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Quetiapine Addiction – About Two Cases

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Abstract | **Case Report**

This paper reports two clinical cases illustrating the potential for misuse and dependence on quetiapine, an atypical antipsychotic increasingly prescribed off-label, particularly for insomnia and anxiety. Both patients were women with psychiatric vulnerabilities (depressive disorders, substance use history) who initially received low-dose quetiapine for sleep problems. Over time, they self-escalated the dose to very high levels (600–800 mg/day), driven by perceived relief from anxiety and insomnia. One patient even changed the route of administration by smoking crushed tablets, seeking faster effects. The misuse led to psychological dependence, withdrawal symptoms upon dose reduction, and significant social and health consequences (weight gain, daytime sedation, social isolation, occupational instability). These patterns met the DSM-5 criteria for a substance use disorder. The cases highlight that quetiapine—although not traditionally classified as addictive—can be misused, especially in off-label prescriptions for vulnerable patients. The paper stresses the need for prescriber vigilance, careful risk–benefit assessment, monitoring for misuse, and prioritizing safer alternatives (e.g., cognitive-behavioral therapy, non-addictive medications) for sleep disorders.

Keywords: Misuse, quetiapine, dependence, off-label, antipsychotic.

INTRODUCTION

Quetiapine is an atypical antipsychotic widely used to treat schizophrenia, bipolar disorder, and certain depressive episodes. Due to its sedative properties, it is frequently prescribed off-label for insomnia or anxiety. However, misuse is increasingly reported, with patients increasing doses or changing routes of administration to achieve a calming effect. This misuse can lead to psychological dependence and have serious clinical, social, and physical repercussions. This paper illustrates this phenomenon through two clinical cases, highlighting the need for increased vigilance from prescribers.

METHODOLOGY

This work is based on a qualitative case-study approach involving two female patients who developed problematic quetiapine use. The main objective was to illustrate the mechanisms of misuse and the associated clinical, social, and physical impacts through in-depth clinical analysis.

In parallel, a structured literature review was conducted to contextualize these cases and compare the clinical observations to existing literature. This review was carried out between April and July 2024, using the main biomedical databases:

CASE REPORTS

We present two clinical cases of quetiapine misuse in female patients.

The first case involves H.E., a 32-year-old single woman, with no significant family psychiatric history, who initially consulted for severe insomnia in the context of a major depressive episode. The diagnosis was made according to DSM-5-TR criteria, with persistent low mood, anhedonia, chronic fatigue, and sleep disturbances. Antidepressant treatment with sertraline was initiated, combined with the gradual tapering of alprazolam. Initial progress was favorable regarding mood symptoms. However, persistent sleep-onset insomnia led to the introduction of low-dose quetiapine (25 mg/day).

Over the following months, the patient reported partial improvement in depressive symptoms, but insomnia persisted. Through self-medication, she progressively increased the quetiapine dose up to 600 mg/day without medical advice. This behavior was driven by the subjective relief the drug provided for anxiety and sleep initiation. She gradually developed significant craving and marked psychological dependence. This dose escalation was accompanied by significant weight gain (+10 kg in six months), daytime

fatigue, social withdrawal, and professional disengagement. Quetiapine withdrawal caused major sleep disturbances, irritability, and an anxious-depressive withdrawal syndrome.

The second case concerns Z.A., a 41-year-old woman followed for recurrent depressive disorder. She had a personal history of suicide attempts, problematic tobacco and cannabis use, and a family history of alcoholism. She was initially treated with escitalopram and lorazepam. Due to persistent insomnia, low-dose quetiapine was introduced and rapidly increased without supervision, reaching 800 mg/day. Alarmingly, the patient changed the route of administration by smoking the crushed tablets, a practice revealing misuse aimed at achieving a rapid psychotropic effect.

She described an almost immediate relief of anxiety, but also severe withdrawal symptoms during dose-reduction attempts, characterized by dysphoria, rebound insomnia, and major irritability. She also developed poly-substance use (tobacco, cannabis) with significant psychosocial consequences: family conflicts, social isolation, and occupational instability.

DISCUSSION

These two clinical observations clearly and worryingly illustrate the potential for quetiapine abuse and misuse, a molecule originally designed as an atypical antipsychotic but now widely used outside its indications, especially for the symptomatic treatment of insomnia or anxiety.

