Switching from quetiapine XL to quetiapine immediate release
Advice for health professionals

The following advice has been developed to aid clinicians to switch patients from quetiapine XL to quetiapine immediate release (IR). Switching is recommended across the health economy to maximise the cost benefits available from generic quetiapine preparations. Switching however is NOT mandatory and clinicians are reminded to consider individual patient circumstances before attempting a switch. Remaining on quetiapine XL may be in the best interests of some patients.

There is little published evidence to guide clinicians on the best method of switching between quetiapine XL and quetiapine IR tablets. Any switch should be fully discussed with the individual and carer, combined with increased monitoring for adverse events.

- In general a straight swap from once daily to twice daily IR is appropriate[1] but may be associated with a slightly higher risk of sedation and postural hypotension following the switch.
- If sedation and postural hypotension are a concern clinicians may wish to consider giving a larger dose in the evening (see table 1).
- Although other pharmacokinetic parameters are similar the peak plasma concentration for quetiapine XL = 5-6 hours, while IR = 1 hour.

Table 1: Switching between quetiapine XL and IR. Suggested dosing changes.

	Dosing options (quetiapine IR)		
Current dose XL	For those who are tolerating quetiapine well but have compliance concerns (see licensing below).	For those who are tolerating quetiapine well and do not have compliance concerns.	For those who are (or at risk of) experiencing sedation or postural hypotension following the switch*.
Quetiapine XL 100mg OD	Quetiapine 100mg ON	Quetiapine 50mg BD	Quetiapine 25mg AM, 75mg ON
Quetiapine XL 200mg OD	Quetiapine 200mg ON	Quetiapine 100mg BD	Quetiapine 50mg AM, 150mg ON
Quetiapine XL 300mg OD	Quetiapine 300mg ON	Quetiapine 150mg BD	Quetiapine 100mg AM, 200mg ON
Quetiapine XL 400mg OD	Quetiapine 400mg ON	Quetiapine 200mg BD	Quetiapine 150mg AM, 250mg ON
Quetiapine XL 600mg OD	Quetiapine 600mg ON	Quetiapine 300mg BD	Quetiapine 200mg AM 400mg ON.

* Those at increased risk of experiencing sedation or postural hypotension following the switch to quetiapine IR may include: the elderly, those with learning disabilities, adolescents, concurrent cardiac medication, concurrent CNS depressants.

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Table 2: Current licence indications (see BNF for more information)[1]

	Current manufacturer licence	**Number of daily doses**
Quetiapine XL	Schizophrenia including prevention Mania or depression in bipolar disorder Prevention of relapse in bipolar disorder Add on treatment (to an antidepressant) in major depressive episodes.	Once daily
Quetiapine IR	*Schizophrenia including prevention Mania in bipolar disorder Prevention of relapse in bipolar disorder	Twice daily
	Depression in bipolar disorder .	Once daily

*Although unlicensed in schizophrenia as a once daily preparation there are 3 small, short term studies supporting quetiapine IR once daily and this is occasionally done in practice[3,4,5].

Reference

1. Figueroa C et al (2009) Pharmacokinetic profiles of extended release queitiapine fumarate compared with quetiapine immediate release. Progress in Neuro-Psychopharmacology and Biological Psychiatry 33: 199-204.
2. Seroquel (Quetiapine) Summary of Product Characteristics last updated on the eMC: Feb 2012.Astra Zeneca. Electronic Medicines Compendium: http://emc.medicines.org.uk/
3. Chengappa et al (2003) A random-assignment, double-blind, clinical trial of once vs twice daily administration of quetiapine fumarate in patients with schizophrenia or schizoaffective disorder: A pilot study. Can J Psychiatry; 48: 187-194
4. Ohlsen et al (2004) Clinical response after switching from twice to once daily quetiapine in first episode schizophrenic patients. Schizophrenia research:. 67(1Suppl S): 169-70, Abs 336B
5. Tauscher-Wisniewski et al (2002) Quetiapine: an effective antipsychotic in first pisode schizophrenia despite only transiently high dopamine 2 receptor blocade. J Clin Psychiatry: 63; 992-997