

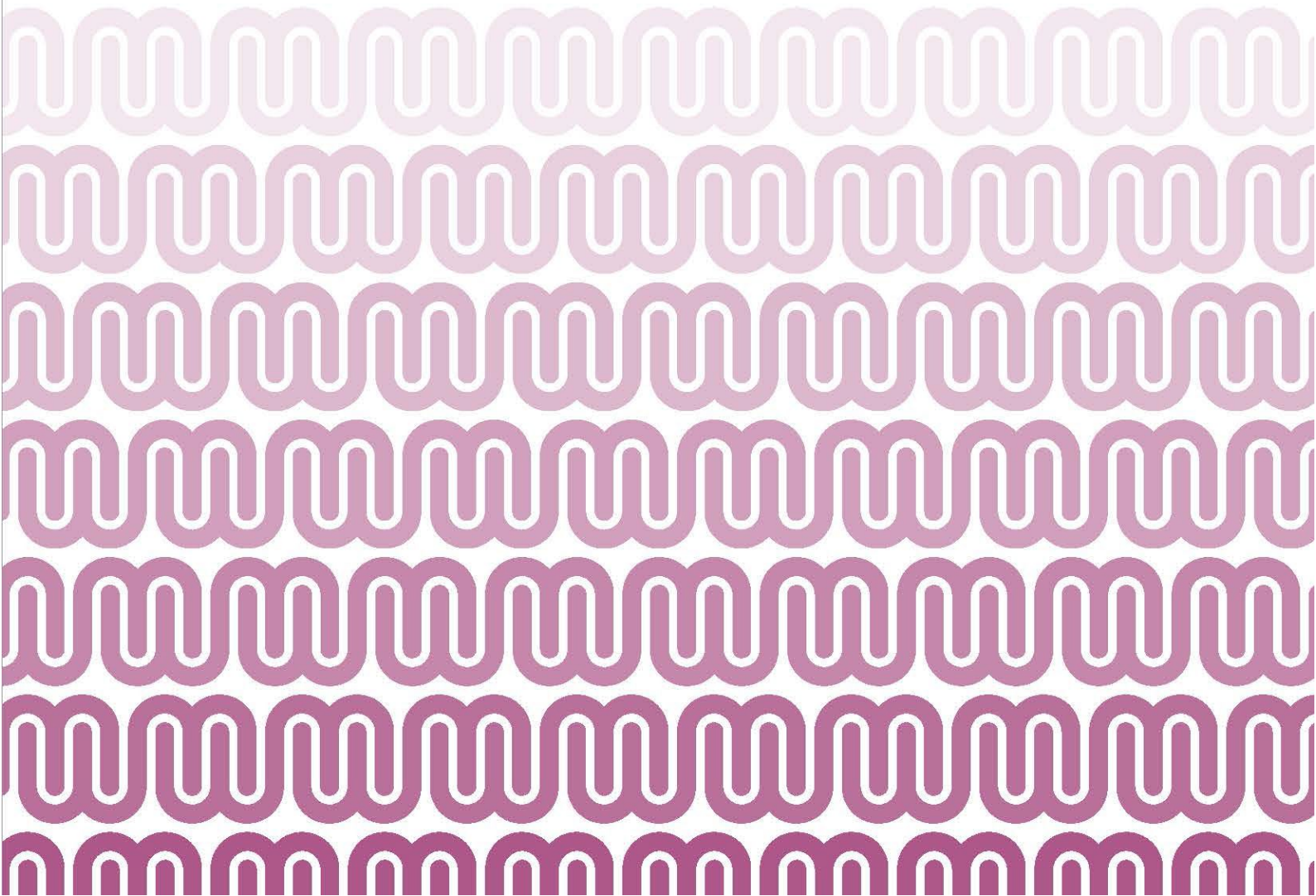


mental welfare
commission for scotland

Clozapine: learning points for clinical practice

Advice notes

June 2026



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Clozapine: learning points for clinical practice

In 2013, the Commission reviewed the care of an individual receiving clozapine who subsequently died. While we did not identify deficiencies in care, the case highlighted a number of important learning points relevant to the safe prescribing and monitoring of clozapine.

Since that advice note was first published, there have been significant developments in national guidance and understanding of clozapine-related adverse effects.

Services should ensure that local policies and clinical practice reflect current standards and guidance.

Key learning points include:

- Clozapine remains the most effective treatment for many people with treatment-resistant schizophrenia but requires careful monitoring and close collaboration between mental health services, primary care, pharmacy services, people prescribed clozapine, and carers.
- Services should have clear arrangements for physical health monitoring and for communication between all professionals involved in the individual's care. Responsibilities for monitoring, responding to abnormal results and communicating medication changes should be clearly defined.
- Clinicians should remain alert to the full range of significant clozapine-related adverse effects and not focus solely on haematological monitoring. These include constipation and gastrointestinal hypomotility, metabolic complications, myocarditis, cardiomyopathy, venous thromboembolism, seizures, excessive sedation, hypersalivation and respiratory infections.
- Constipation in a person taking clozapine should be regarded as potentially serious. People prescribed clozapine, carers and healthcare professionals should be aware that untreated constipation can progress to bowel obstruction, ileus and death. Bowel function should be assessed regularly and concerns acted upon promptly.
- Smoking status should be reviewed regularly. Changes in smoking behaviour, smoking cessation, nicotine replacement therapy or vaping may significantly affect clozapine levels.
- Although routine plasma clozapine and norclozapine monitoring is not mandatory, plasma level measurement can be a useful adjunct to clinical decision-making where there are concerns regarding adherence, efficacy, adverse effects, toxicity, drug interactions or changes in smoking behaviour.
- People prescribed clozapine and carers should receive clear information regarding the benefits and risks of treatment, the purpose of ongoing monitoring and symptoms that require urgent medical review.

Since publication of the original advice note, several important developments have occurred:

- The Scottish Government issued [revised NHS Scotland Clozapine Physical Health Monitoring Standards](#) in 2017, updating the original 2013 standards and strengthening recommendations regarding cardiac monitoring and the prevention, identification and management of clozapine-induced constipation.
- [National regulatory advice](#) has highlighted the potentially fatal consequences of clozapine-induced gastrointestinal hypomotility and the need for early recognition and treatment of constipation.
- The Royal College of Psychiatrists published [Wim's Protocol](#) in 2026, developed following the death of William ("Wim") Northcott. The protocol emphasises safety, physical health monitoring, recognition of serious adverse effects, involvement of the person prescribed clozapine and their carers, and prompt escalation of concerns.

Clinicians should ensure that their practice is informed by current national and local guidance.

The Commission does not set national clozapine monitoring standards. However, we encourage services to review local arrangements regularly to ensure that they remain consistent with current national guidance and emerging evidence.

Further reading

Flanagan RJ, Handley SA, James C, Wells L, Every-Palmer S. [Clozapine-induced gastrointestinal hypomotility: UK pharmacovigilance reports, 2018-2022](#). *BJPsych Open*. 2025 Mar 31;11(3):e79.



If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland
Thistle House,
91 Haymarket Terrace,
Edinburgh,
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk