

Quetiapine

Quetiapine (Seroquel) can help depression, anxiety, sleep, agitation, paranoia and hallucinations. It belongs to a class of medications called the atypical antipsychotics, which differ widely in their side effects and benefits. Among these medications, quetiapine is one of the strongest for depression, anxiety, and bipolar disorder.

Quetiapine can take up to 2-3 weeks to work fully but can bring benefits after a few days.

How should I take it?

Quetiapine is available as an extended release XR form and an instant release (IR) form. Take the IR right before bed., with or without food. Take the XR 12 hours before you plan to awake. You will likely feel groggy about 4 hours after taking it. Take the XR on an empty stomach (1 hour before or after eating), otherwise it will break down too quickly and cause sudden grogginess.

Quetiapine can make you dizzy when standing, so be careful and stand up slowly when you first start it to avoid falling.

What if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

How long do I need to take it?

This depends on your diagnosis and which other medications you are taking. Most people with bipolar disorder need to stay on at least one mood stabilizer for the long term in order to prevent mood swings. If quetiapine helped, it is best to stay on it for at least 6 months before

considering going off it. That gives the brain time to build up habits of stability.

What happens if I stop it?

Quetiapine is not addictive and does not cause withdrawal symptoms. If you plan to come off quetiapine, it is best to do so slowly (over at least 2 weeks) as that will lower the chance of sudden mood swings returning.

Key Points

1. Take quetiapine at night. It causes drowsiness.
3. There are several rare, but serious, side effects with quetiapine (diabetes, high cholesterol, tardive dyskinesia).
4. Quetiapine interacts with fatty / sugary foods. Carefully check your weight before starting quetiapine and 4 weeks after taking it. Consider using a diet plan or starting metformin to prevent weight gain.
5. If you take the XR, take it on an empty stomach (not within 1 hour of eating) and 12 hours before you plan to awake.

Checking labs

It is a good idea to check for diabetes and high cholesterol while taking quetiapine. This medication, as well as bipolar disorder itself, increases the risk of these conditions.

Preventing weight gain

Quetiapine causes weight gain by making food more rewarding and altering metabolism. Not everyone gains weight on the medicine. You can tell if you are at risk for weight gain on it by carefully weighing yourself before starting it and again 4 weeks later. If possible, use the same scale, and weigh yourself without clothes in the morning before eating and after a bowel movement.

You should start a diet plan while taking quetiapine. It is easier to control your environment than your instincts, so start with that by removing snack foods and sweets from

your kitchen. Another simple technique is to increase your intake of protein – that will stabilize your appetite throughout the day. Eating a high-protein breakfast, within half an hour of awakening, is particularly important. Finally, have a high-protein snack, such as nuts or a protein bar, between meals. This will “spoil your appetite” so you’ll be less likely to overeat during the meal.

Finally, there are options to reverse the metabolic changes that quetiapine can trigger. Metformin is a well-tolerated option for this which can also reduce your risk of diabetes. Other options for weight loss with quetiapine include topiramate, nizatidine and naltrexone.

Managing drowsiness

When you first start quetiapine, you may feel extremely groggy after your dose and even into the next day. This feeling usually improves and may go away entirely over the first two weeks. Paradoxically, there is usually less grogginess as you increase the dose, because quetiapine goes to different receptors in the brain at higher doses:

- 25-100mg: Causes fatigue
- 150-300mg: Treats non-bipolar depression
- 300mg: Treats bipolar depression
- 400-800mg: Treats bipolar mania, mixed states and schizophrenia

Side effects

Weight gain and drowsiness are the most common side effects with quetiapine.

If you don’t tolerate the medication, try cutting your dose in half until the side effects get better and then raising it up.

These side effects tend to improve with time or by lowering the dose:

Restlessness, muscle aches or stiffness, nasal congestion.

As you are starting the medicine, use caution when driving or performing tasks that require alertness. This should not be a problem once you have adjusted to the medicine and know

Akathisia

This side effect is a feeling of inner restlessness which makes it very uncomfortable to sit still. It is rare with quetiapine.

Akathisia can be relieved with several medications including propranolol, vitamin B6, betaxolol, pramipexole, gabapentin, trazodone, and mirtazapine.

how it affects you.

Rare side effects

Low blood pressure: quetiapine can cause blood pressure to drop when you stand up (leading to dizziness or falls). You can reduce this risk by standing up slowly.

Elevations of prolactin hormone: this can cause menstrual irregularities and breast milk secretion. We may need to stop quetiapine or use treatments to lower prolactin if this occurs.

