

Olanzapine

(pronounced oh - lanz- a-peen)

Why has olanzapine been prescribed?

Olanzapine is an antipsychotic used to treat schizophrenia, bipolar affective disorder and some similar conditions.

Are there any precautions with olanzapine?

Olanzapine is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe olanzapine, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) if you suffer from diabetes, heart, liver, kidney, prostate trouble or Parkinson's disease.
- b) if you are taking any other medication, especially anticonvulsants, antibiotics and medication for anxiety or insomnia. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines.
- c) if you are pregnant, breast feeding, or wish to become pregnant.
- d) if you have previously suffered a stroke.

What is the usual dose of olanzapine?

The starting dose is usually 10mg a day. The usual dose is between 5mg and 20mg. It may take a few weeks to get to the dose that is most suitable.

How should olanzapine be taken?

Olanzapine is usually taken once a day. However, you and your prescriber may decide that it is better for you to take the medicine in some other way.

What form does olanzapine come in?

Olanzapine is available in tablet and injection form. The tablets are available as 2.5mg, 5mg, 7.5mg, 10mg, 15mg and 20mg film coated tablets. They are also available as dispersible tablets in strengths of 5mg, 10mg, 15mg and 20mg. The injection is 5mg per ml.

What should be done if a dose is missed?

If you forget a dose, take it as soon as you remember, as long as it is within a few hours of the usual time. If you miss a whole day's dose – just carry on as normal with the usual dose. If you miss more than a day's dose, speak to your prescriber.

What will happen when olanzapine is first taken?

Olanzapine, like many medicines, does not work straight away. For example, it may take several days or even weeks for some symptoms to improve. To begin with some people find that olanzapine makes them feel more relaxed and calm. Later, (usually in two or three weeks) other symptoms should begin to improve. Unfortunately, some people get side effects before starting to feel better. However, most side effects will lessen and should go away after a few weeks. The table overleaf lists some of the side effects associated with olanzapine. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0800 100 3352 or go to www.mhra.gov.uk.

Summary of side effects				
Side effect	How common is it?	What can be done about it?		
Drowsiness	Common	Drowsiness tends to wear off over time. Speak to your prescriber about changing the dose or dose timings..		
Weight gain	Common	Olanzapine makes people feel hungry and eat more. Try to eat healthily and take plenty of exercise.		
Low blood pressure	Uncommon	This can be troublesome when standing up. You may feel dizzy or faint. This tends to wear off in time.		
Constipation	Uncommon	Eat lots of fibre - fruit and vegetables are good sources. Drink plenty of fluids. If necessary your prescriber may prescribe a laxative.		
Dry mouth	Uncommon	This tends to wear off. Sugar-free boiled sweets, chewing gum or eating citrus fruits may help. If this persists report it to your prescriber.		
Dyslipidaemia (too much fat in the blood stream)	Uncommon	Your doctor will monitor changes in lipid levels. If lipid levels increase you may need to switch to another drug treatment or start an additional drug called a statin.		
Diabetes	Rare	It may be necessary to switch to another medicine. Symptoms may go away when switched to another medicine.		
Tachycardia (palpitations)	Very Rare	Some people have a fast heart beat. This is most common in the first few weeks of treatment.		
Abnormal movements (also known as tardive dyskinesia)	Very Rare	This occurs only after long term treatment. It usually begins with unusual movements of the mouth and tongue. Symptoms may go away when switched to another medicine.		
<i>Very common = almost everyone affected</i>	<i>Common = many people affected</i>	<i>Uncommon = some people affected</i>	<i>Rare = few people affected</i>	<i>Very rare = very few people affected</i>

Is olanzapine addictive?

No, olanzapine is not addictive. However, if you stop taking the medicine suddenly, you may experience unpleasant physical feelings.

What about alcohol?

It is recommended that people taking olanzapine should not drink alcohol. This is because both antipsychotics and alcohol can cause drowsiness. If the two are taken together, severe drowsiness can result. This can lead to falls and accidents. As well as this, drinking alcohol may make psychosis worse. However, once people are used to taking medication, then very small amounts of alcohol may not be harmful. It pays to be very careful, because alcohol affects people in different ways, especially when they are taking medication. Never drink alcohol and drive. Discuss any concerns you may have with your doctor, pharmacist or nurse.

Is it OK to stop taking olanzapine when symptoms go away?

No. If you stop taking olanzapine, your original symptoms are very likely to return. Most people need to be on olanzapine for quite a long time, sometimes years. You should always discuss any plans you have to reduce or stop any of your prescribed medicines with your prescriber.

Are there any alternatives to olanzapine?

Yes, there are alternatives available. Overall, antipsychotics have broadly similar therapeutic effects, except for clozapine which is effective when other antipsychotics have failed. Antipsychotics differ in their side effects. With the range of medicines now available, a suitable and acceptable antipsychotic can usually be found for everyone.



Remember, leaflets like this can only describe some of the effects of medication. You may also find other books or leaflets useful. If you have access to the internet you may find a lot of information there as well, but be careful, as internet based information is not always accurate.

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This leaflet is to help you understand more about your medication. It is not an official manufacturer's Patient Information Leaflet (see emc.medicines.org.uk/) For more information, you could contact your local hospital pharmacy – they might have a helpline – or visit www.nwmhp.nhs.uk/pharmacy.

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