

# Mood Stabilisers



	Dose	Side Effects	Cautions	Monitoring	Pregnancy & lactation
<b>Lithium</b>					
	<ul style="list-style-type: none"> <li>Use Quilonum SR 450 mg tabs once daily at night</li> <li>Start with one tablet</li> <li>Check trough levels after 5 days (12 hours after last dose)</li> <li>Increase to achieve lithium level 0.6-0.8 mmol/litre</li> </ul>	<ul style="list-style-type: none"> <li>Weight gain</li> <li>Tremor</li> <li>Thirst</li> <li>Polyuria</li> <li>GI imitation.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of toxicity (via sodium/fluid balance changes e.g.in hot weather, vomiting and diarrhoea).</li> <li>Thyroid function changes. Renal toxicity</li> </ul>	<ul style="list-style-type: none"> <li>TFT's and renal function - initially and 3-6/12ly</li> <li>Drug level 3-6/12ly (aim for 0.6-0.8)</li> </ul>	<ul style="list-style-type: none"> <li>Teratogenic – may be contraindicated in pregnancy, especially 1st trimester.</li> <li>Caution in lactation</li> </ul>
<b>Sodium Valproate (Epilim)</b>					
	<ul style="list-style-type: none"> <li>Start with 500 mg/day – can be single dose at night</li> <li>Increase to achieve 12-hour serum level of 350-700 (max dose 2000 mg)</li> </ul>	<ul style="list-style-type: none"> <li>Sedation</li> <li>Weight gain</li> <li>Tremor</li> <li>Menstrual irregularities</li> <li>GI imitation.</li> </ul>	<ul style="list-style-type: none"> <li>PCOS (don't use for women under 25)</li> <li>Drug interactions – eg OCP</li> <li>Liver toxicity. Marrow suppression.</li> </ul>	<ul style="list-style-type: none"> <li>Drug level 3/12ly – aim for 350-700 mmol/litre.</li> <li>LFT's &amp; FBC – initially and 3/12ly.</li> </ul>	<ul style="list-style-type: none"> <li>Teratogenic – contraindicated in pregnancy – especially 1st trimester.</li> <li>Probably OK in lactation.</li> </ul>
<b>Lamotrigine (Lamictal)</b>					
Note: Best effect for depression in BP-II	<ul style="list-style-type: none"> <li>Start at 25 mg – increase by 25 mg weekly to effect.</li> <li>Usual dose 50-200 mg.</li> </ul>	<ul style="list-style-type: none"> <li>Nausea</li> <li>Dizziness</li> <li>Sleep changes (usually transient)</li> </ul>	<ul style="list-style-type: none"> <li>Steven-Johnson syndrome - i.e. watch for RASH</li> </ul>	<ul style="list-style-type: none"> <li>None required</li> </ul>	<ul style="list-style-type: none"> <li>No known problems</li> </ul>
<b>Atypical Antipsychotics (olanzapine and quetiapine have PBS listing for this)</b>					
	<ul style="list-style-type: none"> <li>For mood stabilisation/maintenance 10-20 (25) mg.</li> <li>For augmentation of anti-depressant 2.5 (50) mg.</li> <li>For acute mania 10-30 (100) mg in bd doses</li> </ul> <p><i>Olanzapine doses- quetiapine doses in brackets</i></p>	<ul style="list-style-type: none"> <li>Extra pyramidal – tardive dyskinesia (5%)</li> <li>Weight gain</li> <li>Sedation.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of diabetes and metabolic syndrome.</li> </ul>	<ul style="list-style-type: none"> <li>Blood glucose and lipids initially and 3-6/12ly</li> </ul>	<ul style="list-style-type: none"> <li>No evidence of problems.</li> <li>Very low concentrations in breast milk</li> </ul>

**Tegretol (Carbamazepine)** no longer commonly used as a mood stabiliser. For reference features are: **Dosage:** 100 mg bd, increase by 100 mg increments to 17-50 mmol/l or clinical effect. **Side-effects:**

Sedation, light-headedness, GI symptoms, weight gain. **Cautions:** Marrow suppression, liver toxicity, drug interactions. **Monitoring:** drug levels 3 monthly, FBC and LFTs 3 monthly, EUC 6 monthly. **Pregnancy** - teratogenic  
 Assessment & Management Tools for GPs: Mood Stabilisers (April 2010) <http://www.blackdoginstitute.org.au>