



# Olanzapine Pamoate

(Pronounced oh-lanz-a-peen)

(Also known as olanzapine depot or Zypadhera)

## Why has olanzapine pamoate been prescribed?

Olanzapine pamoate is a long acting antipsychotic injection used to treat schizophrenia and a number of other conditions.

## What are the benefits of taking olanzapine pamoate?

Antipsychotics are effective in reducing the symptoms of psychosis. They also shorten the time to recovery and help prevent relapses. The main advantage of a long-acting injection (or depot) is that there is no need to remember to take tablets daily. There is also less fluctuation in the amount of the drug in the body and as such side effects may be less severe than with the tablets or oral formulations.

## Are there any precautions with olanzapine pamoate?

Olanzapine is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe olanzapine pamoate, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) If you suffer from diabetes, heart, liver, kidney, glaucoma, prostate trouble, Parkinson's disease or have ever had a stroke.
- b) If you are taking any other medication, particularly anticonvulsants, antidepressants, antibiotics and medication for anxiety or insomnia. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complimentary medicine such as Chinese herbal medicines.
- c) If you are pregnant, breast feeding, or wish to become pregnant.

## What is the usual dose of olanzapine pamoate?

The starting dose may be between 210mg to 300mg every two weeks depending on what strength of olanzapine tablets you are switching from. Two months after this initial dose you will be given a regular or 'maintenance' dose which may be lower than the starting dose. For example if you received 210mg as a starting dose you may receive 150mg every two weeks as a regular dose. It can also be given at a higher dose every four weeks. The usual dose may be between 210mg every two weeks up to a maximum 300mg every two weeks. Some people may receive higher doses. It may take a few weeks to get to the dose that is most suitable.

## How should olanzapine pamoate be taken?

Olanzapine pamoate is given by deep intramuscular injection into the buttocks every two or four weeks. This will usually be given to you by a nurse on a ward, clinic or GP surgery.

## What form does olanzapine pamoate come in?

Olanzapine pamoate is available as 210mg, 300mg and 405mg long action injection. It is also available in forms of a short acting injection, tablets and dispersible tablets.

## What should be done if a dose is missed?

The next injection should be given as soon as possible. This may mean making an extra appointment at the clinic or hospital.

## What will happen when olanzapine pamoate is first given?

Olanzapine pamoate, like many medicines, does not work straight away. For example, it may take several days or even weeks for some symptoms to improve. To begin with some people find that olanzapine pamoate makes them feel more relaxed and calm. Later, (usually in two or three weeks) other symptoms should begin to improve. Many people do not experience any side effects. However some people may experience some side effects. We have listed potential side effects in the table below, whether or not they are likely to be short or long-term and what measures can be taken is also described. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

## Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist, or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0808 100 3352 or go to [www.mhra.gov.uk](http://www.mhra.gov.uk).

## Is olanzapine pamoate addictive?

No, olanzapine pamoate is not addictive.

## Special monitoring – Post injection syndrome?

An uncommon but serious reaction known as post injection syndrome was seen in a very small number of patients during the clinical trials of this drug. This seems to occur when the injection enters the bloodstream too quickly and drowsiness, confusion, dizziness, disorientation may occur. In most cases these symptoms will go away in 24-72 hours. Although this occurred in very few patients (about 1 in 1400 injections) as a special precaution you will need to be observed for three hours after having your injection in a healthcare setting. If you feel dizzy or faint after an injection report this to your doctor or nurse, you may need to lie down for a short time.

## What about alcohol?

It is recommended that people taking olanzapine pamoate should not drink alcohol. This is because both antipsychotics and alcohol can cause drowsiness. If the two are taken together, severe drowsiness can result. This can lead to falls and accidents. As well as this, drinking alcohol may make psychosis worse. However, once people are used to taking medication, then *very small amounts* of alcohol may not be harmful. It pays to be very careful, because alcohol affects people in different ways, especially when they are taking medication. Never drink alcohol and drive. Discuss any concerns you may have with your doctor, pharmacist or nurse.

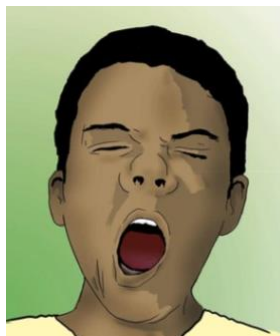
## Is it OK to stop taking olanzapine pamoate when symptoms go away?

No. If you stop taking olanzapine pamoate, your original symptoms are very likely to return. Most people need to be on olanzapine pamoate for quite a long time, sometimes years. You should always discuss any plans you have to reduce or stop any of your prescribed medicines with your prescriber.

## Are there any alternatives to olanzapine pamoate?

Yes, there are alternatives available. Overall, antipsychotics have broadly similar therapeutic effects, except for clozapine which is effective when other antipsychotics have failed. Antipsychotics differ in their side effects. With the range of medicines now available, a suitable and acceptable antipsychotic can usually be found for everyone.

## Summary of side effects



### Drowsiness - Common

#### What can be done about it?

Drowsiness tends to wear off over time. Speak to your prescriber about changing the dose or dose timings.



### Weight gain – Common

#### What can be done about it?

Olanzapine pamoate makes people feel hungry and eat more. Try to eat healthily and take plenty of exercise.

Other (less common) side effects	How common is it and what can be done about it?
Low blood pressure	<b>Uncommon</b> This can be troublesome when standing up. You may feel dizzy or faint. This tends to wear off in time.
Constipation	<b>Uncommon</b> Eat lots of fibre - fruit and vegetables are good sources. Drink plenty of fluids. If necessary your prescriber may prescribe a laxative.
Dry mouth	<b>Uncommon</b> This tends to wear off. Sugar-free boiled sweets, chewing gum or eating citrus fruits may help. If this persists report it to your prescriber.
Dyslipidaemia (too much fat in the blood stream)	<b>Uncommon</b> Your doctor will monitor changes in lipid levels. If lipid levels increase you may need to switch to another drug treatment or start an additional drug called a statin.
Diabetes	<b>Uncommon</b> It may be necessary to switch to another medicine. Symptoms may go away when switched to another medicine.
Tachycardia (palpitations)	<b>Very rare</b> Some people have a fast heart beat. This is most common in the first few weeks of treatment. See your prescriber if you experience fast heart beat.
Abnormal movements (also known as tardive dyskinesia)	<b>Very rare</b> This occurs only after long term treatment. It usually begins with unusual movements of the mouth and tongue. Symptoms may go away when switched to another medicine.

Very common = almost everyone affected  
Common = many people affected  
Uncommon = some people affected

Rare = few people affected  
Very rare = very few or no one affected

## Disclaimer

This leaflet does not replace the official manufacturer's Patient Information Leaflet.

For more information, visit [www.slam.nhs.uk/meds](http://www.slam.nhs.uk/meds) or speak to a health care professional.

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