

Quetiapine: Indications and Dosing			
Indication	FDA Approved?	Target Dose/Day	When to Use
Augmentation for unipolar depression	Yes	150–300 mg	Best used with depression with anxious features that persist despite first-line treatment with SSRI/SNRI
Bipolar depression	Yes	300 mg	If no response to lithium and lurasidone or if significant comorbid anxious features
Bipolar maintenance	Yes	600 mg	Approved when combined with lithium or divalproex; lower doses may be effective for bipolar II disorder
Bipolar mania	Yes	600 mg (400–800 mg)	Best for mixed features and insomnia, as well as to prevent future episodes of depression
Delirium	No	50–200 mg	Avoid if possible; no antipsychotics have been shown to have benefit for delirium
Dementia with behavioral disturbance	No	50–200 mg	Avoid if possible; given side effects and anticholinergic burden, consider only as fourth or fifth line after trials of escitalopram, risperidone, carbamazepine, and valproic acid
Generalized anxiety disorder	No	150–300 mg	Given side effects, consider third/fourth line after trials of SSRIs/SNRIs and pregabalin
PTSD	No	150–400 mg	Given side effects, consider third or fourth line after a trial of two of the following: sertraline, venlafaxine, fluoxetine, and paroxetine
Schizophrenia	Yes	400–600 mg	Best for patients with extrapyramidal side effects who cannot tolerate clozapine or olanzapine

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 by Paul Riordan, MD

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