By reporting undesirable effects, you can help provide more information and improve the product. Report any side effects to your healthcare provider.

**ADVERSE REACTIONS**

**DOSAGE AND MODE OF ADMINISTRATION**

Olanzapine is available in two strengths: 5 mg and 1.0 mg orodispersible tablets. It is indicated for the acute and maintenance treatment of manic or mixed episodes associated with Bipolar I Disorder. Olanzapine is also approved for the treatment of schizophrenia in adults.

**Pediatric Use**

The safety and efficacy of orodispersible tablets in children aged 12 years and older have been evaluated. However, it is generally accepted that treatment-resistant depression is less common in children and adolescents compared to adults. Therefore, the use of orodispersible tablets in this age group should be considered with caution.

**Hyperprolactinemia**

Hyperprolactinemia related to hypogonadism may result in reduced bone density. A higher incidence of arterial thrombosis, which increases the risk of myocardial infarction and stroke, has also been observed in patients with this condition. Therefore, regular monitoring of prolactin levels is recommended.

**Tardive Dyskinesia**

Tardive dyskinesia is a syndrome of potentially irreversible, involuntary, dyskinetic movement. Although the mechanism of this condition is not fully understood, it is believed to be related to the long-term use of antipsychotic medications. Patients should be monitored for the development of this condition and discontinuation of the medication may be necessary.

**Weight Gain**

Weight gain is a common side effect of antipsychotic medications. However, the mechanism of this effect is not well understood. While weight gain may have therapeutic benefits in some patients, persistent daytime drowsiness and increased appetite associated with weight gain can be problematic for many individuals. Therefore, regular monitoring of weight and body mass index is recommended.

**Other Adverse Reactions**

Other adverse reactions that may be observed with the use of orodispersible tablets include sedation, somnolence, dizziness, and orthostatic hypotension. Patients should be advised to take the tablet with food to minimize this effect. Additional adverse reactions include gastrointestinal symptoms such as nausea, vomiting, diarrhea, and abdominal pain. These symptoms can temporally deteriorate or arise after the shortest duration of treatment producing a satisfactory clinical response should be given in patients who do not show improvement.

**Laboratory Abnormalities**

Laboratory abnormalities that may be observed with the use of orodispersible tablets include hyperglycemia, hypercholesterolemia, hypertriglyceridemia, and hyperprolactinemia. These abnormalities are generally mild and do not require discontinuation of the medication. However, regular monitoring of glucose, cholesterol, and prolactin levels is recommended.

**Other Information**

Olanzapine is contraindicated in patients with a history of hypersensitivity to any of its components. It is also contraindicated in patients with a history of sustained supraventricular tachycardia, second or third-degree heart block, or a history of QT interval prolongation. In patients with a history of cerebrovascular accident, deep vein thrombosis, or hypertension, it is recommended to use the lowest effective dose to minimize the risk of adverse reactions.

**Clinical Monitoring**

Regular monitoring of blood pressure, heart rate, and body temperature is recommended in patients receiving orodispersible tablets. Additionally, regular monitoring of liver function tests, renal function tests, and hemoglobin levels is recommended.

**Discontinuation of Antipsychotic Therapy**

Discontinuation of antipsychotic therapy should be considered only after a period of at least one year of treatment with no evidence of relapse. In rare cases, abrupt discontinuation may result in a syndrome of neuroleptic malignant syndrome (NMS), which is characterized by hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability. Therefore, the gradual tapering of the medication is recommended.

**Activated charcoal**

Activated charcoal should be used if the patient has ingested a large amount of the medication. However, charcoal should be taken two hours prior to or after dosing with the medication to minimize the risk of adverse reactions. Additionally, gastrointestinal decontamination should be performed if the patient has ingested the medication within 2 hours of dosing.

**Body Temperature Regulation**

Body temperature regulation is an important aspect of the use of orodispersible tablets. Elevated body temperature can lead to a syndrome of hyperpyrexia, which is characterized by hyperthermia, muscle rigidity, altered mental status, and evidence of autonomic instability. Therefore, regular monitoring of body temperature is recommended.

**Multiple Dose Administration**

Multiple dose administration should be carefully considered in patients receiving orodispersible tablets. While the presence of hepatic impairment may be expected to reduce the efficacy and safety of the medication, it is generally accepted that treatment-resistant depression is less common in children and adolescents compared to adults. Therefore, the use of orodispersible tablets in this age group should be considered with caution.

**CONTRAINDICATIONS**

Olanzapine is contraindicated in patients with a history of hypersensitivity to any of its components. It is also contraindicated in patients with a history of sustained supraventricular tachycardia, second or third-degree heart block, or a history of QT interval prolongation. In patients with a history of cerebrovascular accident, deep vein thrombosis, or hypertension, it is recommended to use the lowest effective dose to minimize the risk of adverse reactions.