

Olanzapine

Olanzapine (Zyprexa) can help depression, anxiety, agitation, paranoia and hallucinations. It belongs to a class of medications called the atypical antipsychotics, which differ widely in their side effects and benefits. Among these medications, olanzapine has the highest risk of weight gain but can be very effective for depression when other options have not worked.

Olanzapine can take up to 2-3 weeks to work fully but can bring benefits after a few days.

How should I take it?

Olanzapine can be taken once a day with or without food. Olanzapine's benefits build up gradually in the brain and are not impacted by the time of day you take it. Most people prefer to take it at night as it can cause drowsiness.

Olanzapine is also available as a dispersible tablet which dissolves under the tongue.

It's a good idea to link the time you take olanzapine with a daily routine that you already have in place, such as showering or brushing your teeth. Store the medicine near that routine and take it at the same time so you can build on habits you've already developed.

What if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

How long do I need to take it?

This depends on your diagnosis and which other medications you are taking. Most people with bipolar disorder need to stay on at least

one mood stabilizer for the long term in order to prevent mood swings. If olanzapine helped, it is best to stay on it for at least 6 months before considering going off it. That gives the brain time to build up habits of stability.

Key Points

1. Olanzapine can cause drowsiness and is best taken at night.
2. There are several rare, but serious, side effects with olanzapine (diabetes, high cholesterol, tardive dyskinesia).
3. Olanzapine interacts with fatty / sugary foods. Carefully check your weight before starting olanzapine and 4 weeks after taking it. Consider using a diet plan or

What happens if I stop it?

Olanzapine is not addictive and does not cause withdrawal symptoms. If you plan to come off olanzapine, it is best to do so slowly (over at least 2 weeks) as that will lower the chance of sudden mood swings returning.

Checking labs

We will check for diabetes and high cholesterol while taking olanzapine. This medication, as well as bipolar disorder itself, increases the risk of these conditions.

Preventing weight gain

Olanzapine causes weight gain by making food more rewarding and altering metabolism. Not everyone gains weight on the medicine (approximately 50% do). You can tell if you are at risk for weight gain on it by carefully weighing yourself before starting it and again 4 weeks later. If possible, use the same scale, and weigh yourself without clothes in the morning before eating and after a bowel movement.

You should start a diet plan while taking olanzapine. It is easier to control your

environment than your instincts, so start with that by removing snack foods and sweets from your kitchen. Another simple technique is to increase your intake of protein – that will stabilize your appetite throughout the day. Eating a high-protein breakfast, within half an hour of awakening, is particularly important. Finally, have a high-protein snack, such as nuts or a protein bar, between meals. This will “spoil your appetite” so you’ll be less likely to overeat during the meal.

Finally, there are options to reverse the metabolic changes that olanzapine can trigger. Metformin is a well-tolerated option for this which can also reduce your risk of diabetes. Other options for weight loss with olanzapine include topiramate, nizatidine and naltrexone.

Side effects

Weight gain, drowsiness and restlessness are the most common side effects with olanzapine.

If you don’t tolerate the medication, try cutting your dose in half until the side effects get better and then raising it up.

These side effects tend to improve with time or by lowering the dose:

Tiredness, restlessness, muscle aches or stiffness.

As you are starting the medicine, use caution when driving or performing tasks that require alertness. This should not be a problem once you have adjusted to the medicine and know how it affects you.

Rare side effects

Low blood pressure: olanzapine can cause blood pressure to drop when you stand up (leading to dizziness or falls). You can reduce this risk by standing up slowly.

Elevations of prolactin hormone: this can cause menstrual irregularities and breast milk secretion. We may need to stop olanzapine or use treatments to lower prolactin if this occurs.

Akathisia

This side effect is a feeling of inner restlessness which makes it very uncomfortable to sit still. It is not dangerous and may improve with time or a lower dose.

Akathisia can be relieved with several medications including propranolol, betaxolol, pramipexole, gabapentin, trazodone, mirtazapine and benzodiazepines.

