



DON'T LOSE  
THE  
REAL YOU"

# QUETIGRESS

Quetiapine Fumarate 25 mg / 50 mg / 100 mg & 200 mg / 300 mg SR Tablets

La Renon

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## BACKGROUND

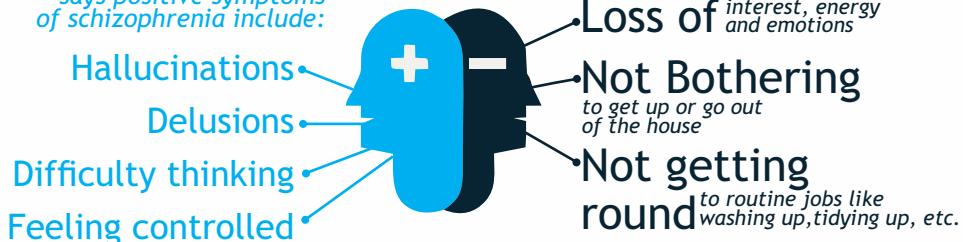
- ☺ Depression (major depressive disorder or clinical depression) is a mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.
- ☺ Depression can happen at any age, but often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although it sometimes presents with more prominent irritability than low mood.
- ☺ Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson's disease. These conditions are often worse when depression is present<sup>1</sup>.

## PREVALENCE

- ☺ WHO -2015: Globally, approximately 350 million people of all ages suffer from depression.
- ☺ Global worldwide prevalence of anxiety disorder - ranges from 7.3% to 10. 4%<sup>2</sup>.
- ☺ WHO 2011: 1 out of 7 people in India suffers from Anxiety & Depression.
- ☺ World mental health 2014 survey indicates - 10-15% people experience major depression at least once in their lifetime<sup>3</sup>.
- ☺ Lifetime prevalence of all depressive disorders is over 20% worldwide (1 in 5 individuals)<sup>4</sup>.
- ☺ 11% population in Low Income Countries are likely to get depression over lifetime<sup>5</sup>.



*The Royal College of Psychiatrists says positive symptoms of schizophrenia include:*



### Reference:

- 1 National Institute of Mental Health
- 2 Psychological Medicine / Volume 43 / Issue 05 / May 2013
- 3 & 4 Journal of the association of physicians of India; 62; 827-832: 2014
- 5 Cross-National Epidemiology of DSM-IV Major Depressive Episode. BMC Medicine; 2011

# CLINICAL EFFECTIVENESS

American College of Rheumatology; 2014

## "Quetiapine Fumarate Extended-Release for the Treatment of Major Depression with Comorbid Fibromyalgia Syndrome"

- ☺ 8-week, double-blind, randomized placebo control trial in 120 patients with MDD and co-morbid fibromyalgia.
- ☺ The primary end point was assessed by the mean change in the 17-item HAM-D total score from baseline to week 8, using the last observation carried forward (LOCF) method.

## RESULTS

- (A) At week 8, the mean  $\pm$  SEM change in the HAM-D score from baseline was significantly greater in the quetiapine XR group than in the placebo group ( $-10.0 \pm 0.9$  versus  $-5.8 \pm 0.8$ ;  $P = 0.001$ ).
- (B) CGI-S scores significantly more improved in the quetiapine XR group than placebo group (mean difference  $-0.4$ ; 95% CI  $-0.7$ ,  $-0.1$  [ $P = 0.019$ ]), i.e. greater overall improvement in both depression and fibromyalgia symptoms.
- (C) Functioning also improved significantly in the quetiapine XR group than placebo group (mean difference in the GAS score  $4.8$ ; 95% CI  $1.7$ ,  $7.8$  [ $P = 0.003$ ])

