



If you or someone you know is in crisis, please call/text 988 to speak with a trained crisis counselor 24/7 and/or call 911 for emergency services. A help line and other resources are also available through the National Alliance on Mental Illness at nami.org.

• **Quetiapine**

- Oral tablet: 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg
- Extended-release oral tablet: 50 mg, 100 mg, 200 mg, 300 mg, 400 mg

• **Seroquel®**

- Oral tablet: 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg

• **Seroquel XR®**

- Extended-release oral tablet: 50 mg, 150 mg, 200 mg, 300 mg, 400 mg

What is quetiapine and what does it treat?

Quetiapine is a medication that works in the brain to treat schizophrenia. It is also known as a second-generation antipsychotic (SGA) or atypical antipsychotic. Quetiapine rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Quetiapine may help some or all these symptoms.

Quetiapine is also FDA approved for the following indications:

- Acute treatment of manic episodes of bipolar disorder
- Acute treatment of depressive episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder (when used alone or with lithium or valproate)
- Adjunctive treatment of major depressive disorder. This means quetiapine is used in addition to an antidepressant to help treat depression.

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder and depression [here](#).

This medication may be prescribed for other uses; ask your health care provider for more information.

What is the most important information I should know about quetiapine?

Schizophrenia requires long-term treatment. Do not stop taking quetiapine, even when you feel better.

With input from you, your health care provider will assess how long you will need to take the medication.

Missing doses of quetiapine may increase your risk for a relapse in your symptoms.

Do not stop taking quetiapine or change your dose without talking with your health care provider first.

For quetiapine to work properly, it should be taken every day as ordered by your health care provider.

All FDA warnings are at the end of this fact sheet. Please consult them before taking this medication.

Are there specific concerns about quetiapine and pregnancy?

If you are planning on becoming pregnant, notify your health care provider to best manage your medications. People living with schizophrenia or certain other mental illness who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia or other mental illness has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Antipsychotic use during the third trimester of pregnancy has a risk for abnormal muscle movements (extrapyramidal symptoms [EPS]) and/or withdrawal symptoms in newborns following delivery that may need to be monitored. These may resolve within hours/days without treatment or require hospitalization for monitoring/treatment.

Caution is advised with breastfeeding since quetiapine does pass into breast milk.

What should I discuss with my health care provider before taking quetiapine?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications as some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have any of these health problems: low potassium or magnesium levels
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breastfeeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take quetiapine?

Quetiapine may help control your symptoms but will not cure your condition.

It may take two to three months before you feel the full effect of quetiapine.

Quetiapine is usually taken 1, 2, or 3 times per day with or without food. The extended release should be taken without food or with a light meal (≤ 300 calories).

Typically, patients begin at a low dose of medication and the dose is increased slowly over several weeks.

The dose usually ranges from 100 mg to 800 mg. Only your health care provider can determine the correct dose for you.

The extended-release tablets should be swallowed whole. They should not be chewed, crushed, or broken.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of quetiapine?

It is important to take your medication everyday as directed by your health care provider. Do not miss or skip a dose.

If you miss a dose of quetiapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your health care provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking quetiapine?

Avoid drinking alcohol or using illegal drugs while you are taking quetiapine. They may decrease the benefits (e.g., worsen your symptoms) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with quetiapine?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of quetiapine does not exist.

What are the possible side effects of quetiapine?

This is not a complete list. Talk with your health care provider for more information.

Common side effects

Orthostatic hypotension (a drop in blood pressure when standing up from sitting or lying down), increased heart rate, drowsiness, headache, agitation, dizziness, fatigue, extrapyramidal symptoms, weight gain, cholesterol abnormalities, increased glucose, dry mouth, increased appetite, constipation, increased blood pressure (pediatrics)

Rare/serious side effects

Quetiapine may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) elevated prolactin levels can lead to osteoporosis, or increased risk of bone fractures. Quetiapine has a relatively low risk of increased prolactin levels compared to many other antipsychotics, including Risperdal® (risperidone), Invega® (paliperidone), and first generation (typical) antipsychotics, such as Haldol® (haloperidol).

