Avon and Wiltshire Mental Health Partnership NHS Trust

GUIDELINES FOR THE USE OF OLANZAPINE Intra-muscular INJECTION

- Olanzapine is a newer antipsychotic with a wide range of neurotransmitter receptor affinities including Histamine H_1, Dopamine D_1-D_5, acetylcholine m_1-m_5 and alpha$_1$ adrenergic receptors

- Olanzapine Intramuscular Injection has been licensed since July 2001 for the "rapid control of agitation and disturbed behaviors in patients with schizophrenia or manic episode, when oral therapy is not appropriate" . Olanzapine Injection has recently become available to prescribe.

- Oral Olanzapine takes around 4 hours to be absorbed and not licensed for the treatment of acute agitation (Tablets and Velotablets). Olanzapine IM is rapidly absorbed and distributed around the body.

- The injection is presented in vials of 10mg in 2 ml when made up for injection. The dose is 10mg or less (dependent on clinical situation). A further dose may be given within 2 hours. No more than 3 doses with a maximum total dose of 20mg may be given in a 24 hour period.

- Concomitant administration of olanzapine IM and benzodiazepines has not been studied.

- Common side effects include bradycardia, tachycardia, orthostatic hypotension, somnolence and injection site discomfort. Monitoring of physical parameters and level of consciousness should be considered.

- Safety and efficacy have not been established in patients with drugs or alcohol intoxication nor in patients under 18 years of age.

- There is no significant difference in the treatment of acute agitation between haloperidol and olanzapine from the published evidence. Fewer extrapyramidal side effects were experienced by patients treated with olanzapine than haloperidol. It is unclear how Olanzapine IM compares with Lorazepam IM at clinical doses.

- Patients included in these trials gave consent and had generally lower agitation and behavioral disturbances than service users we may wish to treat. In the trial studies the placebo arms had between 25-50% of the efficacy of the treatment arms.

- It is unclear from the published data if fewer injections with Olanzapine will be required in a course of treatment than with Haloperidol and/or Lorazepam.

This medication is available for prescribing by clinicians in discussion with the consultant. Uncertainties around this medication's place in treatment requires clinicians to share experiential learning. Clinicians must be familiar with the Trust Rapid Tranquillisation Policies.

The Committee expect clinicians who choose to prescribe Olanzapine IM to take part in a review of this medicine and the Rapid Tranquillisation Policies later this year. Clinicians will need to carefully select continuing therapy with the most appropriate antipsychotic after the acute phase of illness.

Policy Status:	**Accepted**	**Written By:**	**Chief Pharmacist**
Ratified By:	**Clinical Effectiveness and Therapeutics Committee**	**Date Written:**	**February 2004**