Updated September 2026

Quetiapine

Brand name - Seroquel *Oral adult dosing for mood disorders*

Quetiapine is a second-generation antipsychotic used to treat bipolar disorder and, in extended-release form (XR), treatment of major depressive disorder (MDD). Its exact therapeutic mechanism is unclear, but may be mediated by antagonism at dopamine D2 and serotonin 5-HT2A receptors.

	Bipolar disorder, depressive episodes		Bipolar 1 disorder, mania or mixed		MDD	
Release Type	XR	Immediate	XR	Immediate	XR	Immediate
Initial Dose	50mg, bedtime		300mg/day	50mg bid	50mg/day	
Titration Timeline	Day 2: 100 mg; Day 3: 200 mg; Day 4: 300 mg, or slower if quicker titration is not tolerated		Day 2: 600mg; Day 3+: adjust dose as needed and tolerated	Increase by 100mg/day to target dose, then adjust dose as needed and tolerated	Wait ≥24h to increase, 50mg increments, as needed and tolerated	
Target dose	300mg/day		400-800mg per day; max dose of 800mg/day		150-300mg/day; max dose 300mg/day	

Disclaimer

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Prescribing Pearls

- **Monitor blood pressure, weight/BMI, A1c, and lipids** before and throughout treatment. Ask about increased appetite and hyperglycemia symptoms.
- **Assess** extrapyramidal symptoms, tardive dyskinesia, orthostatis, falls, substantial weight gain, somnolence, signs of hyperprolactinemia, and anticholinergic side effects.
- **Sedation is common.** Nighttime dosing preferred if taking once daily.
- **Consider thyroid assessment** when indicated, such as long-term treatment or symptoms suggesting thyroid dysfunction.
- Review CYP3A4 interactions. Strong CYP3A4 inhibitors can substantially increase quetiapine exposure, while strong CYP3A4 inducers can reduce exposure. Dose adjustment may be required; consult current product-specific labelling.
- **Alcohol or hypotensive agents** may worsen somnolence or orthostatic symptoms.
- **To stop or change treatment**, individualize taper and monitor for recurrence. Serious adverse reactions may require more urgent discontinuation.

Safety

- Consider a lower initial dose, slower titration for patients who are debilitated, older, predisposed to hypotension, pharmacodynamically sensitive, or have hepatic impairment.
- **Pregnancy and lactation.** Use individualized risk-benefit analysis. Available human data have not established a drug-associated increase in major birth defects, miscarriage, or adverse maternal or fetal outcomes. **Untreated schizophrenia and psychosis carry substantial maternal and perinatal risks.** Third-trimester antipsychotic exposure may cause neonatal extrapyramidal or withdrawal symptoms; monitor exposed neonates.
- Review QT-prolonging medications and major risk factors; ECG monitoring is based on clinical risk rather than routinely required for all patients.
- Urgent evaluation: Fever with rigidity or confusion, autonomic instability, allergic reaction, syncope, sever hyperglycemia, or rapidly developing abnormal movements.
- Prompt assessment: Severe akathisia, new involuntary movements, marked hyperglycemia symptoms, rapid weight gain, marked sedation, severe constipation, significant orthostasis.
- Driving and hazardous activity: use caution until the individual response to sedation and cognitive or motor effects is known.
- Monitor CBC more closely in patients with a history of low WBC or drug-induced leukopenia/neutropenia.

Dementia-related psychosis. Not approved for this indication. Antipsychotic treatment is associated with increased mortality in older adults with dementia-related psychosis and carries a black box warning.