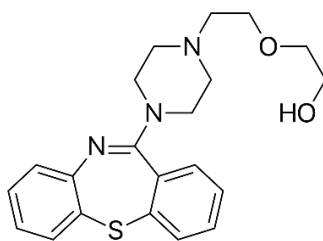


Quetiapine



Brand name: Seroquel, Seroquel XR

FDA-approved pediatric uses: schizophrenia (ages 13 and up), acute mania (ages 10 and up).

Off-label uses: bipolar maintenance, other psychotic disorders, behavioral disturbances in children and adolescents, impulse control symptoms, treatment-resistant anxiety.

Mechanism of action: atypical antipsychotic. Blocks dopamine-2 receptors, blocks serotonin-2A receptors.

Dosing and formulations: available in tablets (25mg, 50mg, 100mg, 200mg, 300mg, 400mg) and extended-release tablets (50mg, 150mg, 200mg, 300mg, 400mg). Extended-release tablets should not be chewed or crushed.

Schizophrenia: 400-800mg/day

Bipolar mania: 400-600mg/day. Some patients may respond well to doses lower than 300mg/day.

Monitoring:

Prior to starting quetiapine: obtain baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, LFTs. Also, discuss baseline personal and family history of diabetes, obesity, dyslipidemia, hypertension and cardiovascular disease.

After starting quetiapine: BMI monthly for first 3 months, then quarterly. Every 6 months, check fasting blood glucose or HbA1c, lipid profile, LFTs, chem 7, CBC with diff, and AIMS.

Side effects: metabolic derangement (weight gain, diabetes, dyslipidemia), dizziness, sedation, nausea, dry mouth, tachycardia, orthostatic hypotension, risk of tardive dyskinesia.

Life-threatening side effects (rare): hyperglycemia, neuroleptic malignant syndrome, seizures.

Special considerations: At low doses, quetiapine is sedating due to its H1 antihistamine action.

However, the side effect risks, particularly with regards to metabolic changes, should be taken into serious consideration before using quetiapine solely for insomnia. Consider alternatives, such as melatonin and clonidine.