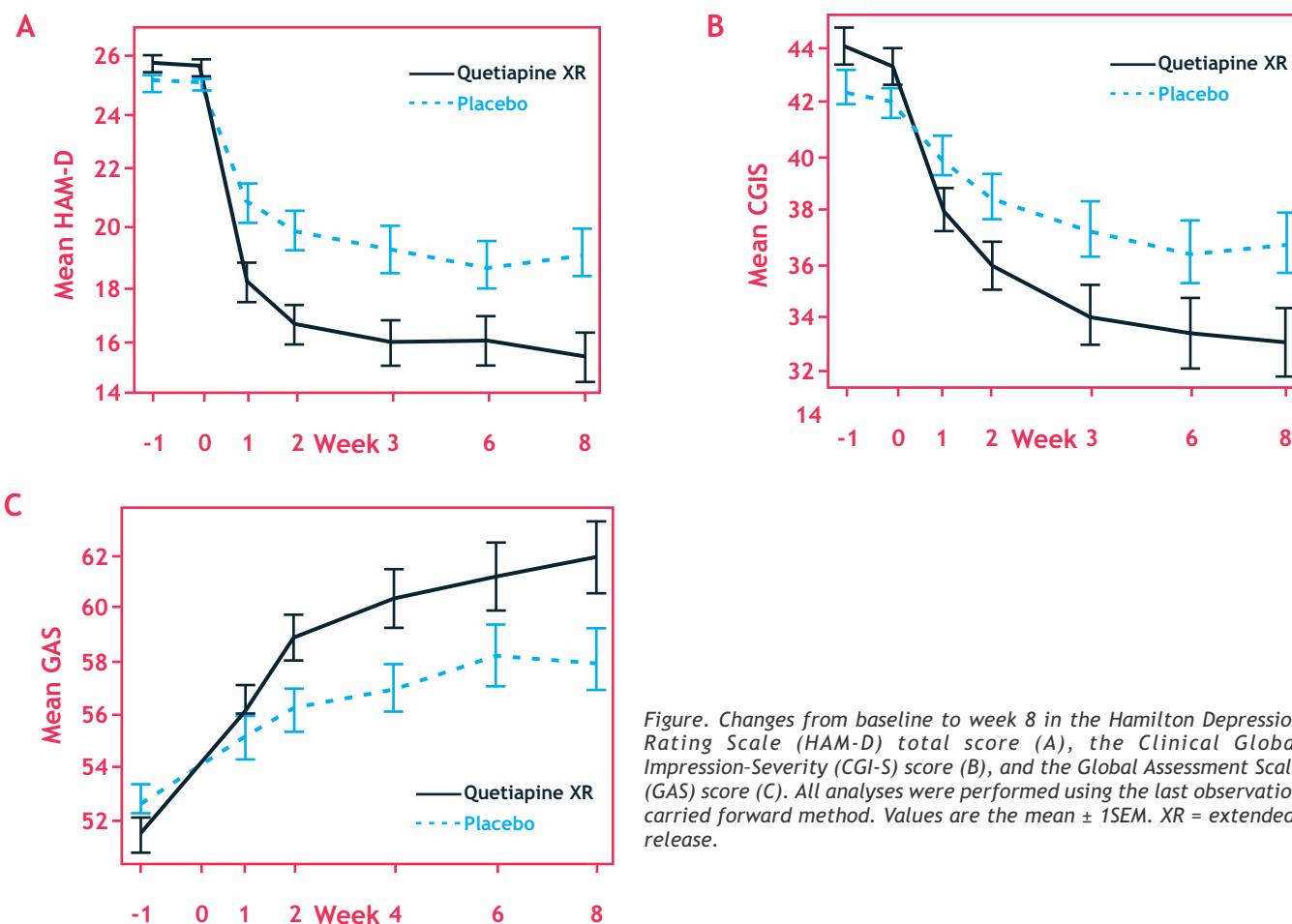


Figure. Changes from baseline to week 8 in the Hamilton Depression Rating Scale (HAM-D) total score (A), the Clinical Global Impression-Severity (CGI-S) score (B), and the Global Assessment Scale (GAS) score (C). All analyses were performed using the last observation carried forward method. Values are the mean  $\pm$  1SEM. XR = extended-release.

## CONCLUSION

- ☺ Quetiapine XR exerts both antidepressant and analgesic effects in patients with Major Depression with Co-morbid Fibromyalgia Syndrome.
- ☺ Quetiapine XR significantly improves symptoms of depression and pain in patients with MDD and comorbid fibromyalgia and therefore targeting both conditions concurrently.

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## INDICATIONS

Quetiapress is an atypical antipsychotic indicated for the treatment of:

- ☺ Schizophrenia,
- ☺ Bipolar I disorder manic episodes,
- ☺ Bipolar disorder, depressive episodes and
- ☺ Major Depressive Disorder, adjunctive therapy with antidepressant

## MECHANISM OF ACTION

Quetiapine is a psychotropic agent belonging to a chemical class, the dibenzothiazepine derivatives. The mechanism of action of Quetiapine is unknown. However, it has been proposed that the efficacy of Quetiapine in schizophrenia and its mood stabilizing properties in bipolar depression and mania are mediated through a combination of dopamine type 2 (D2) and serotonin type 2 (5HT2) antagonism. Quetiapine fumarate is an antagonist at multiple neurotransmitter receptors in the brain: serotonin 5HT1A and 5HT2 (IC<sub>50</sub>s=717 & 148nM, respectively), dopamine D1 and D2 (IC<sub>50</sub>s=1268 & 329nM, respectively), histamine H1 +(IC<sub>50</sub>=30nM), and adrenergic α1 and α2 receptors (IC<sub>50</sub>s=94 & 271nM, respectively).

## ADMINISTRATION AND DOSAGE

QUETIGRESS can be taken with or without food

Indication	Initial Dose and Titration	Recommended Dose	Maximum Dose
Schizophrenia- Adults	25 mg twice daily	150-750 mg/day	750 mg/day
Schizophrenia - Adolescents (13-17 years)	25 mg twice daily	400-800 mg/day	800 mg/day
Bipolar Mania-Adults Mono-therapy or as an adjunct to lithium or divalproex	50 mg twice daily	400-800 mg/day	800 mg/day
Bipolar Mania–Children and Adolescents (10 to 17 years), Mono-therapy	25 mg twice daily	400-600 mg/day	600 mg/day
Bipolar Depression–Adults	50 mg once daily at bedtime	300 mg/day	300 mg/day

- ☺ Geriatrics Use: Consider a lower starting dose (50 mg/day), slower titration and careful monitoring during the initial dosing period in the elderly.
- ☺ In case Hepatic Impairment: Lower starting dose (25 mg/day) and slower titration may be needed.

## PRESENTATION

QUETIGRESS is available tablets in strengths of 25 mg, 50 mg, 100 mg and 200 mg / 300 mg SR Tablets.

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