# It is illegal to post this copyrighted PDF on any website. Schizoaffective Exacerbation in a Roux-en-Y Gastric Bypass Patient Maintained on Clozapine

Yassir Mahgoub, MD<sup>a</sup>; and Theresa Jacob, PhD, MPH<sup>b,\*</sup>

A lthough clozapine is the treatment of choice for treatment-resistant schizophrenia, weight gain may undermine compliance in this population.<sup>1,2</sup> Over the last few years, Roux-en-Y gastric bypass (RYGB) has emerged as a popular procedure for the treatment of obesity.<sup>3</sup> RYGB can change several pharmacokinetic factors. Some changes happen instantly, such as those in the absorption surface area, acidity, and intestinal metabolism of medications. Other factors such as fat storage and the volume of distribution may change later.<sup>4</sup> More recent studies<sup>5,6</sup> focused on RYGB postsurgical changes with antidepressants. However, to the best of our knowledge, there are no published reports regarding changes with clozapine, with the exception of 1 in vitro modeling study<sup>7</sup> that postulated a decrease in clozapine blood levels following RYGB.

## **Case Report**

A 31-year-old man with a diagnosis of schizoaffective disorder and a history of multiple inpatient hospitalizations was maintained on clozapine 325 mg daily in divided doses, lithium 1,200 mg daily, and venlafaxine 225 mg daily and functioned well in society for 3 years. After gaining weight over the last few years-he now weighed over 300 lb-and subsequently developing severe sleep apnea, he decided to undergo RYGB. One week prior to surgery, his clozapine level was 451 ng/dL and lithium level was 0.8 ng/dL, but no levels were obtained thereafter. Within 1 month following RYGB, according to his family, his paranoia and delusions reemerged, and he consequently became nonadherent with medications, resulting in a psychiatric hospitalization at 3 months postsurgery. During his hospitalization, he refused to be restarted on clozapine and was treated with both paliperidone intramuscular 234 mg every 4 weeks

\*Corresponding author: Theresa Jacob, PhD, MPH, Department of Psychiatry, Maimonides Medical Center, Brooklyn, NY 11219 (tjacob@maimonidesmed.org).

Prim Care Companion CNS Disord 2019;21(6):19l02462

To share: https://doi.org/10.4088/PCC.19l02462

© Copyright 2019 Physicians Postgraduate Press, Inc.

and aripiprazole 30 mg daily. He was discharged from the hospital after 6 weeks.

## Discussion

RYGB is known to have multiple effects on pharmacokinetics, thus altering the body's response to medications.<sup>4</sup> It can result in a reduction of gastric acidity, protein binding, surface area, and absorption.<sup>4</sup> With a further decrease in weight and body fat, volume of distribution of the medication changes, consequently altering the medication activity.<sup>4</sup> The maximal plasma concentration of sertraline was reported to be significantly smaller in subjects who had undergone RYGB than in matched subjects who had not.<sup>8</sup>

The effect of RYGB on several psychotropics has been studied and reported to vary considerably from drug to drug. Most studies<sup>5,6</sup> report a decrease in blood levels of most selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors and recommend close follow-up of patients on these medications to avoid relapse of symptoms. On the other hand, published case reports<sup>9-11</sup> show an increase in lithium blood level but no apparent changes with haloperidol.

Our patient had a therapeutic clozapine level 1 week before surgery, and he was compliant and clinically stable for 3 years prior. Although the absence of blood clozapine level measures following RYGB for comparison can be considered a limitation, his previous compliance with medications for 3 years and worsening with discontinuation raises concerns about likely pharmacokinetic changes affecting the clozapine level and resulting in clinical decompensation.

Clozapine deserves important consideration, as it remains the medication of choice in the treatment-resistant population and is notorious for weight gain. Surprisingly, there are no human studies that examined the effect of RYGB on clozapine levels, with only 1 in vitro study<sup>6</sup> suggesting that its level can decrease significantly after the surgery. This potential level reduction is serious, as it can result in symptomatic relapse, leading to prolonged hospitalizations and possibly functional impairment. Our report is the first to describe such decompensation. Close clinical follow-up and frequent monitoring of clozapine blood levels and medication dose adjustments are warranted following RYGB.

```
Published online: December 19, 2019.
Potential conflicts of interest: None.
Funding/support: None.
```

<sup>&</sup>lt;sup>a</sup>Department of Psychiatry, Penn State College of Medicine, Hershey, Pennsylvania

<sup>&</sup>lt;sup>b</sup>Department of Psychiatry, Maimonides Medical Center, Brooklyn, New York

*To cite:* Mahgoub Y, Jacob T. Schizoaffective exacerbation in a Roux-en-Y gastric bypass patient maintained on clozapine. *Prim Care Companion CNS Disord*. 2019;21(6):19102462.

**Previous presentation:** Presented at the Annual Meeting of the American Psychiatric Association; May 19–23, 2017; San Diego, California.

# u are prohibited from making this PDF publicly available

### Mahgoub and Jacob **Lis illegato post this copyrighted PDF on any website** Additional information: This work was completed in compliance with Padwal R, Brocks D, Sharma AM. A systematic review of drug absorption

federal, state, and institutional regulations as well as confidentiality standards. The Maimonides Institutional Review Board/Research Committee determined that this activity does not meet the definition of human research (#2016-11-16-MMC). Information was de-identified to protect anonymity.

## REFERENCES

- Dold M, Leucht S. Pharmacotherapy of treatment-resistant schizophrenia: a clinical perspective. *Evid Based Ment Health*. 2014;17(2):33–37.
- Velligan DI, Weiden PJ, Sajatovic M, et al; Expert Consensus Panel on Adherence Problems in Serious and Persistent Mental Illness. The Expert Consensus Guideline Series: Adherence Problems in Patients With Serious and Persistent Mental Illness. J Clin Psychiatry. 2009;70(suppl 4):1–46, quiz 47–48.
- Finucane MM, Stevens GA, Cowan MJ, et al; Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Body Mass Index). National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *Lancet*. 2011;377(9765):557–567.

- following bariatric surgery and its theoretical implications. *Obes Rev.* 2010;11(1):41–50.
- Hamad GG, Helsel JC, Perel JM, et al. The effect of gastric bypass on the pharmacokinetics of serotonin reuptake inhibitors. *Am J Psychiatry*. 2012;169(3):256–263.
- Marzinke MA, Petrides AK, Steele K, et al. Decreased escitalopram concentrations post-Roux-en-Y gastric bypass surgery. *Ther Drug Monit*. 2015;37(3):408–412.
- 7. Seaman JS, Bowers SP, Dixon P, et al. Dissolution of common psychiatric medications in a Roux-en-Y gastric bypass model. *Psychosomatics*. 2005;46(3):250–253.
- Roerig JL, Steffen K, Zimmerman C, et al. Preliminary comparison of sertraline levels in postbariatric surgery patients versus matched nonsurgical cohort. Surg Obes Relat Dis. 2012;8(1):62–66.
- Musfeldt D, Levinson A, Nykiel J, et al. Lithium toxicity after Roux-en-Y bariatric surgery. *BMJ Case Rep.* 2016;2016:bcr2015214056.
- Tripp AC. Lithium toxicity after Roux-en-Y gastric bypass surgery. J Clin Psychopharmacol. 2011;31(2):261–262.
- Fuller AK, Tingle D, DeVane CL, et al. Haloperidol pharmacokinetics following gastric bypass surgery. J Clin Psychopharmacol. 1986;6(6):376–378.