WHAT IS

BIPOLAR DISORDER?

BASIC FACTS • SYMPTOMS • FAMILIES • TREATMENTS

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basic facts

Bipolar disorder, also known as manic-depression, is a treatable psychiatric disorder marked by extreme changes in mood, thoughts, behaviors, activity, and sleep. A person with bipolar disorder will experience intense emotional states or "mood episodes," shifting from mania to depression. The ups and downs experienced by someone with bipolar disorder are very different from the normal ups and downs that most people experience from time to time. These changes in mood can last for hours, days, weeks, or months. In between these extremes, the person's mood may be normal.

Families and society are affected by bipolar disorder as well. Symptoms of bipolar disorder may result in poor social functioning and poor job or school performance. Many people with bipolar disorder have difficulty holding a job or caring for themselves, so they rely on others for help. Sometimes symptoms may be so severe that an individual with bipolar disorder may need to be hospitalized for a period of time. There are treatments that help improve functioning and relieve many symptoms of bipolar disorder. Recovery is possible! A combination of helpful therapies, education in managing one's illness, and supports to provide assistance and encouragement can lead to experiencing fewer symptoms, improving relationships with other people, and achieving meaningful and fulfilling life goals.

Bipolar disorder, also known as manic-depression, is a treatable psychiatric disorder that can affect a person's mood, thoughts, behaviors, activity, and sleep.

Prevalence

About one in every 160 people (0.6%) develop Bipolar I Disorder at some point in their life. Bipolar disorder affects men and women at equal rates, and it is found among all ages, races, ethnic groups, and social classes. It can affect multiple members within families. Individuals with a parent or sibling who has bipolar disorder are four to six times more likely to develop the illness compared to individuals who do not have a family history of bipolar disorder. The risk is highest for an identical twin of a person with bipolar disorder. The identical twin has a 40 to 70 percent chance of developing the disorder.

About 1 in every 160 people develop Bipolar I Disorder in their lifetime.

Diagnosis

Bipolar disorder is a psychiatric disorder that must be diagnosed by a trained mental health professional. Diagnostic interviews and medical evaluations are used to determine the diagnosis. There are currently no physical or lab tests that can diagnose bipolar disorder, but they can help rule out other conditions that sometimes have similar symptoms to bipolar disorder (e.g., thyroid dysfunction, brain tumor, and drug use). To make the diagnosis, a trained mental health professional will conduct a comprehensive interview and pay careful attention to the symptoms experienced, the severity of the symptoms, and how long they have lasted. Individuals with bipolar disorder can be misdiagnosed with major depression because people are more likely to seek treatment when feeling depressed than when feeling manic. A thorough interview is needed to prevent this misdiagnosis from occurring.

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Course of Illness

Bipolar disorder usually begins in late teens or early adulthood. More than half of all cases start before age 25. However, some people may experience their first symptoms in childhood or later in life. Bipolar disorder is a treatable, chronic illness that requires careful management throughout a person's life. Symptoms vary over time in severity. More than 90% of individuals who have a single manic episode go on to have recurrent mood episodes, and approximately 60% of manic episodes occur immediately before a major depressive episode. Bipolar disorder can also negatively affect relationships, work, school, and the ability to perform day-to-day activities. However, in most cases, individuals with the disorder are able to function between mood episodes.

Bipolar disorder is a treatable, chronic illness that requires careful management throughout a person's life. Symptoms of bipolar disorder usually appear in late teens or early adulthood, and severity of symptoms will vary over time.

Causes

There is no simple answer to what causes bipolar disorder because several factors play a part in the onset of the disorder. These include: a family history of bipolar disorder, environmental stressors and stressful life events, and biological factors.

Research shows that the risk for bipolar disorder results from the influence of genes acting together with environmental factors. A family history of bipolar disorder does not necessarily mean children or other relatives will develop the disorder. However, studies have shown that bipolar disorder does run in families, and a family history of bipolar disorder is one of the strongest and most consistent risk factors for the disorder (see section on Prevalence). Others believe the environment plays a key role in whether someone will develop bipolar disorder. For example, sleep deprivation, substance abuse, and stressful life events, such as family conflict and loss of a job or a loved one, increase the likelihood of the disorder.

