



Medications for Bipolar – a short description and resource guide

Always seek medical advice from your doctor when making decisions about your medication. This leaflet is for information only.

Introduction

There is a range of different drugs used to treat bipolar. The medications used will depend on the nature and degree of your symptoms and the phase of the illness you are in. Bipolar is also associated with other problems such as sleep disturbance that may require additional medication. Drug treatment is the cornerstone of treating bipolar, but there are many other aspects to keeping well. Medications commonly used are:

- Drugs for mood stabilisation or mood maintenance
- Drugs when high (hypomania or mania)
- Drugs for bipolar depression
- Drugs used for associated problems
- Complementary treatments and food supplements

Scientific evidence on how effective individual or a combination of medications illustrate the impact for individuals varies significantly. People can respond differently to the same drug and an individual's response to a drug can change over time. There are a variety of side effects and different people will experience these in different ways. There are also new drugs being developed for bipolar all the time.

Be Safe. Never change your medication without speaking with your doctor first.

1. Medications for mood stabilisation or mood maintenance

The following are used as mood stabilisers or for mood maintenance. Each acts in a different way in the brain to prevent your mood becoming unstable. They may also act to improve your mood if depressed or calm you down if high.

Lithium	Carbamazepine
Divalproex	Valproic acid
Olanzapine	Quetiapine

How do they work? Their exact mechanism is not known and they probably work in different ways. They may have a common action to change the level of mood changing chemicals and boost levels of a “brain fertiliser hormone” called Brain Derived Neurotrophic Factor (BDNF). This is boosted particularly in critical areas of the brain responsible for mood regulation, or an area known as the limbic system and prefrontal cortex.

Blood Monitoring. Many of the mood stabilisers require some kind of regular blood monitoring to check the drug’s plasma level. Lithium can affect organs such as the kidney, thyroid and liver. Regular blood tests can monitor this.

Physical health. When you start on a mood stabiliser or antipsychotic you may have tests before and then at regular intervals afterwards. Olanzapine and quetiapine can cause changes in your metabolism leading to weight gain, diabetes or raised cholesterol. Initially your weight gain, blood pressure and blood will be tested every three months for the first year and then each year thereafter. It is important that these tests are done to detect changes early and treat them.

2. Medications used when high (hypomania/mania)

Antipsychotics. Antipsychotics are the most commonly used drug to treat a high. These drugs are divided into groups based on their side effects. No drug has a more tolerable side effect, but rather they have different side effects. Newer drugs are equally effective in treating bipolar but all have different side effects that are not necessarily less troublesome than older ones. Psychiatrists use the wider range of antipsychotics available to suit individual patients. Antipsychotics have been shown to act as mood stabilisers in some cases. Some of the mood stabilisers are effective in treating a high if given at higher doses.

The following is a list of common antipsychotics that your psychiatrist may use:

Aripiprazole	Haloperidol
Olanzapine	Quetiapine
Risperidone	Clozapine

Other anti-manic drugs that are not antipsychotics include clonazepam, lorazepam, lithium and valproate.

Other drugs. Other drugs may also be used as anti-manic drugs, but there is less evidence for their effectiveness. These include topiramate, lamotrigine, levetiracetam, oxcarbazepine, ritanserin, ziprasidone and gabapentin.

How do drugs work? The exact mechanism is not known. They have a sedative effect on the brain and alter the balance of a brain chemical called dopamine which is known to be abnormal in mania and psychosis.

3. Medications used for bipolar depression

The following drugs are established treatments for bipolar depression:

Lithium	Lithium plus antidepressants
Lamotrigine	Olanzapine and fluoxetine
Quetiapine	

There are many groups and types of antidepressants, too many to list in completeness here. Those commonly prescribed today are the SSRIs (selective serotonin reuptake inhibitors) and include fluoxetine, paroxetine and citalopram. They work by altering the balance of the brain chemical serotonin in parts of the brain.

