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BIPOLAR DISORDERS Factsheet

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What is olanzapine?

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 antipsychotic drugs such as the second-generation antipsychotic, olanzapine.

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

Symptoms

Moderate to high quality evidence suggests significant, small to medium-sized effects of greater improvement in depression symptoms and better response to treatment with olanzapine than with placebo. Olanzapine + fluoxetine resulted in greater improvement in depression symptoms and response than olanzapine alone.

Moderate to high quality evidence suggests small to medium-sized effects of greater improvement in acute mania symptoms with olanzapine than with placebo, particularly for people with more severe symptoms at the start of treatment. Moderate quality evidence suggests greater improvement in acute mania symptoms with olanzapine than with topiramate or lamotrigine, although there was greater improvement in mania symptoms with tamoxifen than with olanzapine.

Moderate to low quality evidence suggests intramuscular olanzapine was more effective at reducing agitation than placebo or lorazepam.

Relapse

Moderate to high quality evidence suggests a medium-sized effect of fewer relapses, particularly to mania, with olanzapine than with placebo. There were small effects of fewer relapses (any) with olanzapine compared to lamotrigine, paliperidone and imipramine.

Side effects

Moderate quality evidence suggests more weight gain with olanzapine than with lurasidone. Olanzapine was more likely to elevate prolactin levels than placebo. Moderate to low quality evidence suggests olanzapine may be more likely to elevate prolactin levels than risperidone, and less likely to elevate prolactin levels than valproate. There was less all-cause discontinuation with olanzapine than with placebo, cariprazine, lithium, carbamazepine, asenapine, verapamil, lamotrigine, licarbazepine and topiramate. There were no differences between olanzapine and placebo in rates of switching to mania.

For more information see the technical table



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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.