An imbalance of the neurotransmitters norepinephrine and serotonin is also linked to bipolar disorder. Neurotransmitters are brain chemicals that communicate information throughout the brain and body. The exact role of these neurotransmitters in bipolar disorder is not yet understood.

Scientists believe bipolar disorder is caused by several factors, including: a family history of the disorder, environmental stressors and stressful life events, and biological factors.

types of bipolar disorder

Bipolar I Disorder

Bipolar I Disorder is characterized by the occurrence of one or more manic episodes. Although most people with the disorder also have a major depressive episode during the course of their lives, it is not a requirement for the diagnosis.

Bipolar II Disorder

Bipolar II Disorder is characterized by the occurrence of at least one hypomanic episode and at least one major depressive episode.

Cyclothymic Disorder

Cyclothymic Disorder is characterized by the occurrence of numerous periods of hypomanic and depressive symptoms over a two year span without ever meeting criteria for a manic, hypomanic, or depressive episode. These periods of mood disturbance must be present for at least half the time during the two year period, and the individual cannot be symptom-free for more than two months at a time.

The main types of bipolar disorder are Bipolar I Disorder, Bipolar II Disorder, and Cyclothymic Disorder.

symptoms of bipolar disorder

What is a Manic Episode?

A manic episode is defined as a distinct period during which a person abnormally and persistently feels extremely happy or extremely irritable and has increased energy. This period of abnormal mood must occur most of the day, nearly every day, for *at least one week (less if hospitalized)*. During this period of time, the person must also experience at least 3 of the symptoms below (4 of the symptoms below if the mood is only irritable). The mood disturbance and accompanying symptoms must be severe enough to impair social or work functioning, require hospitalization, or include psychotic features [i.e., hallucinations (false perceptions, such as hearing voices) and delusions (false beliefs, such as paranoid delusions)].

- Inflated self-esteem or grandiosity (has a high opinion of self and may be unrealistic about his or her abilities)
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- More talkative than usual or pressure to keep talking
- Flight of ideas or racing thoughts (has too many thoughts at the same time or rapid speech that jumps from topic to topic)
- Distractibility (attention is easily drawn to unimportant or irrelevant things)
- Increased goal-directed activities (e.g., social, sexual, or at work or school) or psychomotor agitation (purposeless non-goal-directed activity)
- Excessive involvement in activities with a high potential for painful consequences (e.g., shopping sprees, driving recklessly, and unsafe sex)

What is a Hypomanic Episode?

A hypomanic episode, like a manic episode, is defined as a distinct period during which a person abnormally and persistently feels extremely happy or extremely irritable and has increased energy. This period of abnormal mood must occur most of the day, nearly every day, *for at least 4 consecutive days*. During this period of time, the person must also experience at least 3 of the symptoms listed above (4 of the symptoms if the mood is only irritable). In contrast to a manic episode, symptoms of a hypomanic episode must *not* be severe enough to cause impairment in social or work functioning or to require hospitalization. Additionally, the individual must *not* have any psychotic symptoms.

What is a Depressive Episode?

A depressive episode is defined as a distinct period during which an individual abnormally and persistently feels depressed or loses interest or pleasure in most activities. This period of abnormal mood must occur most of the day, nearly every day, *for at least two weeks*. During this period of time, the person must also experience at least 4 of the symptoms below. The mood disturbance and accompanying symptoms must be severe enough to impair social, work, or other areas of functioning.

- Significant weight loss when not dieting, weight gain, or a decrease or increase in appetite
- Insomnia or hypersomnia (difficulty falling asleep or staying asleep, waking early in the morning and not being able to get back to sleep, or sleeping excessively)
- Psychomotor agitation (e.g., inability to sit still or pacing) or psychomotor retardation (e.g., slowed speech, thinking, and body movements)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate or indecisiveness
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, a specific plan for committing suicide, or a suicide attempt

Other Common Symptoms

There are other psychiatric symptoms that people with bipolar disorder may experience. Symptoms of anxiety are very common among people with the disorder. They might complain of bodily aches and pains rather than feelings of sadness. They may also experience psychotic symptoms, including hallucinations (false perceptions, such as hearing voices) and delusions (false beliefs, such as paranoid delusions). These psychotic symptoms usually disappear when the symptoms of bipolar disorder have been controlled. Individuals with bipolar disorder are also at great risk for suicide, particularly during a depressive episode.