Antidepressants alone without a mood stabiliser are avoided in bipolar depression as there is a risk of inducing a hypomania or rapid cycling. Other treatments, but with less scientific evidence for effectiveness in bipolar depression, include valproate, carbamazepine, aripiprazole and gabapentin.

Treatment resistant bipolar depression

This can be disabling and your doctor will have to weigh the risk of inducing a high or rapid cycling in you if using multiple treatments. Your doctor may, by combining drugs, boost their effectiveness. Combinations your doctor may investigate include multiple mood stabilisers, two antidepressants or lithium plus lamotrigine.

In severe cases electroconvulsive therapy (ECT) may be necessary. The law governing the use of ECT is very strict in the UK and it is used infrequently.

4. Medications used for associated conditions

Sleeping tablets. From time to time people with bipolar suffer from sleep difficulties. Managing your sleep by keeping regular patterns and habits will aid good sleep. This is essential in keeping your moods stable. Avoiding stimulants like coffee in the afternoon and evening is a good example. If you are struggling to sleep it may be wise to take a sleeping tablet with your doctor's agreement as when you have bipolar you can become more sensitive to sleep loss. Your doctor may be cautious about giving you too many sleeping tablets too often as they can become addictive. When stopping them you may have difficulty sleeping for a night or two and have vivid dreams. The most commonly used sleeping tablets are zolpidem and zopiclone.

Anxiety medications. Anxiety problems with bipolar are common. Generalised anxiety, panic attacks and social anxiety are all more common in bipolar than in those without the illness. Anxiety problems are more likely just before, during or after a period of instability of mood. Most of the drugs used to treat bipolar may help anxiety. However some of the side effects may make it worse or may seem like anxiety. For example some antipsychotics can induce a restlessness called akathisia (Greek for "can't sit still"). It is important to report your symptoms in detail to your doctor so he/she may provide the right treatment. There are many psychological and other non-drug treatments for anxiety. Common used drugs include antidepressants, beta-blockers, valproate and gabapentin.

How do they work? They have a varied mechanism but benzodiazepines act like a key on large receptors on the surface of brain cells causing the cells to be less likely to activate, therefore mildly sedating them.

5. Women and Valproate

Valproate is a medication used to treat bipolar as well as other mental health conditions and epilepsy. It's associated with a risk of birth defects and development disorders in children born to women who have taken Valproate during pregnancy.

It is vital that women and girls are aware of the risks of this medication and women should receive a patient booklet and alert card from their doctor or pharmacist. Nobody should stop taking Valproate without discussing it with their doctor or psychiatrist. Search for Valproate on our website for more information.

6. Complementary treatments and food supplements

Medication is the cornerstone of treating bipolar, but there are many other aspects to keeping well including diet, physical exercise and complementary therapies. If you look after yourself, you are better equipped to understand bipolar and monitor variations in your mood swings.

Further Information

Bipolar UK - As the national bipolar charity, we produce and publish a range of leaflets and information sheets. For more specific information on medications please NHS direct: <http://www.nhsdirect.nhs.uk> or the sites below. We also provide a pathway of services across the country for individuals with bipolar their carers and loved ones. In the first instance look at our website www.bipolaruk.org or call 0333 323 3880.

UK Psychiatric Pharmacy Group – This site offers a group of frequently asked questions about medications, please see www.choiceandmedication.org.uk.

The Royal College of Psychiatrists – This site offers a range of detailed information leaflets for a variety of mental health issues. Please see <http://www.rcpsych.ac.uk>.

The Institute of Psychiatry, King's College – This site carries a comprehensive list of medications and their side effects plus helpful videos. Please see: www.mentalhealthcare.org.uk/medication.

We hope you find this information sheet useful. Please do not hesitate to contact your doctor or mental health professional for specialist advice.

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Bipolar UK is the national bipolar charity. For further information about our work and our services, please look at our website www.bipolaruk.org or contact us on 0333 323 3880.