ABOUT YOUR MEDICINE

Olanzapine

Zyprexa, Zyprexa Zydis, Zyprexa IntraMuscular, Zyprexa Relprevv, Symbyax, an antipsychotic medicine

This medicine is one of the strongest for quieting psychosis and mania, and it is also the hardest on weight and blood sugar.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Schizophrenia, bipolar	Once daily, food optional	Days to 2 weeks; more by 6	No

⚠ IMPORTANT SAFETY WARNING

Older adults with dementia have a higher risk of death on this medicine; it is not used for dementia. The long-acting shot can cause sudden deep sleep, so you are watched for 3 hours. Taken with fluoxetine it can raise thoughts of suicide under 25.

WHAT THIS MEDICINE DOES

- **Olanzapine** blocks dopamine and serotonin signals that run too hot, which settles voices, paranoia, and manic speed.
- In head-to-head studies it is among the most effective options, so it is often chosen when other medicines fell short.
- It is also used with fluoxetine for depression that has not responded, and a shot form is used for sudden agitation.
- Its strength and its weight gain travel together. Knowing that from day one is what lets you plan around it instead of quitting.

WHAT TO EXPECT

- Sleep, agitation, and fear ease in the first several days. Voices and suspicious thinking keep improving for **2 to 6 weeks**.
- Working looks like being able to rest, follow a conversation, and feel safe in your own home again.
- Appetite often jumps in the first weeks, before the weight shows up. That is the window where habits make the biggest difference.
- If you quit smoking while on this, the level in your blood can climb and make you groggy, so tell your prescriber.

HOW TO TAKE IT

- Take it **once a day**, with or without food. Most people take it at bedtime, since it tends to make you sleepy.
- The Zydis dissolving tablet needs dry hands. Peel back the foil, place it on your tongue, and let it melt without water.
- Miss a dose? Take it when you remember unless the next one is close. Do not take two doses to make up the difference.
- Tell your prescriber if you start or quit smoking, because cigarettes change how fast your body clears this medicine.
- Store it at room temperature and keep the dissolving tablets sealed in their blister until the moment you take one.

COMMON SIDE EFFECTS

- Weight gain averages **11 to 15 pounds** in the first months and can keep going. This is the main cost of this medicine.
- Ask early about a dietitian, a walking plan, or metformin, a diabetes pill often added to blunt this weight gain.
- Blood sugar and cholesterol can climb too, sometimes into diabetes, so both get tested at the start, at 12 weeks, and yearly.
- Weight, waist, and blood pressure get checked at every early visit. A gain over **5 percent** is a reason to change the plan.
- Sleepiness, dry mouth, constipation, and dizziness on standing are common. Bedtime dosing, water, and fiber cover most of it.
- A cannot-sit-still, need-to-keep-moving feeling is less common here than with some, but it is treatable, so report it.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a racing heart. That is a rare emergency.
- Go to the **ER** for heavy thirst with frequent urination, deep fast breathing, or a fruity smell on your breath.
- Report mouth, tongue, or hand movements you did not choose. Early treatment matters, so call at the first sign.
- Call **988** for thoughts of ending your life, and call your prescriber for a widespread rash with fever.

WHAT TO AVOID

- Do not mix this with alcohol, opioids, or sedatives without telling your prescriber. Together they can slow breathing badly.
- Do not drive until you know how drowsy it makes you, which usually takes a week or two after a dose change.
- Skip the sugary drinks and nightly takeout if you can. On this medicine those choices count for far more than usual.
- Take breaks and drink water in hot weather, since this medicine makes it harder for your body to shed heat.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so you can weigh this one together.

STOPPING IT SAFELY

- Do not stop **olanzapine** on your own. Sudden stops can bring nausea, sweating, trouble sleeping, and a fast relapse.
- Your prescriber will step the dose down gradually. That taper is what keeps symptoms from rushing back in.
- If weight is the reason you want to quit, ask about switching. Lighter options exist and a switch beats going untreated.
- Feeling well means it is working. Talk about the plan for months ahead rather than stopping the week you feel better.

QUESTIONS TO ASK

- Given the weight risk, is this the right first choice for me?
- Should we add metformin or a dietitian now instead of later?
- When are my blood sugar and cholesterol getting checked?
- If the weight becomes too much, which medicine would we switch to?

General information about a medicine, not medical advice. Never change or stop a dose without talking to your prescriber.

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.