



# I always wanted to achieve more Now I can

## #1

Now the most prescribed atypical\*

**Proven efficacy**

To help patients achieve continued success<sup>1-4</sup>

**Trusted tolerability**

To help patients stay on treatment<sup>1-5</sup>

SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy with lithium or divalproex, and the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for continued treatment.

**Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis.**

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

Precautions include the risk of seizures, orthostatic hypotension, and cataract development. The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

\* All atypical prescriptions: Total prescriptions, Jan. 05-June 05. New prescriptions, Sept. 04-June 05. IMS Health. National Prescription Audit.

<sup>1</sup> Significant improvement in all 11 YMRS items was measured at Day 21 and continued through Day 84 in monotherapy mania trials.

**Please see Brief Summary of Prescribing Information on adjacent page.**

 **Seroquel**<sup>®</sup>  
quetiapine fumarate  
25 mg, 100 mg, 200 mg & 300 mg tablets

**Redefine Success**

**AstraZeneca** 

AstraZeneca Pharmaceuticals LP

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**References:** 1. Vieta E, Mullen J, Brecher M, et al. Quetiapine monotherapy for mania associated with bipolar disorder: combined analysis of two international, double-blind, randomised, placebo-controlled studies. *Curr Med Res Opin.* 2005;21:923-934. 2. Sachs G, Chengappa KNR, Suppes T, et al. Quetiapine with lithium or divalproex for the treatment of bipolar mania: a randomized, double-blind, placebo-controlled study. *Bipolar Disord.* 2004;6:213-223. 3. Small JG, Kolar MC, Kellams JJ. Quetiapine in schizophrenia: onset of action within the first week of treatment. *Curr Med Res Opin.* 2004;20:1017-1023. 4. Kasper S, Brecher M, Fitton L, et al. Maintenance of long-term efficacy and safety of quetiapine in the open-label treatment of schizophrenia. *Int Clin Psychopharmacol.* 2004;19:281-289. 5. SEROQUEL Prescribing Information.