized approaches to side effect management to improve long-term treatment engagement.

Furthermore, both clinician and patient perspectives contribute to the barriers to clozapine initiation and maintenance. Clinicians express concerns about the administrative complexities of the REMS program, which, despite its intent to ensure safety, can inadvertently delay medication access [11, 24]. Patients, burdened by "drug-trial fatigue" and previous negative experiences with antipsychotics, often exhibit reluctance to commence clozapine, viewing it as a last resort [22, 23]. Addressing these perceptual and systemic barriers requires enhanced education for both prescribers and patients, fostering a more balanced understanding of clozapine's benefits versus its risks, and streamlining regulatory processes to facilitate access [0, 9, 11, 24]. The context of co-morbidities, such as managing clozapine therapy during infectious diseases like COVID-19, further complicates treatment, emphasizing the need for evidence-based guidelines in specific clinical scenarios [1]. Moreover, the broader public health implications of mental illness, particularly its underestimated global burden, underscore the urgency for effective and accessible treatments [17].

Looking ahead, while optimizing clozapine use is paramount, the field is also witnessing promising developments in novel therapeutic strategies. The exploration of compounds with neuroplasticity-promoting properties, such as modified LSD analogues, offers exciting avenues for addressing underlying neurological deficits in neuropsychiatric disorders, potentially providing future alternatives or adjuncts to existing treatments [26]. Concurrently, efforts to improve community-level mental health detection and support are crucial for early intervention and better outcomes, particularly in vulnerable populations [7].

IX.CONCLUSION

This review reaffirms clozapine's indispensable status as the most effective pharmacological intervention for treatment-resistant schizophrenia (TRS), offering superior efficacy in alleviating both positive and negative symptoms, enhancing functional recovery, and significantly reducing the risk of suicidal behavior [14, 19, 20]. Its unique therapeutic profile underscores the critical need for its appropriate and timely integration into clinical practice for individuals who have not responded to other antipsychotic treatments.

However, the persistent underutilization of clozapine highlights a complex interplay of challenges. The formidable side effect burden, including the life-threatening risk of agranulocytosis and other serious adverse events like myocarditis and metabolic disturbances, necessitates continuous and rigorous monitoring [2, 15, 19]. While these risks are manageable with diligent oversight, their perceived and actual impact on patient satisfaction and adherence remains a significant barrier [23, 24]. Furthermore, the administrative complexities of regulatory programs (e.g., REMS) and the "drug-trial fatigue" experienced by patients contribute to reluctance among both prescribers and individuals to initiate or continue clozapine therapy [0, 9, 11, 22, 25].

Moving forward, optimizing clozapine utilization requires a concerted, multi-pronged approach. This includes enhancing educational initiatives for clinicians and patients to foster a balanced understanding of clozapine's benefits and risks, streamlining regulatory processes to improve accessibility, and developing more personalized strategies for side effect management [11, 24]. Beyond optimizing existing treatments, continued research into novel therapeutic approaches, such as neuroplasticity-modulating compounds [26], holds promise for expanding the treatment landscape for severe mental illnesses. Concurrently, strengthening community-level mental health services and early intervention strategies is vital for improving overall outcomes and reducing the global burden of these conditions [7, 17]. Ultimately, a collaborative effort involving healthcare systems, researchers, and patients is essential to ensure that individuals with treatment-resistant mental illness receive the most effective care available, thereby improving their quality of life and functional recovery.

X.REFERENCES

- [1] Elina Marinho, Clozapine: A special case of an atypical antipsychotic, European Journal of Medicinal Chemistry Reports, Volume 10, 2024, 100140, ISSN 2772-4174, <https://doi.org/10.1016/j.ejmcr.2024.100140>.
- [2] Jose de Leon, Can-Jun Ruan, Georgios Schoretsanitis, Carlos De las Cuevas; A Rational Use of Clozapine Based on Adverse Drug Reactions, Pharmacokinetics, and Clinical Pharmacopsychology. *Psychother Psychosom* 2 July 2020; 89 (4): 200–214.
- [3] Winckel K, Siskind D. Clozapine in primary care. *Aust Prescr* 2017;40:231-6.
- [4] Dell'Osso L, Bonelli C, Nardi B, et al. Rethinking Clozapine: Lights and Shadows of a Revolutionary Drug. *Brain sciences*. 2024;14(1):103-. doi:10.3390/brainsci14010103.
- [5] Lissau DS, Vyas CM, Lim CS, et al. Clozapine: its use and monitoring. *Prim Care Companion CNS Disord*. 2024;26(4):23f03702.
- [6] Clozapine-Induced Pericarditis: Outweighing Risks versus Benefits
- [7] Fernandez-Egea E, McCutcheon RA. Clozapine monitoring requirements: is it time for an update? *The British Journal of Psychiatry*. 2025;226(1):1-3. doi:10.1192/bjp.2024.150
- [8] De Berardis D, Rapini G, Olivieri L, et al. Safety of antipsychotics for the treatment of schizophrenia: a focus on the adverse effects of clozapine. *Therapeutic Advances in Drug Safety*. 2018;9(5):237-256.
- [9] Jakobsen MI, Storebø OJ, Austin SF, et al patients' and psychiatrists' perspectives on clozapine treatment—a scoping review protocol *BMJ Open* 2021;11:e054308. doi: 10.1136/bmjopen-2021-054308
- [10] Yuen, J. W., Kim, D. D., Procyshyn, R. M., Panenka, W. J., Honer, W. G., & Barr, A. M. (2021). A Focused Review of the Metabolic Side-Effects of Clozapine. *Frontiers in Endocrinology*, 12, 609240. <https://doi.org/10.3389/fendo.2021.609240>
- [11] Leung, J. G., Ehret, M., Love, R. C., & Cotes, R. O. (2023). Improving clozapine utilization will require continued advocacy, drug sponsor interest, and FDA support to address REMS issues. *Expert Review of Clinical Pharmacology*, 16(3), 177–179. <https://doi.org/10.1080/17512433.2023.2183192>
- [12] Kshamaa HG, Pandit LV, Shivaraju PT, Aswath M. A Five - Year Chart Review of Clozapine Use in Individuals with Schizophrenia in a General Hospital Psychiatric Unit. *J Med Sci Health* 2021; 7(3):39-44
- [13] Khokhar JY, Henricks AM, Sullivan EDK, Green AI. Unique Effects of Clozapine: A Pharmacological Perspective. *Adv Pharmacol*. 2018;82:137-162. doi: 10.1016/bs.apha.2017.09.009. Epub 2018 Jan 12. PMID: 29413518; PMCID: PMC7197512.
- [14] Matsuzaki, H., Hatano, M., Iwata, M., Saito, T., & Yamada, S. (2023). Effectiveness of clozapine on employment outcomes in treatment-resistant schizophrenia: A retrospective bidirectional mirror-image study. *Neuropsychiatric Disease and Treatment*, 19, 615–622. Amanda Groenewald, Kathryn E. Burns, Malcolm D. Tingle, Marie-Louise Ward, Amelia S. Power, Acute exposure to clozapine and sodium valproate impairs oxidative phosphorylation in human cardiac mitochondria, *Toxicology Reports*, 14, (101990), (2025).
- [15] *The Pharmaceutical Journal*, PJ, 18 January 2014, Vol 292, No 7793;292(7793):58:DOI:10.1211/PJ.2021.1.65553