Rare but serious side effects

Metabolic Changes: Olanzapine can increase the risk of diabetes and high cholesterol.

Tardive Dyskinesia: Extremely rarely, olanzapine may cause involuntary movements, such as twitching in the face, hands or other muscles. This risk may be greater if you take olanzapine for many years or have taken older antipsychotics in the past. This condition can be treated but sometimes it is not reversible.

Neuroleptic Malignant Syndrome: This syndrome, which is extremely rare on olanzapine, consists of sudden, severe muscle stiffness, fever and irregular pulse and blood pressure.

Use in Dementia: Olanzapine can increase the risk of death when used in older adults with dementia. This effect is not seen in people without dementia and may be related to brain-changes that dementia brings.

Pregnancy: Olanzapine has not been adequately studied in pregnancy. It does pass through breast milk.

Interactions

Sugary and Fatty Foods: Olanzapine can interact with these foods to make them more rewarding to the brain and more inflammatory in the stomach, leading to weight gain and potentially diabetes. You should view this as a drug interaction and remove sugary / fatty foods from your environment while taking olanzapine.

Recreational drugs: Alcohol (in excess of 2 glasses/day) and recreational drugs can prevent olanzapine from working.

Other medications: These web sites help you check for drug interactions. You should talk with us about the information you find as many drug interactions have only a mild effect:

www.webmd.com/interaction-checker
reference.medscape.com/drug-interactionchecker

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with water and inedible trash (such as coffee grounds) and throw in the garbage.

Cost and insurance coverage

Olanzapine is available in generic form. If you are paying out-of-pocket, the lowest cost is usually found at Costco (336-970-2300; you do not need to be a member to use their pharmacy).

Quick facts

| | |
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| Brand | Zyprexa Symbyax (combined with the antidepressant fluoxetine) |
| Dose range | 2.5-20mg/d |
| Sizes | Tabs: 2.5, 5, 7.5, 10, 15, 20mg Dispersible: 5, 10, 15, 20mg |
| Release date | 9/30/1996 |
| FDA-approval | Depression and bipolar depression (when combined with the antidepressant fluoxetine). Bipolar mania and mixed states, schizophrenia. |

Comparison of Atypical Antipsychotics

| Medication | Unipolar Depression | Bipolar Depression | Mania & Mixed States | Schizophrenia | Irritability due to Autism | OCD | Borderline Personality | Tourette's (muscle tics) | Generic? | Weight Gain | Tiredness |
|-------------------------------|---------------------|--------------------|----------------------|---------------|----------------------------|-----|------------------------|--------------------------|----------|-------------|-----------|
| Risperidone (risperdal) | ◇ | | ■ | ■ | ■ | □ | □ | □ | Y | ↑ | ↑ |
| Olanzapine (zyprexa, symbyax) | ◆ | ◆ | ■ | ■ | | □ | □ | □ | Y | ↑↑↑ | ↑↑ |
| Quetiapine (seroquel) | ◆ | ■ | ■ | ■ | | □ | □ | | Y | ↑↑ | ↑↑↑ |
| Ziprasidone (geodon) | ◇ | | ■ | ■ | | | | □ | Y | — | ↑↑ |
| Aripiprazole (abilify) | ◆ | | ■ | ■ | ■ | □ | □ | □ | N | ↑ | — |
| Paliperidone (invega) | | | | ■ | | □ | | | N | ↑ | — |
| Asenapine (saphris) | | | ■ | ■ | | | | | N | ↑ | ↑↑ |
| Lurasidone (latuda) | | ■ | □ | ■ | | | | | N | ↑ | ↑ |
| Iloperidone (fanapt) | | | | ■ | | | | | N | ↑↑ | ↑ |

■ = FDA-approved ◆ = FDA-approved in combination with an antidepressant □ = Effective but not FDA-approved
 Side effects: ↑↑↑ major, ↑↑ moderate, ↑ mild, — rare or none

—Chris Aiken, MD, updated 6/3/2015