A Drug with Frequent Off-Label Use

Many studies show that quetiapine is widely prescribed off-label, particularly at low doses for its sedative effects in treating insomnia or mild anxiety. Lee *et al.,* (2018) and Evoy *et al.,* (2019) report that this use is motivated by the perception of a relatively favorable safety profile compared to benzodiazepines. However, this apparent safety hides a real risk of misuse, particularly in self-medication and in the context of chronic psychiatric disorders.

Tolerance, Craving, and Psychological Dependence

Both of our patients developed addictive behavior characterized by increasing tolerance, unsupervised dose modification, marked craving, and withdrawal syndrome. These criteria meet the DSM-5 definition of a substance use disorder. Chiappini and Schifano (2018) identified this pattern of problematic use, especially in patients with anxiety or mood disorders, who self-medicate to manage psychological distress.

Modification of Administration Routes

The smoked route reported in the second case is particularly concerning. It reflects the search for rapid effects, non-medical use, and advanced misuse. This practice, though rare, has been described in case studies (Pierre *et al.,*2004; George *et al.,* 2013) and shows a transgression of medical norms within an addictive dynamic.

Metabolic and Social Consequences

Quetiapine's unfavorable metabolic profile (weight gain, sedation, metabolic syndrome) is well documented in the literature (Langman *et al.,*2004; Balit *et al.,*2003). These side effects, often underestimated at low doses, can quickly become harmful in cases of dose escalation, as seen in the first case.

The Need for Clinical Vigilance

Despite the increasing frequency of misuse, quetiapine is rarely perceived as a high-addiction-potential drug. This gap between perception and clinical reality calls for increased vigilance. Evoy *et al.,* (2019) noted that quetiapine is among the antipsychotics most frequently reported for misuse in U.S. pharmacovigilance databases.

Healthcare professionals should:

- Limit off-label prescriptions of quetiapine, especially for sleep disorders,
- Systematically screen for signs of misuse or dependence,
- Offer suitable therapeutic alternatives (CBT, sleep hygiene, non-addictive treatments),
- Ensure close monitoring of vulnerable patients.

CONCLUSION

Misuse of quetiapine is a real and often underestimated phenomenon, particularly among patients with psychiatric vulnerability or a history of problematic substance use. Its sedative potential makes it a high-risk drug for misuse, especially when prescribed off-label for sleep disorders.

It is crucial that every quetiapine prescription undergo rigorous benefit-risk assessment, with close clinical follow-up. Clinicians must be aware of the risk of dependence, even in the absence of classic signs of substance use disorder, and prioritize safer therapeutic alternatives whenever possible.

REFERENCES

- Anderson, K. N., *et al.,* (2017). *Off-label use of quetiapine in medical practice. European Journal of Clinical Pharmacology, 73(4), 393–398.*
- Sansone, R. A., & Sansone, L. A. (2010). *Is Seroquel developing an illicit reputation for misuse/abuse? Psychiatry (Edgmont), 7(1), 13–16.*
- Lee J, Pilgrim J, Gerostamoulos D, Robinson J, Wong A. Increasing rates of quetiapine overdose, misuse, and mortality in Victoria, Australia. Drug Alcohol Depend. 2018; 187:95–99. doi:10.1016/j. drugalcdep.2018.03.002

- Evoy KE, Teng C, Encarnacion VG, *et al.,* Comparison of quetiapine abuse and misuse reports to the FDA adverse event reporting system with other second-generation antipsychotics. Subst Abuse. 2019; 13:1178221819844205. doi:10.1177/1178221819844205
- Chiappini S, Schifano F. Is there a potential of misuse for quetiapine? Literature review and analysis of the European Medicines Agency/ European Medicines Agency adverse drug reactions' database. J Clin Psychopharmacol. 2018;38(1):72–79. doi:10.1097/ JCP.0000000000000814
- Pierre JM, Shnayder I, Wirshing DA, *et al.,* Intranasal quetiapine abuse. Am J Psychiatry. 2004;161(9):1718.
- George M, Haasz M, Coronado A, *et al.,* Acute dyskinesia, myoclonus, and akathisa in an adolescent male abusing quetiapine via nasal insufflation: a case study. BMC Pediatr. 2013;16(13):187.
- Langman LJ, Kaliciak HA, Carlyle S. Fatal overdoses associated with quetiapine. J Anal Toxicol. 2004;28(6):520-5.
- Balit CR, Isbister GK, Hackett LP, *et al.,* Quetiapine poisoning: a case series. Ann Emerg Med. 2003;42(6):751-8.