# Clozapine-aripiprazole association. Apropos of a case

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## Introduction

In schizophrenic patients the atypical antipsychotics are the first choice of treatment to avoid serious side effects of neuroleptics on D2 classic motor pathways (dystonia / dyskinesia). However, they can cause a major disruption in weight, glucose homeostasis and lipids, resulting in the dreaded metabolic syndrome.

Clozapine may potentiate the so-called hyperinsulinemia and subsequently generating SindromeX prediabetic states.

The association of aripiprazole with clozapine is a treatment option increasingly applied in patients with schizophrenia who have risk factors for developing metabolic disorders.

The average dose combination therapy can maintain therapeutic below 300 mg clozapine in the blood and reduce their side effects: sedation, negative seudosíntomas farmacoinducidos, metabolic disturbances, seizures and leukopenia, while maintaining clinical efficacy through the effect of aripiprazole Receptor summation.

## Description of the case

We describe the case of a 22 year old male patient with paranoid schizophrenia (according to DSM-IVR) of 3 years of evolution itself a sintomatalogia comorbid OCD (according to DSM-IVR). The patient had alterations in the original box sensoperceptivas auditory pseudo-hallucinations as with physical concerns and desires of every 15-20 min spitting in any public or private status. The patient can not associate any conscious thought of the ritual obsessive nature, but it pervades much of his consciousness and prevents him from performing any work continuously. Spit during the interviews, asking permission to get up to the bathroom, spit in the waiting room, in his room is to isolation from their social environment.

Objective is disruption of their lifestyles that require a first acute admission unit where it is established at a dose of depot risperidone 50 mg /14 days, lorazepam and biperiden 4 mg 5 mg 1-0-0 1-0-1. At discharge treatment is maintained until the appearance of side effects in the sexual sphere and increased frequency of spitting. The family is very distressed by the poor evolution of the picture with the appearance of cognitive deficits and start of sd. defectual. Cranial MRI was performed which was reported as normal and biochemistry, blood count and thyroid function within the normal range. He decides to take clozapine to 300 mg / d achieved blood levels of 450 mg. The patient increased 7 kg in the first month of treatment with clozapine. The association with fluvoxamine to work with lower doses of clozapine for enzyme interaction and its effect antiobsessional not satisfactory. The patient complains of digestive intolerance related to this SSRI.

The clinical positive psychotic clozapine significantly improves negative symptoms but interferes with the patient's rehabilitation process. Likewise the occurrence of overweight and diabetes requiring oral antidiabetic fledgling efforts aimed at minimizing the side effects of clozapine and improved neuropsychological performance. It starts with aripiprazole 5 mg / d to 30 mg dose in 3 weeks. We maintain de 250 mg dose clozapine blood, stabilizing weight, significantly improving hyperglycemia and affective flattening, isolation and autistic attitude towards the world.

## Conclusions

- Aripiprazole is a new generation drug that facilitates achieving the ultimate goal in treating any psychotic patient: restitution ad integrum of premorbid function.

- We must continue research on this molecule and the like Receptor affinities which make them attractive to work in partnership with other antipsychotics with proven efficacy but devastating metabolic effects.

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