Clomipramine (tclor-mip-ra-meren) 

**Indications**

- Obsessive-Compulsive Disorder (OCD)
- Unlabeled Use: Depression, nervous system pain.

**Contraindications/Precautions**

- Hypersensitivity; Angle-closure glaucoma; Recent myocardial infarction; History of QTc interval prolongation; Cardiac arrhythmias; Heart failure; MIAS, ECG changes, orthostatic hypotension.

**Half-life:** 21–31 hr.

**Pharmacokinetics**

- Widely distributed, enters breast milk.
- Well absorbed from the GI tract.
- Mostly metabolized by the liver (CYP2D6 isoenzyme). CYP2D6 enzyme system exhibits genetic polymorphism; indicates most frequent. Strikethrough

**Pharmacology**

- Antiobsessive agents
- Therapeutic: antiobsessive-compulsive behavior.

**Adverse Reactions/Side Effects**

- CNS:
  - SEIZURES, SUICIDAL THOUGHTS, lethargy
  - weight gain, eructation.

- GI:
  - vomiting, abdominal pain, diarrhea

- GU:
  - male sexual dysfunction, urinary retention.

- Derm:
  - skin, photosensitivity.

- Endo:
  - gynecomastia.

- MS:
  - muscle weakness.

**Food Drug Interactions**

- Concurrent use with MAO inhibitors may result in serious potentially fatal reactions (MAO inhibitors should be stopped at least 14 days before clomipramine therapy).
- Concurrent use with MAO-inhibitor like drugs such as linezolid or methylene blue may lead to serotonin syndrome: if linezolid or methylene blue are used, clomipramine should be stopped at least 14 days before MAO-inhibitor therapy. Concurrent use with MAO-inhibitor like drugs such as linezolid or methylene blue may lead to serotonin syndrome: if linezolid or methylene blue are used, clomipramine should be stopped at least 14 days before MAO-inhibitor therapy. Concurrent use with MAO-inhibitor like drugs such as linezolid or methylene blue may lead to serotonin syndrome: if linezolid or methylene blue are used, clomipramine should be stopped at least 14 days before MAO-inhibitor therapy.

**Pregnancy Category C**

- May be teratogenic. Use clomipramine only if the potential benefit justifies the potential risk to the fetus.

**Contraindication:** l ife-threatening, underlines

**CYP2D6**

- Diminished ob-

**Genetic Implication. CAu TALS indicate l ife-threatening, underlines

**Dosage and Administration**

- General Implication.

**Interactions**

- CNS:
  - effects and toxicity of other CNS depressants including alcohol, antihistamines, opioids, and sedative/hypnotics. CNS depressants and antihistamines: sedative/hypnotic side effects may be increased if concurrent use with other CNS depressants, including alcohol. Antihistamines, opioids, and sedative/hypnotics: drugs that affect serotonin neurotransmitter systems, including SSRIs, SNRIs, buspirone, tramadol and fentanyl, tramadol and buprenorphine should be stopped at least 14 days before clomipramine therapy.

**Drug-Drug:**

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**Drug-Laboratory:**

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**Drug-Other:**

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**Drug-Therapy:**

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**Drug-Natural History:**

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triptans risk of serotonin syndrome. Nicotine may q metabolism and p effectiveness. Transient delirium may occur with disulfiram.

Drug-Natural Products: Use with St. John’s wort of serotonin syndrome. Kava, valerian, or chamomile can q CNS depression.

Drug-Food: Grapefruit juice q serum levels and effect.

Route/Dosage
PO (Adults): Administer—25 mg/day, then 2 wk up to 100 mg/day in divided doses. Once stabilizing dose is reached, entire daily dose may be given at bedtime.

PO (Children 3-17 yr): 25 mg/day initially, then 2 wk up to 3 mg/kg/day or 100 mg/day (whether smaller) in divided doses. May be further q up to 3 mg/kg/day or 200 mg/day (whichever is smaller) in divided doses. Once stabilizing dose is reached, entire daily dose may be given at bedtime.

