MAYO CLINIC LABORATORIES

Test Definition: CLOM

Clomipramine, Serum

Overview

Useful For

Determining whether a poor therapeutic response is attributable to noncompliance

Monitoring serum concentration of clomipramine and norclomipramine to assist in optimizing the administered dose

Method Name

Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS)

NY State Available

Yes

Specimen

Specimen Type

Serum Red

Specimen Required

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Red top (Serum gel/SST are **not acceptable**)
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL Serum
Collection Instructions:
1. Collect specimen immediately before next scheduled dose (minimum 12 hours after last dose).
2. Within 2 hours of collection, centrifuge and aliquot serum into a plastic vial. Serum **must be** separated from cells within 2 hours of collection.

Forms

If not ordering electronically, complete, print, and send a Therapeutics Test Request (T831) with the specimen.

Specimen Minimum Volume

Serum: 0.25 mL

Reject Due To

Gross hemolysis	OK
Gross lipemia	OK
Gross icterus	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Ambient	7 days	
	Frozen	28 days	

Clinical & Interpretive

Clinical Information

Clomipramine (chlorimipramine, Anafranil) is a tricyclic antidepressant drug used primarily to treat obsessive-compulsive disorder. Clomipramine is also used to treat panic disorder and treatment-resistant depression.

Clomipramine preferentially blocks synaptic reuptake of serotonin; its pharmacologically active metabolite, norclomipramine (desmethylclomipramine) preferentially blocks synaptic reuptake of norepinephrine.

Clomipramine undergoes significant first-pass hepatic metabolism (up to 50%), which probably explains the high degree of interindividual variability observed between administered dose and steady-state serum concentrations of the drug and its metabolite. The serum ratio of clomipramine to norclomipramine is typically 1:2 to 1:2.5. The elimination half-lives of clomipramine and norclomipramine are 19 to 37 hours and 54 to 77 hours, respectively. When a patient is starting clomipramine or following an alteration in the dose, 1 to 2 weeks are required to achieve a steady-state condition.

Anticholinergic side effects (ie, dry mouth, excessive sweating, blurred vision, urinary retention, constipation) frequently accompany treatment. Other side effects may include tremor, nausea, orthostatic hypotension, dizziness, sexual dysfunction, and sleep disturbances. Signs and symptoms following overdose are similar to other tricyclic antidepressant drugs with cardiac toxicity (eg, tachycardia, arrhythmia, impaired conduction, congestive heart failure) the major concern.

Reference Values

Clomipramine and norclomipramine
Therapeutic concentration: 230-450 ng/mL

Note: Therapeutic ranges are for specimens collected at trough (ie, immediately before next scheduled dose). Levels may be elevated in non-trough specimens.

Interpretation

Studies investigating the relationship between serum concentrations of clomipramine and norclomipramine and therapeutic response have yielded conflicting results. However, the probability of therapeutic failure seems to increase if the sum of the clomipramine and norclomipramine serum concentrations is less than 230 ng/mL. Summed serum concentrations of clomipramine and norclomipramine that exceed 450 ng/mL seem to result in no additional enhancement in therapeutic response and may predispose the patient to greater risk of adverse side effects. A toxic range has not been well established at this time.

Cautions

This test cannot be performed on whole blood. Serum must be separated from cells within 2 hours of collection; if serum is not removed within this time, tricyclic antidepressant levels may be falsely elevated due to drug release from red blood cells.

Specimens that are obtained from gel tubes are not acceptable because the drug can absorb on the gel and lead to falsely decreased concentrations.

Clinical Reference

1. Wille SM, Cooreman SG, Neels HM, Lambert WE. Relevant issues in the monitoring and the toxicology of antidepressants. Crit Rev Clin Lab Sci. 2008;45(1):25-89
2. Thanacoody HK, Thomas SHL. Antidepressant poisoning. Clin Med (Lond). 2003;3(2):114-118
3. Hiemke C, Bergemann N, Clement HW, et al. Consensus guidelines for therapeutic drug monitoring in neuropsychopharmacology: Update 2017. Pharmacopsychiatry. 2018;51(1-02)::9-62
4. Milone MC, Shaw LM. Therapeutic drugs and their management. In: Rifai N, Chiu RWK, Young I, Burnham CAD, Wittwer CT, eds. Tietz Textbook of Laboratory Medicine. 7th ed. Elsevier; 2023:420-453

Performance

Method Description

The tricyclic antidepressants are extracted from serum using a solvent to precipitate proteins. The supernatant is removed, and analysis is by liquid chromatography tandem mass spectrometry.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday, Wednesday, Friday

Report Available

3 to 5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Superior Drive

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.

- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

80299

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CLOM	Clomipramine, S	43127-0

Result ID	Test Result Name	Result LOINC® Value
80902	Clomipramine	3491-8
7983	Norclomipramine	3536-0
7984	Clomipramine + Norclomipramine	3493-4