Some people may develop muscle related side effects while taking quetiapine. The technical terms for these are “extrapyramidal symptoms” (EPS) and “tardive dyskinesia” (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Antipsychotics can also affect temperature regulation especially if you exercise a lot or are in an area that is very hot. While taking quetiapine, it is especially important to try to drink water to avoid dehydration. Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your health care provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- Information on healthy eating and adding exercise to decrease your chances of developing metabolic syndrome may be found at the following sites:
 - <http://www.helpguide.org/articles/healthy-eating/healthy-eating.htm>
 - <http://www.helpguide.org/home-pages/exercise-fitness.htm>

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heartbeat.

Neuroleptic malignant syndrome is a rare, life-threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your health care provider immediately.

All antipsychotics can cause sedation, dizziness, or orthostatic hypotension (a drop in blood pressure when standing up from sitting or lying down). These side effects may lead to falls which could cause bone fractures or other injuries. This risk is higher for people with conditions or other medications that could worsen these effects. If falls or any of these symptoms occur, contact your health care provider.

Increased blood pressure in children and adolescents: Monitor blood pressure at the beginning of, and periodically during treatment in children and adolescents.

Are there any risks for taking quetiapine for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as quetiapine have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol[®] (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your health care provider immediately. All patients taking either first- or second-generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their health care provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See “Serious Side Effects” section for monitoring recommendations).

Cataracts: Lens change have been observed in patients with long-term quetiapine treatment. Lens examination is recommended when starting treatment and at 6-month intervals during chronic treatment.

What other medications may interact with quetiapine?

Tell your health care provider about all medications that you take, have recently taken or plan to take including prescription and nonprescription medications, vitamins, herbal products, and nutritional supplements. This medication may affect the way other medications work, and other medications may affect how this medication works.

Quetiapine may block the effects of agents used to treat Parkinson’s disease such as levodopa/carbidopa (Sinemet[®]), bromocriptine, pramipexole (Mirapex[®]), ropinirole (Requip[®]), and others.

Quetiapine may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal[®]) is an example of this type of medication.

The following medications may increase the risk of heart problems when used with quetiapine:

- Antipsychotics, including chlorpromazine (Thorazine[®]), thioridazine (Mellaril[®]), iloperidone (Fanapt[®]), asenapine (Saphris[®]), paliperidone (Invega[®]), ziprasidone (Geodon[®])
- Antiarrhythmics (heart rhythm medications), including procainamide, quinidine, amiodarone (Cordarone[®]), dronedarone (Multaq[®]), sotalol (Betapace[®])

The following medications may increase the levels and effects of quetiapine:

- Erythromycin (Ery-Tab[®]), fluconazole (Diflucan[®]), fluvoxamine (Luvox[®]), ketoconazole, ritonavir, and nefazodone.

The following medications may decrease the levels and effects of quetiapine:

- Carbamazepine (Tegretol[®]), phenytoin (Dilantin[®]), phenobarbital, and rifampin (Rifadin[®]).

How long does it take for quetiapine to work?

It is especially important to tell your doctor how you feel things are going during the first few weeks after you start taking quetiapine. It will probably take several weeks to see big enough changes in your symptoms to decide if quetiapine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take quetiapine
- It may take 2-3 months before you get the full benefit of quetiapine

Summary of Black Box Warnings

Increased Mortality in Elderly Patients with Dementia Related Psychosis

- When used for dementia related psychosis in elderly patients, both first generation (typical) and second generation (atypical) antipsychotics are associated with an increased risk of mortality. Although there were multiple causes of death in studies, most deaths appeared to be due to cardiovascular causes (e.g., sudden cardiac death) or infection (e.g., pneumonia).

Suicidal Thoughts or Actions in Children and Adults

- Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide.
- Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking medications. This risk may persist until significant remission occurs.
- Patients, their families, and caregivers should be alert to the emergence of anxiety, restlessness, irritability, aggressiveness and insomnia. If these symptoms emerge, they should be reported to the patient's prescriber or health care professional.
- All patients being treated with this medication for depression should watch for and notify their health care provider for worsening symptoms, suicidality and unusual changes in behavior, especially during the first few months of treatment.

Important Disclosure: This information is being provided as a community outreach effort of the American Association of Psychiatric Pharmacists. This information is for educational and informational purposes only and is not medical advice. This information contains a summary of important points and is not an exhaustive review of information about the medication. Always seek the advice of a physician or other qualified medical professional with any questions you may have regarding medications or medical conditions. Never delay seeking professional medical advice or disregard medical professional advice as a result of any information provided herein. The American Association of Psychiatric Pharmacists disclaims any and all liability alleged as a result of the information provided herein.