ABOUT YOUR MEDICINE

Quetiapine

Seroquel, Seroquel XR, an antipsychotic medicine

This medicine calms psychosis and mania and has the best track record in the group for the low, heavy side of bipolar.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Bipolar, psychosis, depression	**Nightly or twice daily**	**Sleep in days; mood by 4 wks**	**No**

⚠ IMPORTANT SAFETY WARNING

Older adults with dementia have a higher chance of dying on this medicine, so it is not used for dementia. In people under 25 it can bring on thoughts of suicide, especially early. Call **988** or your prescriber if that starts.

WHAT THIS MEDICINE DOES

- **Quetiapine** dials down dopamine and shifts serotonin, which quiets voices and racing thoughts and lifts bipolar depression.
- It is the one medicine in this group with the strongest evidence for the crushing low phase of bipolar disorder, not just mania.
- It causes very little stiffness or tremor, which is why it is chosen for people with Parkinson disease or a history of movements.
- Low doses used only for sleep give you the full weight and blood sugar risk for a sleeping pill effect, so ask if that is the plan.

HOW TO TAKE IT

- The regular tablet is usually taken **twice a day** because it clears fast; the XR tablet is taken once, in the evening.
- Swallow the XR tablet whole. Crushing or chewing it dumps the whole dose at once and can floor you with drowsiness.
- Take the XR form without food or with a light snack under 300 calories, since a big meal raises how much you absorb.
- Miss a dose? Take it when you remember unless the next one is close. Never take two doses together to catch up.
- Bedtime dosing turns the drowsiness into an advantage. Ask before shifting your timing so you are not sleepy at work.

WHAT TO EXPECT

- Sleep and agitation improve within a few days. Mood and clear thinking take **2 to 4 weeks**, sometimes 6, to fully arrive.
- For bipolar depression, the target dose is reached in the first week, so improvement should not need endless dose climbing.
- Working looks like sleeping through the night, thoughts slowing to a normal pace, and mornings that feel possible again.
- Morning grogginess is common at first and usually fades in one to two weeks as your body adjusts to the dose.

COMMON SIDE EFFECTS

- Drowsiness hits **half** of people, especially early. Taking your dose at bedtime and holding steady for two weeks usually helps.
- Weight gain is real here and among the larger in this group, along with rises in blood sugar, cholesterol, and triglycerides.
- Your weight, waist, blood pressure, fasting blood sugar, and cholesterol get checked at the start, at 12 weeks, and yearly.
- Watching sugary drinks, keeping protein at breakfast, and walking daily are the habits that actually blunt this weight gain.
- Dizziness on standing, dry mouth, and constipation are frequent. Rise slowly, sip water, and keep fruit and fiber handy.
- A cannot-sit-still, need-to-keep-moving feeling is less common with this one, 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 fast heartbeat. That combination is an emergency.
- Report movements of the mouth, tongue, or hands that you did not choose. Early treatment matters, so call right away.
- Call **988** if thoughts of ending your life show up, and let your prescriber know the same day.
- Call your prescriber for fainting, a seizure, or blurred vision that does not clear up on its own.

WHAT TO AVOID

- Do not mix this with alcohol, opioids, or sleep medicines without telling your prescriber. Together they slow breathing.
- Do not drive until you know how sleepy it makes you. For many people that means waiting a week or two after each increase.
- Tell your prescriber before starting an antifungal, an antibiotic like clarithromycin, or a seizure medicine like phenytoin.
- In hot weather, pace yourself and drink water, because this medicine makes it harder for your body to cool down.
- Tell your prescriber if you are pregnant, planning to be, or nursing, so you can make that decision together.

STOPPING IT SAFELY

- Do not stop **quetiapine** suddenly. It leaves the body fast, and abrupt stops cause insomnia, nausea, and rebound anxiety.
- A taper over **1 to 2 weeks** or longer prevents most of that, and your prescriber can set the pace with you.
- If sleepiness or weight gain is why you want out, say so first. A switch inside the group often solves it.
- Stopping while you feel good is the most common path back to the hospital. Make the change a plan, not a decision at 2 a.m.

QUESTIONS TO ASK

- Is this being used for my mood, my sleep, or my thinking?
- Should I be on the XR tablet instead of the twice-daily one?
- Do I need an eye exam while I take this long term?
- When do we check my weight, blood sugar, and cholesterol?

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.