



# Olanzapine for

## Behavioural and Psychological Symptoms of Dementia (BPSD)

(Pronounced oh-lanz-a-peen)

---

### Why has olanzapine been prescribed?

Olanzapine is an antipsychotic most commonly used to treat schizophrenia and some similar conditions. However, it is sometimes used in people with dementia experiencing behavioural or psychological symptoms where other measures have not worked.

### What are the benefits of taking olanzapine?

Olanzapine can be effective in reducing distress and can help you to feel more calm.

### Are there any precautions with olanzapine?

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, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) If you suffer from glaucoma, liver, kidney, prostate trouble or Parkinson's disease.
- b) If you have cerebrovascular risk factors such as hypertension, diabetes, smoking, atrial fibrillation and previous stroke
- c) If you are taking any other medication, especially antidepressants, anticonvulsants, antibiotics, cimetidine 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.
- d) If you have an intolerance to lactose as this is an ingredient of olanzapine tablets and some brands of the dispersible tablets.

### What is the usual dose of olanzapine?

The starting dose is usually 2.5mg a day. The usual dose of olanzapine is between 2.5mg and 10mg daily. Some people may receive higher doses. It may take a few weeks to get to the dose that is most suitable.

### How should olanzapine be taken?

Olanzapine is usually taken once a day, usually at night. However, you and your prescriber may decide that it is better for you to take the medicine in some other way.

### What form does olanzapine come in?

Olanzapine is available in tablet and injection form. The tablets are available as 2.5mg, 5mg, 7.5mg, 10mg, 15mg and 20mg film coated tablets. They are also available as dispersible tablets in strengths of 5mg, 10mg, 15mg and 20mg. The injection form comes as 5mg per ml.

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

If you forget a dose, take it as soon as you remember, as long as it is within a few hours of the usual time. If you miss a whole day's dose – just carry on as normal with the usual dose. If you miss more than a day's dose, speak to your prescriber.

## What will happen when olanzapine is first taken?

Olanzapine, may produce some noticeable effects within a few hours. To begin with it can help some people to feel more calm and relaxed. However, like many medicines, it may take several days or weeks for the full effects and for some symptoms to improve. However, some people may experience 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 addictive?

No, olanzapine is not addictive. However, if you stop taking the medicine suddenly, you may experience unpleasant physical feelings.

## What about alcohol?

It is recommended that people taking olanzapine 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 when symptoms go away?

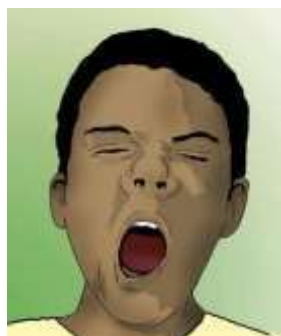
Olanzapine is usually only used for short periods in dementia and should be reviewed regularly. You should always discuss any plans you have to reduce or stop any of your prescribed medicines with your prescriber.

## Are there any alternatives to olanzapine?

Yes, there are alternatives available. Overall, antipsychotics have broadly similar therapeutic effects but differ in their side effects. With the range of medicines now available, a suitable and acceptable antipsychotic can usually be found for everyone.

Other non-drug treatments that are person-centred can help. Paracetamol for pain can be very beneficial for some people. Reminiscence, music and dance therapy can be effective.

## 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 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.
Tachycardia (palpitations)	<b>Very rare</b> Some people have a fast heartbeat. This is most common in the first few weeks of treatment. See your prescriber if you experience a fast heartbeat.
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.

Diabetes	<b>Very rare</b> It may be necessary to switch to another medicine. 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

**In older people with dementia, there is an increased risk of stroke with antipsychotic drugs. Stroke is a medical emergency. The FAST test can help you recognise the signs.**

**Facial weakness:** Can the person smile? Has their mouth or eye drooped?

**Arm weakness:** Can the person raise both arms?

**Speech problems:** Can the person speak clearly and understand what you say?

**Time to call 999:** if you see any of these signs.

## 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.

**Leaflet supplied by:** Medicines Information, Pharmacy Department, Maudsley Hospital, London SE5 8AZ | Telephone: 020 3228 2317

**Artwork by:** Oscar Millar ([www.millarstratton.co.uk](http://www.millarstratton.co.uk))