

relatively few published comparisons with other atypical antipsychotics, but one systematic review⁹ concluded that there was little to differentiate between olanzapine and risperidone apart from their adverse effects; risperidone was particularly associated with movement disorders and sexual dysfunction while olanzapine induced rapid weight gain. Another study has suggested that olanzapine is not inferior to clozapine.⁹ Olanzapine's efficacy in the treatment of patients with refractory schizophrenia remains to be determined; a small, randomised study found it to be no more effective than haloperidol.¹⁰

1. Beasley CM, *et al.* Olanzapine HGAD Study Group. Olanzapine versus placebo and haloperidol: acute phase results of the North American double-blind olanzapine trial. *Neuropsychopharmacology* 1996; **14**: 111–23.
2. Beasley C, *et al.* Olanzapine versus haloperidol: long-term results of the multi-center international trial. *Eur Neuropsychopharmacol* 1996; **6** (suppl 3): 59.
3. Beasley CM, *et al.* Olanzapine versus haloperidol: acute phase results of the international double-blind olanzapine trial. *Eur Neuropsychopharmacol* 1997; **7**: 125–37.
4. Tollefson GD, *et al.* Olanzapine versus haloperidol in the treatment of schizophrenia and schizoaffective and schizophreniform disorders: results of an international collaborative trial. *Am J Psychiatry* 1997; **154**: 457–65.
5. Bhana N, *et al.* Olanzapine: an updated review of its use in the management of schizophrenia. *Drugs* 2001; **61**: 111–61.
6. Duggan L, *et al.* Olanzapine for schizophrenia. Available in The Cochrane Database of Systematic Reviews; Issue 2. Chichester: John Wiley; 2005 (accessed 24/05/05).
7. Hamilton SH, *et al.* Olanzapine versus placebo and haloperidol: quality of life and efficacy results of the North American double-blind trial. *Neuropsychopharmacology* 1998; **18**: 41–9.
8. Jayaram MB, *et al.* Risperidone versus olanzapine for schizophrenia. Available in The Cochrane Database of Systematic Reviews; Issue 2. Chichester: John Wiley; 2006 (accessed 16/01/07).
9. Naber D, *et al.* Randomized double blind comparison of olanzapine vs clozapine on subjective well-being and clinical outcome in patients with schizophrenia. *Acta Psychiatr Scand* 2005; **111**: 106–15.
10. Buchanan RW, *et al.* Olanzapine treatment of residual positive and negative symptoms. *Am J Psychiatry* 2005; **162**: 124–9.

Stuttering. Although olanzapine may be of benefit in the treatment of stuttering (p.1001),^{1,2} it has been associated with reports of stuttering in 6 adult patients with schizophrenia or depression.³

1. Lavid N, *et al.* Management of child and adolescent stuttering with olanzapine: three case reports. *Ann Clin Psychiatry* 1999; **11**: 233–6.
2. Maguire GA, *et al.* Olanzapine in the treatment of developmental stuttering: a double-blind, placebo-controlled trial. *Ann Clin Psychiatry* 2004; **16**: 63–7.
3. Bär KJ, *et al.* Olanzapine- and clozapine-induced stuttering: a case series. *Pharmacopsychiatry* 2004; **37**: 131–4.

Tourette's syndrome. When drug treatment is required for tics and behavioural disturbances in Tourette's syndrome (see Tics, p.954) haloperidol or pimozide are commonly used but atypical antipsychotics, including olanzapine, are increasingly being tried.^{1,4}

1. Stamenkovic M, *et al.* Effective open-label treatment of tourette's disorder with olanzapine. *Int Clin Psychopharmacol* 2000; **15**: 23–8.
2. Onofri M, *et al.* Olanzapine in severe Gilles de la Tourette syndrome: a 52-week double-blind cross-over study vs. low-dose pimozide. *J Neurol* 2000; **247**: 443–6.
3. Budman CL, *et al.* An open-label study of the treatment efficacy of olanzapine for Tourette's disorder. *J Clin Psychiatry* 2001; **62**: 290–4.
4. Stephens RJ, *et al.* Olanzapine in the treatment of aggression and tics in children with Tourette's syndrome: a pilot study. *J Child Adolesc Psychopharmacol* 2004; **14**: 255–66.