NURSING IMPLICATIONS
Assessment
- Monitor mental status (orientation, mood, behavior) frequently. Assess patient for frequency of OCD. Note degree to which these thoughts and behaviors interfere with daily functioning.
- Monitor BP and pulse before and during initial therapy. Notify physician or other health care professional of decreases in BP (10-20 mmHg) or sudden increase in pulse rate. Patients taking high doses or with a history of cardiovascular disease should have ECG monitored before and periodically during therapy.
- Assess weight and BMI initially and throughout treatment. Assess FBS and cholesterol levels in obese individuals. Refer as appropriate for nutritional/weight management and medical management.
- Assess for onset of extrapyramidal parkinsonian side effects (difficulty speaking or swallowing, loss of balance control, pill rolling with hands, mask-like face, shuffling gait, rigidity, tremors). Notify physician or other health care professional if these symptoms occur; reduction in dose or discontinuation of medication may be necessary. Trihexyphenidyl or diphenhydramine may be used to control these symptoms.
- Assess for suicidal tendencies, especially during early therapy and dose changes. Restrict amount of drug available to patient. Risk may be increased in children, adolescents, and adults 16 yr. After starting therapy, children, adolescents, and young adults should be seen by health care professional at least weekly for 1 wk, every 3 wk for the next 4 wk, and on advice of health care professional thereafter.
- Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hyperthermia], neuromuscular aberrations [hyperreflexia, incoordination], and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SSRIs, SNRIs, triptans).
- Lab Test Considerations: Serum glucose may be q or p.
- Monitor CBC and differential during chronic therapy. May rarely cause bone marrow depression.
- Electrolyte therapy; periodically monitor hepatic and renal function.

Potential Nursing Diagnoses
Ineffective coping (obsessive-compulsive behaviors), related to repressed anxiety (Hypertension [Side Effects])

Implementation
Do not confuse clomipramine with clomiphene or desipramine.
- PO: Administer medication with or immediately after a meal to minimize gastric irritation. After titration of dose, total daily dose may be given at bedtime.

Patient/Family Teaching
- Instruct patient to take medication exactly as directed. Abrupt discontinuation may cause nausea, headache, and malaise.
- May cause drowsiness and blurred vision. Caution patient to avoid driving and other activities requiring alertness until response to drug is known.
- Orthostatic hypotension, sedation, and confusion are common during early therapy, especially in geriatric patients. Prescribe patient to climb positions slowly.
- Advise patient to avoid alcohol or other CNS depressant drugs during course of therapy and for 5-7 days after creation of therapy.
- Advise patient, family, and caregivers to look for suicidality, especially during early therapy or dose changes. Notify health care professional

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immediately if thoughts about suicide or dying, attempts to commit suicide, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggressiveness, acting on dangerous impulses, mania, or other changes in mood or behavior or if symptoms of serotonin syndrome occur.

- Instruct patient to notify health care professional if all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any other Rx, OTC, or herbal products.
- Instruct patient to notify health care professional if dry mouth or constipation persists or if urinary retention, uncontrolled movements, or rigidity occurs. Sugarless candy or gum may diminish dry mouth, and an increase in fluid intake or both may prevent constipation. If these symptoms persist, dosage reduction or discontinuation may be necessary. Consult health care professional if dry mouth persists for more than 1 wk.
- Advise patient to inform health care professional if sexual dysfunction occurs. Inform male patients that sexual dysfunction is common with this medication.
- Caution patient to use sunscreen and protective clothing to prevent photosensitivity reactions.
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- Inform patient of need to monitor dietary intake because possible increase in appetite may lead to unintended weight gain.
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- Advise patient to notify health care professional if pregnancy is planned or suspected, or if they plan to breastfeed.
- Emphasize the importance of follow-up exams to monitor effectiveness and side effects and to improve coping skills.
- Inform patients taking high doses (250–300 mg/day) that risk of seizures is increased.

**Evaluation/Desired Outcomes**

- Diminished obsessive compulsive behavior.

**Why was this drug prescribed for your patient?**

- = Canadian drug name
- = Generic Implication
- CAPITALS indicate bidiscussing
- underline indicate most frequent
- Strikethrough = Discontinued