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## Introduction

Lamotrigine (Lamictal) is increasingly being recognised as an effective mood stabiliser for many people with a bipolar disorder and, in particular for bipolar II disorder. It has relatively few side-effects. However, it has the potential to cause rashes, some of which can be very dangerous and even, very rarely, life-threatening. This fact sheet seeks to inform patients about this side-effect.

## The key message

Patients who are taking lamotrigine should stop taking the drug at the first sign of a rash, regardless of its type or severity, and contact their doctor or psychiatrist immediately. The appearance of a rash occurring between 5 days and 8 weeks of taking lamotrigine may have serious consequences. Some fever or flu-like symptoms may be present before or at the same time as the rash.

A rash that occurs in the first five days of taking lamotrigine is probably non-drug related but, nevertheless, the patient should stop taking the drug and contact their doctor or psychiatrist as it may still represent a lamotrigine (hypersensitivity-type) reaction with potential internal organ involvement.

## Rashes associated with lamotrigine and their characteristics

A rash that occurs between 5 days and 8 weeks of taking lamotrigine is probably lamotrigine related. The patient should stop taking it and contact their doctor or psychiatrist **immediately**. The treating physician will require certain pathology tests (blood tests) on their patients to fully review the situation.

### The commoner, less serious rashes:

A rash is most likely to be less serious if it has the following characteristics:

- fine red spots that don't merge together, is not tender to the touch, but may be itchy
- has no fever or flu-like symptoms either before or at the same time as the rash
- peaks within days and settles in 10-14 days.

### The rare but more serious rash associated with a severe potentially life-threatening reaction:

- any rash that is accompanied by fever, flu-like symptoms or lack of appetite
- any rash that involves the lining membranes of the eyes, lips, mouth, nostrils, genital or anal areas
- any rash that is prominent on the neck and upper trunk



- merging, widespread red swollen rashes (wheals or hives) sometimes with round red target-like spots
- a purpuric rash – purplish, small spots or larger areas of skin discoloration, that, when pressed with the finger, do not go white as other rashes do, and are tender to the touch
- skin swelling and redness all over the body, with or without the widespread shedding of the skin (sometimes in large sheets).

These more serious rashes may indicate one of the following conditions and your doctor will want to exclude them: anticonvulsant hypersensitivity syndrome; erythema multiforme; Stevens-Johnson syndrome; Toxic Epidermal Necrolysis (TEN); erythroderma or exfoliative dermatitis (ED).

## Should lamotrigine be recommenced at a different dose?

It is recommended that people should stop taking lamotrigine at the first sign of a rash. This ensures that the drug is discontinued in instances of serious rash, but it may lead to unnecessary discontinuation of a valuable treatment for bipolar sufferers in cases of non-serious rash. Given the usefulness of the drug as a mood stabiliser, recommencing lamotrigine may be cautiously considered. A doctor or psychiatrist needs to assess the risks and benefits for the individual patient, as well as carefully evaluate the characteristics of the rash to establish whether it is benign (safe) or not. If benign, careful reintroduction of lamotrigine can be considered after a six months interval and with a lower starting dose (5-12.5 mg/day) that is increased more slowly than currently recommended in the prescribing guidelines. Close monitoring of the patient must continue and the lamotrigine stopped if the rash worsens or other symptoms appear.

## Key points to remember:

Patients should stop taking lamotrigine and see their treating doctor or psychiatrist if a rash appears. Some fever or flu-like symptoms may be present before or at the same time as the rash. Follow up requires a review by the treating doctor to evaluate the rash and its characteristics and assessment of appropriate management. Pathology tests (blood tests) may be required. Where the rash has been assessed as being benign and the risks and benefits of lamotrigine treatment fully evaluated, the treating doctor may consider the possibility of trialling a recommencement of the drug after a period of time, starting at a lower dosage and with continuing close monitoring by the treating doctor or psychiatrist.

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