Preparations

Proprietary Preparations (details are given in Part 3)

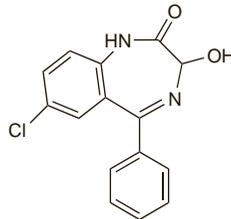
Arg.: Midax; Zyprexa; **Austral.:** Zyprexa; **Austria:** Zyprexa; **Belg.:** Zyprexa; **Braz.:** Zyprexa; **Canada:** Zyprexa; **Chile:** Olivin; Zyprexa; **Cz.:** Zalasta; Zyprexa; **Denm.:** Zyprexa; **Fin.:** Zyprexa; **Fr.:** Zyprexa; **Ger.:** Zyprexa; **Gr.:** Zyprexa; **Hong Kong:** Zyprexa; **Hung.:** Zyprexa; **India:** Joyzol; Olexar; Ozapin; Psycholanz; **Indon.:** Zyprexa; **Irl.:** Zyprexa; **Israel:** Zyprexa; **Ital.:** Zyprexa; **Malaysia:** Zyprexa; **Mex.:** Zyprexa; **Neth.:** Zyprexa; **Norw.:** Zyprexa; **NZ:** Zyprexa; **Philipp.:** Zyprexa; **Pol.:** Olzapin; Zalasta; Zolafren; Zyprexa; **Port.:** Olapin; Zalasta; Zolafren; Zyprexa; **Rus.:** Zyprexa (Зипрекса); **S.Afr.:** Zyprexa; **Singapore:** Zyprexa; **Spain:** Zyprexa; **Swed.:** Zyprexa; **Switz.:** Zyprexa; **Thai.:** Zyprexa; **Turk.:** Zyprexa; **UK:** Zyprexa; **USA:** Zyprexa; **Venez.:** Zyprexa.

Multi-ingredient: **Arg.:** Combined†; Symbyax†; **Chile:** Symbyax; **Mex.:** Symbyax; **USA:** Symbyax.

Oxazepam (BAN, USAN, rINN)

Oksatsepaami; Oksazeoam; Oksazepam; Oksazepamas; Oxazépam; Oxazepám; Oxazepamum; Wy-3498. 7-Chloro-1,3-dihydro-3-hydroxy-5-phenyl-1,4-benzodiazepin-2-one.

Оксазепам
C₁₅H₁₁ClN₂O₂ = 286.7.
CAS — 604-75-1.
ATC — N05BA04.
ATC Vet — QN05BA04.



Pharmacopoeias. In *Chin.*, *Eur.* (see p.vii), and *US*.

Ph. Eur. 6.2 (Oxazepam). A white or almost white crystalline powder. Practically insoluble in water; slightly soluble in alcohol. Protect from light.

USP 31 (Oxazepam). A creamy-white to pale yellow, practically odourless powder. Practically insoluble in water; soluble 1 in 220 of alcohol, 1 in 270 of chloroform, and 1 in 2200 of ether. pH of a 2% suspension in water is between 4.8 and 7.0.

Dependence and Withdrawal

As for Diazepam, p.987.

◇ For the purpose of withdrawal regimens, 15 mg of oxazepam is considered equivalent to about 5 mg of diazepam.

Adverse Effects, Treatment, and Precautions

As for Diazepam, p.987.

Hepatic impairment. All benzodiazepines should be used with caution in patients with hepatic impairment, but short-acting ones such as oxazepam may be preferred.

Seven patients with acute viral hepatitis, 6 with cirrhosis of the liver, and 16 age-matched healthy control subjects took a single dose of oxazepam 15 or 45 mg orally.¹ Urinary excretion rates and plasma elimination patterns were unaltered in patients with acute and chronic parenchymal liver disease. Oxazepam 15 mg orally was also given three times daily for 2 weeks to 2 healthy subjects and to 2 patients with cirrhosis and did not appear to accumulate in any of the four.

1. Shull HJ, *et al.* Normal disposition of oxazepam in acute viral hepatitis and cirrhosis. *Ann Intern Med* 1976; **84**: 420–5.

Porphyria. Oxazepam is considered to be unsafe in patients with porphyria although there is conflicting experimental evidence of porphyrinogenicity.

Renal impairment. Pharmacokinetic studies suggest that, in general, the dosage of oxazepam does not need adjusting in patients with renal impairment.^{1,3}

1. Murray TG, *et al.* Renal disease, age, and oxazepam kinetics. *Clin Pharmacol Ther* 1981; **30**: 805–9.
2. Busch U, *et al.* Pharmacokinetics of oxazepam following multiple administration in volunteers and patients with chronic renal disease. *Arzneimittelforschung* 1981; **31**: 1507–11.
3. Greenblatt DJ, *et al.* Multiple-dose kinetics and dialyzability of oxazepam in renal insufficiency. *Nephron* 1983; **34**: 234–8.