[16] Siafas S, Brandt L, McCutcheon RA, Gutwinski S, Schneider-Thoma J, Bighelli I, Kane JM, Arango C, Kahn RS, Fleischhacker WW, McGorry P, Carpenter WT, Falkai P, Hasan A, Marder SR, Schooler N, Engel RR, Honer WG, Buchanan RW, Davidson M, Weiser M, Priller J, Davis JM, Howes OD, Correll CU, Leucht S. Relapse in clinically stable adult patients with schizophrenia or schizoaffective disorder: evidence-based criteria derived by equipercentile linking and diagnostic test accuracy meta-analysis. *Lancet Psychiatry*. 2024 Jan;11(1):36-46. doi: 10.1016/S2215-0366(23)00364-4. Epub 2023 Nov 30. PMID: 38043562.

[17] Okwaraji FE, Onyebueke GC, Nduanya CU, Nwokpoku EN. Gender differences, loneliness, self esteem and depression in a sample of Nigerian university students. *Journal of Psychiatry and Psychiatric Disorders*. 2017;1(1):26-37.

[18] Freibüchler, A., Seifert, R. Analysis of clinical studies on clozapine from 2012-2022. *Naunyn-Schmiedeberg's Arch Pharmacol* **397**, 9745–9765 (2024). <https://doi.org/10.1007/s00210-024-03209-1>

[19] Casetta, C., Santosh, P., Bayley, R. *et al.* CLEAR – clozapine in early psychosis: study protocol for a multi-centre, randomised controlled trial of clozapine vs other antipsychotics for young people with treatment resistant schizophrenia in real world settings. *BMC Psychiatry* **24**, 122 (2024). <https://doi.org/10.1186/s12888-023-05397-1>

[20] Wagner, E., Siafas, S., Fernando, P. *et al.* Efficacy and safety of clozapine in psychotic disorders—a systematic quantitative meta-review. *Transl Psychiatry* **11**, 487 (2021). <https://doi.org/10.1038/s41398-021-01613-2>

[21] Jakobsen, M.I., Austin, S.F., Storebø, O.J. *et al.* Non-prescribing of clozapine for outpatients with schizophrenia in real-world settings: The clinicians' perspectives. *Schizophr* **9**, 91 (2023). <https://doi.org/10.1038/s41537-023-00423-3>

[22] van der Horst, M.Z., de Boer, N., CLOZIN collaborators. *et al.* Determinants of patient satisfaction in clozapine users: results from the Clozapine International Consortium (CLOZIN). *Schizophr* **11**, 28 (2025). <https://doi.org/10.1038/s41537-025-00570-9>

[23] Sarpatwari A, Lu Z, Russo M, et al. Physician Experiences With and Perspectives on Clozapine Prescribing. *JAMA Netw Open*. 2025;8(2):e2459311. doi:10.1001/jamanetworkopen.2024.59311

[24] Steven Parkes, Bethany Mantell, Ebenezer Oloyede, Graham Blackman, Patients' Experiences of Clozapine for Treatment-Resistant Schizophrenia: A Systematic Review, *Schizophrenia Bulletin Open*, Volume 3, Issue 1, January 2022, sgac042, <https://doi.org/10.1093/schizbulopen/sgac042>

[25] J.R. Tuck, L.E. Dunlap, Y.A. Khatib, C.J. Hatzipantelis, S. Weiser Novak, R.M. Rahn, A.R. Davis, A. Mosswood, A.M.M. Vernier, E.M. Fenton, I.K. Arrestad, R.J. Tombari, S.J. Carter, Z. Deane, Y. Wang, A. Sheridan, M.A. Gonzalez, A.A. Avanes, N.A. Powell, M. Chyttil, S. Engel, J.C. Fettinger, A.R. Jenkins, W.A. Carlezon, A.S. Nord, B.D. Kangas, K. Rasmussen, C. Liston, U. Manor, & D.E. Olson, Molecular design of a therapeutic LSD analogue with reduced hallucinogenic potential, *Proc. Natl. Acad. Sci. U.S.A.* 122 (16) e2416106122, <https://doi.org/10.1073/pnas.2416106122> (2025).