

Olanzapine

Information sheet for GPs

Olanzapine is an atypical antipsychotic indicated for the treatment of schizophrenia. Olanzapine dispersible tablets contain mannitol, lactose and aspartame which is a source of phenylalanine. It is available as 2.5mg, 5mg, 7.5mg and 10mg tablets and 5mg and 10mg dispersible tablets (Velotabs). There is no liquid preparation available.

Dose Regimen

- Initial starting dose is 10mg once daily
- Dosage may subsequently be adjusted on the basis of individual clinical response within the range 5-20mg daily.
- Dose increases should only be made after appropriate clinical reassessment
- A lower starting dose of 5mg per day should be considered in those over 65 when clinical factors warrant, in patient with renal and/or hepatic impairment or in patients who have multiple factors (e.g. female, elderly, non-smoking status) which may result in slower metabolism.
- Oral dispersible tablets are bio-equivalent to standard tablets and should be placed in the mouth or dispersed in a full glass of water, juice, milk or coffee immediately before administration.
- When dose increments of 2.5mg are considered necessary, the standard coated tablets should be used.

Monitoring

Baseline (carried out by consultant):

- Blood pressure
- U&Es
- FBC
- LFTs
- Weight
- (prolactin)

Continuation monitoring (carried out by GP / consultant):

- Blood pressure – frequently during initiation
- U&Es – 3-6 monthly
- FBC- 3-6 monthly
- LFTs – monthly for 3 months
- Weight – as needed
- Prolactin – if symptomatic
- Creatinine phosphokinase – if Neuroleptic Malignant Syndrome suspected.

Side Effects

- Tardive Dyskinesia
- Neuroleptic malignant syndrome (NMS)
- Somnolence / Drowsiness
- Constipation
- Dry mouth

Action

Refer to consultant.
A reduction in dose, discontinuation or change to an alternative (atypical) antipsychotic maybe required.
Discontinue antipsychotic(s).
Refer to consultant.
Restrict dose to night-time only.
Patients should be advised not to drive or operate machinery.
Recommend a high fibre diet.
Consider adding a bulk-forming and /or stimulant laxative.
Recommend chewing sugar-free gum.
Consider prescribing artificial saliva e.g. glandosane.

Please consult the manufacturer's Data Sheet or Summary of Product Characteristics for further information

Side Effects

- Hypotension / dizziness
- Weight gain/ increased appetite
Related to initial starting doses of 15mg.
- Increase in prolactin levels (transient)
- Raised ALT and AST levels / hepatitis (rare)

Action

Advise patient to take time to get up.
Measure blood pressure periodically in patients over 65 years.
Encourage a healthy balanced diet and regular exercise.
Refer to a dietician if appropriate.
If symptoms of hyperprolactinaemia occur (rare), a reduction in dose maybe required. Refer to consultant.
Follow up closely – especially in patients with risk factors e.g. hepatic impairment, concomitant hepatotoxic drugs.
Consider dose reduction in conjunction with consultant.

OTHERS:

Allergic reaction to preservative – bronchospasm, seizures, hyperglycaemia, haematological variations – leucopenia, thrombocytopenia, peripheral oedema, photosensitivity reaction and rash, increased phosphokinase levels.

Ask about side effects at every consultation

Contraindications

- Patients with a known sensitivity to any ingredient.
- Patients with a known risk of narrow- angle glaucoma
- Breastfeeding

Cautions

- Patients with prostatic hypertrophy or paralytic ileus and related conditions.
- Diabetic patients and patients at risk require appropriate clinical monitoring.
- Pregnancy
- Renal impairment
- Patients with low leucocyte and/or neutrophil counts
- Patients with bone marrow depression
- Patients with hypereosinophilic conditions or with myeloproliferative disease
- Patients with a history of seizures (incidence 0.88% in trials). Higher risk patients over 65 years.
- Patients with raised ALT and/or AST and in patients who are hepatically impaired or taking hepatotoxic drugs.

Drug Interactions

- Alcohol
- May antagonise the effects of dopamine agonists
- Drugs known to increase the QTc interval
- Carbamazepine may increase the metabolism of Olanzapine.

Reference

Summary of product characteristics 02/00
BNF 40

Author: Sangeeta Bassi
Psychiatric Pharmacist
Central Nottinghamshire Healthcare Trust

Linda Norsworthy
Medicines Information Pharmacist
Central Nottinghamshire Healthcare Trust

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