

EXHIBIT 33

Diabetes Information

Prevalence in the US population

	General population	People with schizophrenia	People with bipolar disorder
diabetes	6%-7% ^{1,2}	13% ³ -18% ⁴	10% ⁵ -26% ³
smoking	34%-39% ^{5,7}	74%-90% ⁸	35%*-55% ^{9,10}
obesity (BMI ≥ 30)	20% ² -31% ¹¹	40%-60% ¹²	30% ³

*For mania

Testing and Monitoring Patients on Atypical Antipsychotics

- Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness¹³
- ADA recommends that patients' weight be reassessed at 4, 8, and 12 weeks after starting on an atypical antipsychotic, and then quarterly during routine visits¹⁴

Patients Starting on an Atypical Antipsychotic¹³

With an established diagnosis of diabetes	With risk factors for diabetes	Any patient
<ul style="list-style-type: none"> ■ Monitor regularly for worsening of glucose control 	<ul style="list-style-type: none"> ■ Test fasting glucose at the start of treatment ■ Test fasting glucose periodically during treatment 	<ul style="list-style-type: none"> ■ Monitor for symptoms of hyperglycemia

Diabetes Risk Factors for Asymptomatic Adults¹⁵

<ul style="list-style-type: none"> ■ Age >45 years ■ BMI ≥25 kg/m² ■ Habitual physical inactivity ■ First-degree relative with diabetes ■ High-risk ethnic group (eg, African American, Latino, Native American, Asian American) ■ Having delivered a baby weighing >9 lb or having been diagnosed with gestational diabetes 	<ul style="list-style-type: none"> ■ Hypertension (BP ≥140/90 mmHg) ■ HDL-C <35 mg/dL and/or triglycerides >250 mg/dL ■ Polycystic ovary disease ■ IGT or IFG on previous testing ■ Other clinical conditions associated with insulin resistance (eg, acanthosis nigricans) ■ History of vascular disease ■ History of smoking
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See Important Safety Information on reverse side and accompanying full Prescribing Information.


Seroquel[®]
 quetiapine fumarate
 25 mg, 50 mg, 100 mg, 200 mg, 300 mg & 400 mg tablets

Diabetes Information

- Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL
- The relationship of atypical use and glucose abnormalities is complicated by the possibility of increased risk of diabetes in the schizophrenic population and the increasing incidence of diabetes in the general population¹³
- The results of retrospective studies of SEROQUEL and diabetes have been discrepant¹⁴
- Postmarketing reports of diabetes or diabetes-related events are very rare (<0.01%) with SEROQUEL. These reports were confounded by preexisting or coexisting risk factors and/or had limited information¹⁶
- SEROQUEL is an atypical that has had over 16 million patient exposures worldwide since its approval in 1997. AstraZeneca believes that the available scientific and medical data do not establish that SEROQUEL causes diabetes

Important Safety Information

SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy with lithium or divalproex, and the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for continued treatment.

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis.

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

Precautions include the risk of seizures, orthostatic hypotension, and cataract development.

The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

See accompanying full Prescribing Information.

References: 1. CDC. National diabetes fact sheet. Available at: <http://www.cdc.gov/diabetes/pubs/estimates.htm>. Accessed April 7, 2005. 2. Mokdad AH, Bowman BA, Ford ES, et al. *JAMA*. 2001;286: 1195-1200. 3. Regenold WT, Thapar RK, Marano C, et al. *J Affect Disord*. 2002;70:19-26. 4. Bushe C, Holt R. *Br J Psychiatry*. 2004;184(suppl 47):s67-s71. 5. Cassidy F, et al. Elevated frequency of diabetes mellitus in hospitalized manic-depressive patients. *Am J Psychiatry*. 1999;156:1417-1420. 6. Gopalaswamy AD. Smoking in chronic schizophrenia. *Br J Psychiatry*. 1986;149:523. 7. Masterson E, O'Shea B. Smoking and malignancy in schizophrenia. *Br J Psychiatry*. 1984;145:429-432. 8. Forchuk C. Schizophrenia and the motivation for smoking. Available on-line at: http://www.findarticles.com/p/articles/mi_qa3804/is_200204/a1_n9032259/print. Accessed on April 22, 2005. 9. Grant BF, et al. Nicotine dependence and psychiatric disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Arch Gen Psychiatry*. 2004;61:1107-1115. 10. Uook A, et al. Cigarette smoking among patients with schizophrenia and bipolar disorders. *Psychiatry Clin Neurosci*. 2004;58:434-437. 11. AOA. AOA Fact Sheets: obesity in the U.S. Available on-line at: http://www.obesity.org/subs/fastfacts/obesity_US.shtml. Accessed May 2, 2005. 12. Catapano L, Castle D. Obesity in schizophrenia: what can be done about it? *Australasian Psychiatry*. 2004;12:23-25. 13. SEROQUEL® (quetiapine fumarate) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP, 2004. 14. American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*. 2004;27:596-601. 15. American Diabetes Association. Standards of medical care in diabetes. *Diabetes Care*. 2005;28(suppl 1):S4-S36. 16. Data on file, DA-SER-30.

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