Amy,

I agree, neither Cyclothymia nor Bipolar II sound like you. And Seroquel is not a sleeping pill. It is for schizophrenia. Here's what it says about it at the Seroquel website:

"Seroquel is an oral medication for the treatment of schizophrenia in adults. It is a member of a category of medicines called "atypical antipsychotics."

SEROQUEL has been found to be effective in treating symptoms, while causing few of the unpleasant side effects of older medications. The most common adverse events associated with the use of SEROQUEL are dizziness (10%), postural hypotension (7%), dry mouth (7%), and dyspepsia (6%). The majority of adverse events are mild or moderate. The incidence of somnolence in clinical trials was 18% versus 11% for placebo.

"Consideration should be given to a lower starting dose, a slower rate of dose titration, careful monitoring during the initial dosing period, and a lower target dose in the elderly and patients with hepatic impairment.

"As with all antipsychotic medications, prescribing should be consistent with the need to minimize the risk of tardive dyskinesia, seizures, and orthostatic hypotension."

So you should certainly be skeptical of what this psychiatrist is telling you.

Grandpa Harry is in bad shape. He went into a nursing home last Friday. Last week, after mowing the lawn (with a lawn tractor), he began having severe hip and knee pain, so they took him to the hospital, where they found that his hip was badly deteriorated. His mind isn't working so good, either, but we don't know how much that has to do with pain medication. Carol and I were there Friday. His mind was OK most of the time, but at other times he didn't seem aware of what was going on. And Grandma said Sunday he was much worse. Being in the nursing home will probably make him give it up. He is 88.

Love, Dad