

Managing Clozapine Side Effects				
Side Effect	Incidence	Monitoring	Treatment	
Bradycardia Orthostatic hypotension Syncope	9%–13%	<ul style="list-style-type: none"> Pulse Blood pressure Orthostatic blood pressure Dizziness 	<ul style="list-style-type: none"> Divided dose (2–3 times daily) Start with low dose Slow titration Adequate fluid intake 	<ul style="list-style-type: none"> Behavioral changes (sit on edge of the bed with legs hanging down for a minute before getting up) Fludrocortisone, if necessary
Constipation	15%–25%	<ul style="list-style-type: none"> Clinical interview 	<ul style="list-style-type: none"> Drink fluids Increase fiber Exercise 	<ul style="list-style-type: none"> Minimize other anticholinergics (eg, benzotropine, diphenhydramine) Consider bowel regimen, similar to opioids (eg, docusate 100 mg–250 mg BID)
Drowsiness	Up to 45%	<ul style="list-style-type: none"> Clinical interview 	<ul style="list-style-type: none"> Bedtime dosing 	<ul style="list-style-type: none"> Lowest dose possible
Hyperglycemia	27% increased to ≥ 126 mg/dL	<ul style="list-style-type: none"> Baseline and quarterly fasting glucose or HbA1c 	<ul style="list-style-type: none"> Dietary intervention Exercise 	<ul style="list-style-type: none"> If A1c > 6.5/7%, add metformin (6.5 for younger people with long life expectancy)
	50% mean increase of ≥ 71 mg/dL	<ul style="list-style-type: none"> Baseline, week 12, and annually 	<ul style="list-style-type: none"> Dietary intervention Exercise 	<ul style="list-style-type: none"> Omega-3 fatty acids Fibrates (caution with statins)
Myocarditis Cardiomyopathy	0.002%	<ul style="list-style-type: none"> Troponin & CRP weekly for first 4–8 weeks 	<ul style="list-style-type: none"> Discontinue if CRP > 100 mg/L 	<ul style="list-style-type: none"> Troponin ≥ 2 x ULN
Seizures	2.4%–4.2%	<ul style="list-style-type: none"> Clinical interview/contact from ER or hospital 	<ul style="list-style-type: none"> Use lowest dose possible (< 600 mg ideally) 	<ul style="list-style-type: none"> Concomitant valproate
Sialorrhea	15%–40%	<ul style="list-style-type: none"> Clinical interview 	<ul style="list-style-type: none"> Glycopyrronium 2–4 mg at bedtime 	<ul style="list-style-type: none"> Botulinum toxin
Tachycardia	15%–25%	<ul style="list-style-type: none"> Pulse 	<ul style="list-style-type: none"> Lower dose 	<ul style="list-style-type: none"> Beta blockers (eg, metoprolol)
Weight gain $\geq 7\%$ from baseline	35%	<ul style="list-style-type: none"> Baseline weight/BMI at weeks 4, 8, 12 and quarterly 	<ul style="list-style-type: none"> Dietary intervention Exercise 	<ul style="list-style-type: none"> If gain > 5 lbs in first month or > 10 lbs from baseline, consider metformin