

Olanzapine-Fluoxetine

Symbyax · two medicines in one capsule

A treatment for bipolar depression or depression that has not improved with other medicines.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

USUALLY ONCE EACH EVENING

CHECK BOTH INGREDIENTS AT EVERY REFILL

The first dose number is olanzapine; the second is fluoxetine. Follow your own prescription.

What it is used for

It treats depressive episodes in bipolar I disorder in adults and some children aged 10 and older.

In adults, it also treats major depression after two adequate antidepressant treatments have not helped enough.

How it works

Fluoxetine keeps more serotonin available between brain cells. Olanzapine changes several chemical signals, including dopamine and serotonin.

Their combined mood effect is not fully understood. The diagram cannot predict your response.

What to expect over time

EARLY DAYS

Sleepiness, appetite changes or stomach upset may appear before mood improves.

OVER SEVERAL WEEKS

Benefits build gradually. Report worsening symptoms instead of waiting silently.

LONGER TERM

Review mood and daily function alongside weight, blood tests and side effects.

Taking your medication

Take the prescribed dose each evening, with or without food. Do not change your dose or timing without advice.

Do not add Prozac, Zyprexa or another product containing either ingredient unless your team has specifically planned it.

Avoid alcohol. Do not drive until you know how it affects you. Rise slowly, stay hydrated and avoid overheating.

When to get help

Emergency care: fever with confusion, stiff/twitching muscles; breathing trouble, collapse, seizure or immediate danger from suicidal thoughts.

Prompt help: new suicidal thoughts, little need for sleep, racing thoughts, rash/fever, unusual bleeding, severe constipation or trouble urinating.

New movements, marked thirst/urination or weakness: call promptly. With vomiting, confusion or breathing changes, get urgent care.

Early side effects

Sleepiness, dizziness, dry mouth, constipation, nausea, sweating or restlessness can occur. Tell your team if symptoms interfere with your day. Do not assume severe or worsening symptoms will pass.

Other effects to discuss

Weight gain and higher blood sugar or cholesterol can be substantial. Sexual problems, menstrual changes, breast discharge or unwanted movements can occur. Fluoxetine does not cancel olanzapine's weight effects.

What to keep track of

Keep weight, blood pressure, glucose and cholesterol checks. Your team also checks mood, movements and other symptoms. Heart or other blood tests depend on your risks. Blood-sugar changes can occur without obvious symptoms.

Before you start

Share your full medicine list, smoking habits, prior manic episodes, diabetes, heart/rhythm problems, seizures, liver disease, constipation, urine-flow or eye problems. Discuss pregnancy or nursing plans. This combination is not approved for dementia-related psychosis and can increase death and stroke risk in that setting.

Medicines & interactions

MAOIs, linezolid & methylene blue

Do not combine on your own. The team must plan washouts: usually at least five weeks after this medicine before a psychiatric MAOI, and 14 days in the other direction.

Other medicines & supplements

Check antidepressants, tramadol, cough products with DXM, St. John's wort, tamoxifen, seizure medicines and heart-rhythm drugs. Some combinations are prohibited; interactions can last weeks after stopping.

Pain medicines & blood thinners

Ibuprofen, naproxen, aspirin and anticoagulants can add bleeding risk. Ask before adding them; do not stop prescribed blood thinners on your own.

Smoking, alcohol & sedatives

Tell your team before changing smoking: tobacco smoke changes olanzapine levels. Avoid alcohol; sleep aids, opioids and other sedating medicines need review.

Everyday tips

Use a daily reminder and refill before running out.

Bring notes on mood, sleep, appetite and daily function.

Plan manageable meals and activity without blaming yourself for medicine-related weight gain.

Keep therapy and follow-up visits; speak up about side effects.

Your questions, answered

What if I miss a dose?

Take it when remembered unless nearly time for the next dose. Then skip it; never double. After several missed doses, ask your pharmacist or prescriber how to restart.

Can I stop when I feel better?

Plan it with your team. Usually the dose is reduced gradually. The long-lasting fluoxetine part does not make sudden stopping of the combination risk-free.

Will it change my personality?

The goal is relief from depression, not feeling emotionally flat or sleeping through the day. Tell your team if that happens so your treatment can be reviewed.

What about pregnancy or nursing?

Do not stop on your own. Make a plan that considers your illness and the baby. Nursing infants need monitoring for sleepiness, agitation, feeding, weight gain and unusual movements.

Storage & safety

Store securely at room temperature, tightly closed and dry, away from children; do not share. For overdose, call Poison Control at 1-800-222-1222 immediately. Call 911 for collapse, seizure, trouble breathing or inability to wake.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3c28cf18-01a3-468a-ab3e-8aa82f918251>
 2. <https://pi.lilly.com/us/symbyax-pi.pdf?s=pi>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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