

Safety Alert Aug 2024

Quetiapine – Concomitant administration of quetiapine and other serotonergic medications, such as MAO inhibitors, selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, or tricyclic antidepressants, may cause serotonin syndrome, a potentially fatal condition

EDA performs label update to include the following:

Special warnings and precautions for use

Serotonin syndrome

Concomitant administration of Quetiapine and other serotonergic medications, such as MAO inhibitors, selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), or tricyclic antidepressants may **cause serotonin syndrome**, a life-threatening condition.

If concomitant treatment with other serotonergics is clinically justified, careful observation of the patient is advised, especially during treatment initiation and dose increases. **Symptoms of serotonin syndrome** may include mental status changes, autonomic instability, neuromuscular abnormalities, and/or gastrointestinal symptoms. If serotonin syndrome is suspected, a dose reduction or discontinuation of treatment should be considered based on the

severity of symptoms.

Interaction with other medicinal products and other forms of interaction

Quetiapine should be used with caution in combination with serotonergic medications, such as MAO inhibitors, selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), or tricyclic antidepressants, as **which increases the risk of serotonin syndrome**, a life-threatening condition

Background:

Quetiapine is indicated for:

- Schizophrenia treatment
- Bipolar disorder treatment:
 For the treatment of moderate to severe manic episodes in bipolar disorder
 For the treatment of major depressive episodes in bipolar disorder
 For the prevention of recurrence of manic or depressive episodes in patients with bipolar disorder who have previously responded to treatment with quetiapine.
- The additional treatment of major depressive episodes in patients with Major Depressive Disorder (MDD) who have not had an optimal response to treatment with antidepressant monotherapy.

References:
AEMPES (Click here)