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BIPOLAR DISORDERS Factsheet

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What is quetiapine?

The treatment of bipolar disorder is complex due to the presence of varying configurations of symptoms in patients. The primary treatments for bipolar disorder are pharmacological, and often involve second-generation antipsychotic drugs, such as quetiapine. Based on its high affinity for dopamine and serotonin receptors, quetiapine has been proposed as a treatment for bipolar disorder.

What is the evidence for quetiapine as treatment for bipolar disorder?

Symptoms and functioning

Moderate to high quality evidence suggests quetiapine was more effective than placebo for symptoms, response, remission, quality of life, sleep, and disability in adults, but not in children, with bipolar disorder (also see the treatments for children topic). There was small effects of greater improvement in depression symptoms and greater response to treatment with quetiapine than with paroxetine or risperidone. Moderate quality evidence suggests quetiapine may also be more effective than lithium for depression symptoms.

Moderate quality evidence suggests small to medium-sized effects of greater improvement in acute mania symptoms with quetiapine than with placebo or topiramate, although there was greater improvement in mania symptoms with tamoxefin than with quetiapine.

High quality evidence suggests no differences in depression symptoms, response or remission between low (300 mg) and high (600 mg) dose quetiapine.

Relapses

Moderate quality evidence suggests a medium-sized effect of fewer relapses with quetiapine than with placebo, lamotrigine or imipramine.

Side effects

Compared to placebo, moderate quality evidence suggests quetiapine is associated with higher rates of extrapyramidal side effects, somnolence, sedation, dizziness, fatigue, constipation, dry mouth, increased appetite, weight gain, and all-cause discontinuation of treatment. But there may be lower cholesterol and LDL levels, and lower rates of treatment-emergent mania and headache with quetiapine.

Compared to other medications, there may be more somnolence with quetiapine than with paliperidone or lurasidone; more weight gain with quetiapine than with lithium or lurasidone; less switching to mania with quetiapine than with paroxetine, lamotrigine, lurasidone or aripiprazole; more switching to mania with quetiapine than with risperidone; and less adverse events in general with quetiapine than with paroxetine. There may also be less all-cause discontinuation of treatment with topiramate than with quetiapine.

For more information see the technical table

NeuRA
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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au**.

NeuRA (Neuroscience Research Australia) Foundation
T 1300 888 019 **F** +61 2 9399 1082
ABN 57 008 429 961

Margarete Ainsworth Building
Barker Street, Randwick NSW 2031
PO Box 1165 Randwick Sydney NSW 2031 Australia

neura.edu.au