

Quetiapine to Manage Bipolar Depression

Bipolar disorder is a very serious mental illness. People who have this condition experience dramatic mood swings. They go from being overly energetic and feeling “high” to spiraling downward into feelings of sadness and hopelessness, and then back again. Individuals with bipolar disorder have normal moods in between the 2 extremes. The “high” feeling is called mania. When manic episodes last at least 1 week, patients are said to have bipolar I disorder; patients who have shorter episodes of mania (4 days) are said to have bipolar II disorder. The “down” feeling is depression and it can be extreme. People with bipolar disorder are more likely to attempt suicide than are individuals with any other mental illness.

In the past, lithium has been used to treat bipolar disorder. Lithium is a drug that stabilizes moods and helps prevent extreme mood swings between mania and depression. However, many people cannot tolerate lithium due to



side effects and the frequent blood monitoring that use of the drug requires. These problems have led researchers to explore whether other medicines that alter brain cell communication, including drugs used to treat seizures and schizophrenia, might be helpful to patients with bipolar disorder. One of these drugs, quetiapine (Seroquel), which was approved by the FDA more than a decade ago to treat schizophrenia and psychosis, was recently approved for treating depression associated with bipolar disorder.

So far, only a few clinical studies have tested the use of quetiapine for bipolar depression. In these studies, patients received either 300 mg or 600 mg of quetiapine daily for up to 8 weeks. Compared with patients taking an inactive placebo pill, patients taking quetiapine were more likely to experience remission of their depression episode, and they went into remission faster. Quetiapine was also associated with improvements in quality of life and quality of sleep

FOR MORE INFORMATION

American Academy of Family Physicians
<http://familydoctor.org/online/famdocen/home/common/mentalhealth/depression/625.printerview.html>

National Institute of Mental Health
www.nimh.nih.gov/health/publications/bipolar-disorder-easy-to-read/index.shtml

National Library of Medicine
www.nlm.nih.gov/medlineplus/bipolar-disorder.html

Based on “Safety and Efficacy of Quetiapine in Bipolar Depression” by Gregory T Bogart and Benjamin Chavez, *The Annals of Pharmacotherapy*, November 2009, <http://dx.doi.org/10.1345/aph.1M193>. For Our Patients is provided by *The Annals* to help explain the latest research and information relating to your medications. These summaries are for informational purposes only and are not a substitute for professional advice from your personal medical provider. If you have questions about this material, you should discuss it with your physician or pharmacist. This summary may be reproduced without permission for not-for-profit educational purposes only. Any other use must be approved by the publisher. © Copyright 2009, Harvey Whitney Books Company, hwbooks.com.
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and with less anxiety. People with bipolar I disorder seem to respond better than individuals with bipolar II disorder.

Studies are underway to determine the effectiveness of quetiapine compared with that of other treatments, including lithium and lamotrigine (a drug often used to treat seizures). If quetiapine is just as effective as these other drugs, quetiapine may be preferable since blood levels of the drug do not need to be monitored (unlike with lithium) and since quetiapine can be effective within just 4 days (instead of 4 weeks with lamotrigine).

The most common side effects experienced by patients taking quetiapine for bipolar disorder were dry mouth and sleepiness. Side effects

were severe enough in approximately 12–23% of patients that they dropped out of the clinical studies. Increases in blood sugar levels and weight were also observed in patients taking the drug, despite the fact that the studies lasted only 8 weeks. Therefore, individuals receiving quetiapine should be monitored closely for increases in blood sugar levels and weight, and cholesterol levels should be checked as well.

Since bipolar disorder can be difficult to treat and devastating to live with, it is important for patients to have new treatment options. So far, short-term use of quetiapine seems to be safe and effective for the treatment of depression associated with bipolar disorder, but long-term studies still need to be done.