

Quetiapine

Seroquel / Seroquel XR

Support for mood or clearer thinking, with attention to how you feel day to day.

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

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

CHECK: IR OR XR?

XR: SWALLOW WHOLE; FOLLOW MEAL INSTRUCTIONS

Your dose and schedule depend on the condition being treated and the exact formulation.

What it is used for

Used for schizophrenia and bipolar mood episodes. It can also help prevent bipolar episodes with certain other medicines.

The XR version can be added to an antidepressant for depression. Ask what your own treatment is meant to help.

How it works

It changes brain signaling involved in mood and thinking. Its active breakdown product also contributes to its effects.

The diagram is a simplified guide, not a prediction. Feeling sleepy does not by itself mean the underlying illness is treated.

What to expect over time

FIRST DAYS

Sleepiness or dizziness may appear before mood or thinking improves.

OVER THE NEXT WEEKS

Benefit develops gradually. Track changes in symptoms and daily life.

STAYING WELL

Keep taking the agreed dose and attend follow-up even when you feel better.

Taking your medication

Follow your prescription: IR may be divided through the day; some regimens are at bedtime. IR can be taken with or without food.

Take XR once daily, usually evening, without food or with a light meal of about 300 calories. Never split, crush or chew XR.

Missed dose? Take when remembered unless the next is nearly due; then skip. Never double. After a week or more off, call before restarting.

When to get help

Emergency: breathing trouble, seizure, stroke signs, fever with severe stiffness/confusion, or an erection lasting four hours.

Urgent advice: fainting, irregular heartbeat, fever/sore throat, new uncontrolled movements, or severe belly pain with vomiting/constipation.

Call promptly: extreme thirst, frequent urination or worsening mood. Seek emergency help for confusion, fast breathing or being unable to stay safe.

Early side effects

Sleepiness, dry mouth, dizziness and constipation are common. Stand slowly. Avoid driving until you know the effects. Report disabling tiredness or persistent bowel problems rather than adding remedies on your own.

Other effects to discuss

Weight, blood sugar and cholesterol can rise. Movement or hormone effects are possible too: report involuntary movements, missed periods, breast discharge or sexual changes. Ask for help early with appetite or weight.

What to keep track of

Expect weight, blood-pressure, blood sugar/cholesterol and movement checks. Thyroid tests and regular eye checks matter too. Other tests depend on your health. Tell your team whether you are thinking, feeling and functioning better.

Before you start

Mention heart rhythm problems, fainting, seizures, liver disease, low white blood cells, diabetes, severe constipation, urine retention, glaucoma, swallowing problems, pregnancy or nursing. Share all medicines. It is not approved for dementia-related psychosis; antipsychotics raise death and stroke risks in those older adults.

Medicines & interactions

Antibiotics, antifungals and HIV medicines

Some can greatly raise quetiapine levels. Check before starting or stopping them; your prescriber may need to change the dose.

Seizure medicines and supplements

Carbamazepine, phenytoin and St. John's wort can lower levels. Changing them can change your quetiapine needs too.

Alcohol, sleep and allergy remedies

Avoid alcohol. Sedating or drying medicines can worsen sleepiness, falls, constipation or trouble urinating.

Other prescription medicines

Heart-rhythm, blood-pressure, Parkinson and blood-thinning medicines may need extra review. Bring an updated list to every clinician.

Everyday tips

Use reminders and request refills early. Do not switch IR/XR or change the schedule yourself.

Ask for support with food choices, activity and weight. Stay hydrated within your medical limits and avoid overheating.

Share new suicidal thoughts or unusually intense agitation promptly, especially after starting or changing doses. If you cannot stay safe, call 911 or go to an emergency department.

Plan stopping or switching with your prescriber. Sudden stopping may cause nausea, poor sleep and return of symptoms.

Your questions, answered

Will the sleepiness wear off?

It may ease, but not for everyone. Tell your team if you cannot function safely. Timing or dose changes need their guidance.

Is a small dose just a sleeping pill?

No. Low doses can still cause important side effects, and are not necessarily enough to treat mood episodes or psychosis.

What if I become pregnant?

Contact your team; do not stop on your own. Discuss benefits, risks, the pregnancy registry and monitoring your baby after late-pregnancy exposure.

Can I breastfeed?

Small amounts enter milk. Make an individual plan and watch the baby for unusual sleepiness, poor feeding or poor growth.

Storage & safety

Store at room temperature, away from children and pets. Never share. For an extra dose call Poison Control: 1-800-222-1222; call 911 for collapse, seizure, breathing trouble 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://www.dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8ae62aaf-f8c5-417f-baac-0098369ca322>
 2. <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ab959a35-d0ba-4f18-8f2e-6619d88b16e3>
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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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