Thyroid disorders. There was a reduction in half-life and an increase in the apparent oral clearance of oxazepam in 7 hyperthyroid patients.¹ In 6 hypothyroid patients there was no overall change in oxazepam elimination, although 5 of the 6 complained of drowsiness despite a relatively low dose (15 mg).

1. Scott AK, *et al.* Oxazepam pharmacokinetics in thyroid disease. *Br J Clin Pharmacol* 1984; **17**: 49–53.

Interactions

As for Diazepam, p.989.

Pharmacokinetics

Oxazepam is well absorbed from the gastrointestinal tract and reaches peak plasma concentrations about 2 hours after ingestion. It crosses the placenta and has been detected in breast milk. Oxazepam is about 85 to 97% bound to plasma proteins and has been reported to have an elimination half-life ranging from about 3 to 21 hours. It is largely metabolised to the inactive glucuronide which is excreted in the urine.

Pregnancy. The placental passage of oxazepam and its metabolism in 12 women given a single dose of oxazepam 25 mg during labour has been studied.¹ Oxazepam was readily absorbed and peak plasma concentrations were in the same range as those reported in healthy males and non-pregnant females given the same dose, although the plasma half-life (range 5.3 to 7.8 hours in 8 subjects studied) was shorter than that reported for non-pregnant subjects. Oxazepam was detected in the umbilical vein of all 12 patients with the ratio between umbilical to maternal vein concentration of oxazepam reaching a value of about 1.35 and remaining constant beyond a dose-delivery time of 3 hours. All of the babies had a normal Apgar score value. The oxazepam plasma half-life in the newborns was about 3 to 4 times that of the mothers, although in 3 the plasma concentration of oxazepam conjugate rose during the first 6 to 10 hours after delivery indicating the ability of the neonate to conjugate oxazepam.

1. Tomson G, *et al.* Placental passage of oxazepam and its metabolism in mother and newborn. *Clin Pharmacol Ther* 1979; **25**: 74–81.

Uses and Administration

Oxazepam is a short-acting benzodiazepine with general properties similar to those of diazepam (p.992). It is used in the short-term management of anxiety disorders (p.952) and insomnia (p.957) associated with anxiety. Oxazepam is also used for the control of symptoms associated with alcohol withdrawal (p.1626). Oxazepam is usually given as the base but the hemisuccinate has been used in some multi-ingredient preparations.

The usual oral dose of oxazepam for the treatment of anxiety or for control of symptoms of alcohol withdrawal is 15 to 30 mg three or four times daily. A suggested initial dose for elderly or debilitated patients is 10 mg three times daily increased if necessary up to 10 to 20 mg three or four times daily. For the treatment of insomnia associated with anxiety oxazepam 15 to 25 mg may be given one hour before retiring; up to 50 mg may occasionally be necessary.

Administration in renal impairment. For a suggestion that dosage adjustment of oxazepam may not be necessary in patients with renal impairment, see Renal Impairment, above.

Preparations

BP 2008: Oxazepam Tablets;
USP 31: Oxazepam Capsules; Oxazepam Tablets.

Proprietary Preparations (details are given in Part 3)

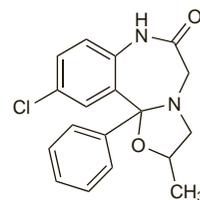
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Multi-ingredient: **Arg.:** Cavodan†; Pankreoflat Sedante†; **Austria:** Anxiolit plus; **Chile:** Novalon; **Port.:** Sedioton†; **Spain:** Novo Aerofil Sedante†; Suxidina; **Venez.:** Vuscobras.

Oxazolam (rINN)

Oxazolamum; Oxazolazepam. 10-Chloro-2,3,7,11b-tetrahydro-2-methyl-11b-phenyloxazololo[3,2-d][1,4]benzodiazepin-6(5H)-one.

Оксазолам
C₁₈H₁₇ClN₂O₂ = 328.8.
CAS — 24143-17-7.



Pharmacopoeias. In *Jpn.*

Profile

Oxazolam is a long-acting benzodiazepine with general properties similar to those of diazepam (p.986). It has been given by mouth for the short-term treatment of anxiety disorders.

Oxazolam has also been used as a premedicant in general anaesthesia.