

medications for bipolar disorder



The recognised standard treatment for bipolar disorder is medication, which focuses on controlling or eliminating the symptoms and then maintaining the symptom-free state by preventing relapse. The effective use of medication requires that you work closely with your medical practitioner. Some patients may respond well and experience few side effects with one type of medication, while others may do better with another. Thus, when taking medication, it is important that you monitor its effects and consult with your doctor.

Principles of Medication Management

1. For medication to be of benefit, you should carefully follow the prescribed treatment and take note of your symptoms and side effects.
2. If side effects develop, these should be reported to your doctor as soon as possible to avoid prolonged discomfort. It is strongly advised that you do not stop medication abruptly before first consulting with your doctor. This could bring on a return of a manic or depressive episode.
3. Alcohol, illicit medications, and other prescribed medicines may cause your medication for bipolar disorder to be ineffective and may increase side effects. You should report all other medications and substances you are taking to your doctor to ensure that none adversely interact with the medication prescribed for bipolar disorder.
4. Effective medical management of bipolar disorder requires you to monitor your symptoms and side effects, and work with your doctor to adjust dosages or types of medications.



Phases of Treatment

There are usually three phases to medical treatment for bipolar disorder. The most important aim, if you are experiencing an episode of mania, hypomania, or major depression, is to control or eliminate the symptoms so that they can return to a normal level of day-to-day functioning. The duration of this acute phase of treatment may last from 6 weeks to 6 months. Sometimes, longer periods are necessary in order to find the most effective medications with minimal side effects.

In continuation treatment, the main aim is to maintain the symptom-free state by preventing relapse, which is the return of the most recent mood episode.

The third phase, the maintenance phase, is critical and essential for all patients with bipolar disorder. The goal for maintenance treatment is to prevent recurrence, that is, to prevent new episodes of mania, hypomania, or depression from occurring. For bipolar patients, as with other medical conditions such as diabetes or hypertension, maintenance treatment may last 5 years, 10 years, or a lifetime. But remember, prolonged symptom control will help you to function better in your daily lives.

For all phases of treatment and all medications, patients must take the prescribed medication/s on a daily basis. Unlike medications like paracetamol or antibiotics that are taken only when a person actually experiences a headache or has the 'flu, medications for bipolar disorder must be taken regularly – on both good days and bad days – at the same dosage.

Types of Medications for Bipolar Disorder

Mood Stabilisers

A mood stabiliser is a medication that is used to decrease the chance of having further episodes of mania or depression. They are the first line agents for bipolar disorder. Depending on the associated symptoms with this disorder, antidepressants or antipsychotics may also be used.

A mood stabiliser is given to a person as a maintenance medication because it regulates mood swings but doesn't take away the cause. Feeling well does not mean you can stop taking mood stabilisers, it means the medication is keeping you stable.

The most common mood stabilisers are Lithium Carbonate, Carbamazepine, and Sodium Valproate. Sometimes these medications are used on their own or in combination with other medications.

Antidepressants

Antidepressants can also be used with mood stabilisers in the acute, continuation, and/or maintenance phases of medical treatment. There is no one particular antidepressant that is more effective than the others in bipolar disorder. In fact, there is a significant risk for antidepressants to induce or cause a "switch" to manic or hypomanic episodes, especially if a patient on antidepressants is not taking a mood stabiliser.

Common antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs) - fluoxetine, paroxetine, sertraline
- Tricyclics - imipramine, amitriptyline, desipramine, dothiepin
- Monoamine oxidase inhibitors (MAOIs) - phenelzine and tranylcypromine

Antipsychotic Medication

Antipsychotics may also be used both in the acute phase of the disorder and sometimes as a longer term treatment.

Common antipsychotic agents include haloperidol, chlorpromazine, thioridazine, risperidone, and olanzapine. These medications are often combined with mood stabilisers to assist in controlling hallucinations, or delusions, to induce sleep, to reduce inappropriate grandiosity, or decrease irritability or impulsive behaviours. These medications are usually not used for treating hypomania. Although antipsychotics are most often used in treatment of the acute phase of mania, some patients may continue on smaller dosages to ensure that they do not experience a relapse of psychotic or manic symptoms.

Another often used medication is clonazepam, which is classed under the benzodiazepines. This is used as an adjunct with other medications (mood stabilisers and antipsychotics) to aid in inducing sleep, reducing psychomotor agitation, and slowing racing thoughts and pressured speech.

Remember that it is **very important** that you **talk openly** with your prescribing doctor or psychiatrist and not to stop your medication without first discussing it with them.

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