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17. Sockalingam S, et al. Review: insufficient evidence to guide use of drugs for clozapine induced hypersalivation. *Evid Based Ment Health* 2009; 12:12. Table 1.57 (Continued) Treatment Comments Metoclopramide Starting dose of 10mg/day^{20,70,71} Double-blind, RCT trial found metoclopramide was associated with a significant reduction in nocturnal hypersalivation and drooling. Described as an 'effective and tolerated' treatment in cases in clinical practice.⁷² Moclobemide 150–300mg/day⁴⁵ Effective in 9 of 14 patients treated in one open study. Appears to be as effective as amisulpride (see above). N-acetylcysteine⁷³ An antioxidant that also modulates glutamatergic, neurotrophic and inflammatory pathways. Small case series reported with significant decrease in sialorrhoea. Oxybutynin 5mg up to twice daily⁷⁴ Single case report Pirenzepine 50–150mg/day^{75–77} Selective M1, M4 antagonist. Extensive clinical experience suggests efficacy in some but only randomised trial suggested no effect. Still widely used. Does not have a UK or US licence for any indication. May cause constipation. Propantheline 7.5mg at night^{19,20} Peripheral anticholinergic. No central effects. Meta-analyses of relevant trials have found that propantheline outperforms placebo for the treatment of antipsychotic-induced sialorrhoea.^{18–20} May worsen constipation. Quetiapine⁵¹ May reduce hypersalivation by allowing lower doses of clozapine to be used Sofpironium bromide 5% gel²³ A small RCT reported a 40% reduction in saliva flow at 4 weeks. Very limited availability – Japan only. Sulpiride 150–300mg/day^{20,78–80} Supported by one, small positive RCT and a Cochrane review of clozapine augmentation with sulpiride (at higher sulpiride doses). May allow dose reduction of clozapine.

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