MOOD STABILIZERS FOR BIPOLAR DISORDER (MANIC DEPRESSION)

Group Main Use	Medication Brand/Generic	Form	Dose Schedule	Dose Range	Most Common Side Effects for Group	Pros for Group	Cautions for Group
Mood stabilizers (Bipolar, booster)	Eskalith CR 450 Lithobid Lithonate Lithotab Lithium Carbonate Li2 Co3	Capsules Tablets 300mg 450mg	2 to 4 times a day	Blood level 0.6-1.2	Lithium: nausea, GI irritation, diarrhea, vomiting, lower thyroid function, may increase white blood cells, tremor, skin rashes. If dose too high side effects increase, may increase appetite.	Mood stabilizers are first choice for Bipolar Disorder (manic-depression). They are also used to boost the effects of antidepressants or help impulse control, violence. Lithium is the best studied and may also treat unipolar depression. Slow release versions more convenient.	Lithium has more nuisance side effects but usually not serious except overdosage. Depakote may rarely seriously harm the liver or pancreas or decrease platelets (clotting). Thus depending on which med is used we usually check blood level of medicine, thyroid, liver, blood count, etc one or two times a year.
	Depakote valproic acid Depakote ER valproate divalproex	Tablets 125mg 250mg 500mg ER=Extended Release 250mg 500mg Sprinkles (capsules) 125mg	2 to 3 times a day	Blood level 50-125	Depakote: sedation (usually mild), may increase appetite, occassionally associated with mild to moderate hair loss. GI irritation. May increase energy.	Tegretol, Topamax, Neurontin, Lamictal, Depakote and Zonegran are also used for seizures. Depakote may best help rapid cycling and mixed mania/depression. It also helps prevent migraines.	Depakote and Lithium may increase weight somewhat. All mood stabilizers should be avoided if pregnancy, if possible
	Lamictal (lamotrigine)	Tablets 25, 100, 150, 200mg XR Tablets 25, 50, 100, 200mg	1 to 2 times a day	100-600mg often 200-400 mg Blood level can be checked.	Nausea, dizzy, unsteady gait, double or blurry vision, headache, sedation. Rash, sometimes severe.	Lamotrigine and Lithium best treat Bipolar depressed phase. Lamotrigine may help non-Bipolar depression too. Other than the potential severe rash, lamotrigine has few side effects. No lab tests (EKG, etc.) are needed. All these may help migraines and some nerve pain (gabapentin).	Lamotrigine may cause a severe, dangerous rash, especially in youth. Avoid with Depakote and increase dose slowly.

All these medications should be taken 7 days a week to be effective. Simultaneous use of alcohol or cigarettes and especially street drugs should be avoided. All antidepressants may increase mania risk in persons with Bipolar (manic-depressive) disorder. All medications should be avoided if possible in pregnancy. This chart is intended to be a summary guide, not a full and complete list.

(dep4_1.html) (7/16)

MOOD STABILIZERS FOR BIPOLAR DISORDER (MANIC DEPRESSION) (Page 2)

Group Main Use	Medication Brand/Generic	Form	Dose Schedule	Dose Range	Most Common Side Effects for Group	Pros for Group (Continued)	Cautions for Group (Continued)
Mood stabilizers (Continued) (Bipolar, booster)	Neurontin (gabapentin)	Capsules 100mg 300mg 400mg Tablets 600mg 800mg	2 to 3 times a day	800 to 2400mg No blood level Target 900 to 1800mg	Sedation (usually mild to moderate) dizzy, unsteady gait, fatigue.	Generics available. Gabapentin is quite low in side effects, which may also help sleep, anxiety, pain, and decrease alcohol abuse. It also may help perimenopausal symptoms. No lab tests needed. Gabapentin has very few, if any, significant interactions.	
	Tegretol carbamazepine	Tablets 100mg (chewable) 200mg XR (extended release) 100mg, 200mg, 400mg suspension 100mg/5ml	2 to 3 times a day XR one or 2 times a day	Blood level 4-12	Tegretol: sedation, dizziness, nausea, double vision, unsteady gait if level high, usually mild insignificant drop in blood counts.	Tegretol XR, Carbatrol, and Equetro are all extended release forms of carbamazepine.	Interactions may be significant and varied with Tegretol. All mood stabilizers should be avoided if pregnancy, if possible.
	Carbatrol Equetro	Capsules 200mg, 300mg Capsules 100, 200, 300mg Scored tablets	twice a day twice a day	600-2400mg/day no blood level	Similar to Tegretol without blood count risks and less interactions.	Trileptal can be seen as a refined Tegretol without the many interactions or blood count risks. Thus, no regular blood tests.	Mood stabilizers offer little help for most anxiety unless as booster or part of Bipolar. Hyponatremia (low sodium) risk is increased with Trileptal.
	Trileptal oxcarbazepine	150mg, 300mg, 600mg suspension 300mg/5ml	twice a day				Tegretol (carbamazepine) may rarely seriously lower blood counts. Thus periodic blood testing may be done.
	Topamax (Topiramate)	Tablets: 25mg 100mg 200mg capsules (sprinkles): 15mg 25mg	2 times a day	Up to 200-400mg No blood level	Sedation, dizzy, unsteady gait, slower or fuzzy thinking, nervousness	Topamax also may help decrease alcohol abuse. Topamax and Zonegran may cause weight loss.	Topiramate rarely causes eye pain, glaucoma, osteoporosis, heat intolerance, or kidney stones, and may increase cleft lip or palate if taken while pregnant.

All these medications should be taken 7 days a week to be effective. Simultaneous use of alcohol or cigarettes and especially street drugs should be avoided. All antidepressants may increase mania risk in persons with Bipolar (manic-depressive) disorder. All medications should be avoided if possible in pregnancy. This chart is intended to be a summary guide, not a full and complete list.