

• 系統編號	RN9408-0087		
• 計畫中文名稱	難治型精神分裂症之治療策略---Clozapine 與 Fluvoxamine 之藥動學與藥效學交互作用		
• 計畫英文名稱	Treatment Strategy for Refractory Schizophrenia---Pharmacokinetic and Pharmacodynamic Interactions between Clozapine and Fluvoxamine		
• 主管機關	行政院國家科學委員會	• 計畫編號	NSC91-2314-B038-022
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• 中文關鍵字	精神分裂症; 化學治療; 氯定平; 樂服克; 藥動學; 藥效學; 劑量效應; 藥物交互作用		
• 英文關鍵字	Schizophrenia; Chemotherapy; Clozapine; Fluvoxamine; Pharmacokinetics; Pharmacodynamics; Dose effect; Drug interaction		
• 中文摘要	查無中文摘要		
• 英文摘要	<p>To date, fluvoxamine is the only agent that has been demonstrated to be capable of augmenting clozapine efficacy under a well-designed study. Fluvoxamine could also reduce clozapine doses (and thus costs) needed. However, fluvoxamine inhibits clozapine metabolism and increases blood clozapine levels markedly, sometimes leading to hazardous reactions. Therefore, the dosing strategy for clozapine-fluvoxamine cotreatment needs to be determined. Twelve refractory schizophrenia inpatients received 100-mg/day clozapine from week 2 to week 8 and adjunctive 50-mg/day fluvoxamine at weeks 1-4. At weeks 5-8, the patients were randomly assigned into 2 groups: one group received a higher dose (100 mg/day) of fluvoxamine and the other continued the same dose. Plasma levels of clozapine and metabolites, side effects and clinical efficacy were monitored. After 2 weeks of 50-mg/day fluvoxamine coadministration, the mean plasma clozapine concentration rose to approximately 330 ng/mL, but without more changes at week 4. Afterwards, the mean clozapine concentration increased further to around 460 ng/mL in the 6 patients receiving the higher dose (100 mg/day) of fluvoxamine but remained constant in others. Fluctuation of plasma norclozapine levels was similar to (but relatively modest compared with) that of clozapine levels. Plasma levels of clozapine N-oxide remained unchanged throughout. The regimens were generally tolerable and efficacious. These preliminary results suggest that low-dose (100 mg/day) clozapine plus</p>		

50-100 mg/day of fluvoxamine could yield therapeutic plasma clozapine levels and favorable clinical outcome in general patients. Further studies with longer-term observation and double-blind designs are warranted.