Rare but serious side effects

Metabolic Changes: Quetiapine can increase the risk of diabetes and high cholesterol. This risk is much lower with quetiapine than with other atypical antipsychotics.

Tardive Dyskinesia: Extremely rarely, quetiapine may cause involuntary movements, such as twitching in the face, hands or other muscles. This risk may be greater if you take quetiapine for many years or have taken older antipsychotics in the past. This condition can be treated but sometimes it is not reversible.

Neuroleptic Malignant Syndrome: This syndrome, which is extremely rare on quetiapine, consists of sudden, severe muscle

stiffness, fever and irregular pulse and blood pressure.

Use in Dementia: Quetiapine can increase the risk of death when used in older adults with dementia. This effect is not seen in people without dementia and may be related to brain-changes that dementia brings.

Pregnancy: Quetiapine has not been adequately studied in pregnancy. It does pass through breast milk.

Interactions

Sugary and Fatty Foods: Quetiapine interacts with these foods to make them more rewarding to the brain and more inflammatory in the stomach, leading to weight gain and potentially diabetes. Remove sugary / fatty foods from your environment while taking quetiapine.

Recreational drugs: Alcohol (in excess of 2 glasses/day) and recreational drugs can prevent quetiapine from working.

Other medications: These web sites help you check for drug interactions. You should talk with us about the information you find as many drug interactions have only a mild effect:

reference.medscape.com/drug-interactionchecker

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.

- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with water and inedible trash (such as coffee grounds) and throw in the garbage.

Cost and insurance coverage

Quetiapine is available in generic form. If you are paying out-of-pocket, the lowest cost is usually found at Costco (336-970-2300; you do not need to be a member to use their pharmacy). The XR form is not available as a generic.

Quick facts

| | |
|--------------|--|
| Brand | Seroquel |
| Dose range | 50-800mg/day |
| Sizes | Tabs: 25, 50, 100, 200, 300, 400mg XR Tabs*: 50, 150, 200, 300, 400mg *breaking the XR tabs will destroy the extended release mechanism and cause them to release instantly. |
| Release date | 9/26/1997 |
| FDA-approval | Depression and bipolar depression, bipolar mania and mixed-states, schizophrenia |

Comparison of Atypical Antipsychotics

| | | Unipolar Depression | Bipolar Depression | Mania & Mixed States | Schizophrenia | Irritability in Autism | OCD | Borderline Personality | Weight Gain | Tiredness | Restlessness |
|---|-------------------------------|---------------------|--------------------|----------------------|---------------|------------------------|-----|------------------------|-------------|-----------|--------------|
| Generic | Asenapine (Saphris) | | □ | ■ | ■ | | | | ↑ | ↑↑ | ↑ |
| | Aripiprazole (Abilify) | ◆ | | ■ | ■ | ■ | □ | □ | ↑ | ↑↑ | ↑↑ |
| | Olanzapine (Zyprexa, Symbyax) | ◆ | ◆ | ■ | ■ | | □ | □ | ↑↑↑ | ↑↑ | ↑↑ |
| | Paliperidone (Invega) | | | | ■ | | □ | | ↑ | ↑ | ↑ |
| | Risperidone (Risperdal) | ◇ | | ■ | ■ | ■ | □ | □ | ↑ | ↑↑ | ↑↑↑ |
| | Quetiapine (Seroquel) | ◆ | ■ | ■ | ■ | | □ | □ | ↑↑ | ↑↑↑ | — |
| | Ziprasidone (Geodon) | ◇ | | ■ | ■ | | | | — | ↑↑ | — |
| Brand Only | Brexpiprazole (Rexulti) | ◆ | | | ■ | | | | ↑ | ↑ | — |
| | Cariprazine (Vraylar) | ◇ | ■ | ■ | ■ | | | | ↑ | ↑ | ↑↑↑ |
| | Iloperidone (Fanapt) | | | | ■ | | | | ↑↑ | ↑ | — |
| | Lumateperone (Caplyta) | | ■ | | ■ | | | | — | ↑↑ | — |
| | Lurasidone (Latuda) | | ■ | □ | ■ | | | | ↑ | ↑↑ | ↑↑ |
| | Pimavanserin (Nuplazid) | ◇ | | | □ | | | | — | ↑ | — |
| <p>■ FDA-approved ◆ Approved when used with an antidepressant □ Works but not approved</p> <p><i>Side effects</i> ↑↑↑ major ↑↑ moderate ↑ mild — rare</p> | | | | | | | | | | | |

—Chris Aiken, MD, updated 4/22/2022