Individuals with bipolar disorder may have symptoms of mania, hypomania, and depression.

similar psychiatric disorders

People with bipolar disorder often seek treatment for their depressive symptoms rather than their manic symptoms. This can result in a misdiagnosis of major depression. Major depression can be distinguished from bipolar disorder by the absence of manic episodes. Bipolar disorder shares symptoms with other psychiatric disorders as well. Attention-deficit/hyperactivity disorder can mimic the manic symptoms in bipolar disorder because it is characterized by excessive energy, impulsive behavior, and poor judgment. Some individuals have psychotic symptoms when manic (e.g., the belief that the person is Jesus Christ). These symptoms are similar to those seen in psychotic disorders, such as schizophrenia and schizoaffective disorder. The symptoms of these disorders, however, differ over time. Individuals with bipolar disorder usually do not experience psychotic symptoms when their mood is stable, while individuals with schizophrenia or schizoaffective disorder experience psychotic symptoms even during periods of stable mood. Bipolar disorder must also be distinguished from a mood disorder that is due to a general medical condition, where mood symptoms are judged to be the direct consequence of a general medical condition. Additionally, bipolar disorder must be distinguished from a substance-induced mood disorder, in which mood symptoms are judged to be the direct consequence of alcohol/drug abuse, medication, or toxin exposure.

The symptoms of bipolar disorder may overlap with symptoms of other psychiatric disorders.

how family members can help

The family environment is important in the recovery of individuals with bipolar disorder. Even though the disorder can be a frustrating illness, family members can help the process of recovery in many ways.

Encourage Treatment and Rehabilitation

Medications and psychotherapy can help a person with bipolar disorder feel better, engage in meaningful activities, and improve their quality of life. The first step is to visit a doctor for a thorough evaluation. If possible, it is often helpful for family members to be present at the evaluation to offer support, help answer the doctor's questions, and learn about the illness. If medication is prescribed, family members can provide support in regularly taking those medications. Taking medication can be difficult - there will be times when an individual with bipolar disorder may not want to take it or may just forget to take it. Encouragement and reminders are helpful. Family members can help the person fit taking medication into their daily routine. An individual with bipolar disorder may also be referred to psychosocial treatment and rehabilitation. Family members can be very helpful in supporting therapy attendance. Some ways to encourage therapy attendance are giving reminders, offering support, and providing transportation to the clinic.

Provide Support

Family stress is a powerful predictor of relapse. Conversely, family support decreases the rate of relapse. Helping an individual with bipolar disorder pursue meaningful goals and activities can be very beneficial in the process of recovery. It is best if family members try to be understanding rather than critical, negative, or blaming. It may be difficult at times, but families often do best when they are patient and appreciate any progress that is being made, however slow it may be. If family members are having difficulty being supportive, it might be because of what they believe is causing the disorder. Studies show that family members try to make sense of bipolar disorder by determining its cause. There is a tendency to think of the causes of the disorder as "moral" or "organic." Family members who believe the cause of bipolar disorder is "moral" believe it is caused by the individual's personality (i.e., the individual is weak, lazy, or lacking self-discipline). Family members who believe the cause of bipolar disorder is "organic" believe in the medical model of disease (i.e., it is a medical illness). The belief that the disorder is caused by moral weakness, laziness, or lack of self-discipline leads family members to believe that individuals with bipolar disorder are able to control their symptoms. The belief that people have control over, and as a result are responsible for their symptoms, can lead to feelings of anger and may prevent family members from being supportive of their ill relative. In contrast, belief in the medical model of bipolar disorder may lead family members to believe that the symptoms are not controllable, and therefore individuals are not responsible for their symptoms. This leads to greater feelings of warmth and sympathy and a greater willingness to help. Research has shown that family members who hold a medical view of bipolar disorder are less critical of their relative than those who hold a moral view of the disorder. Family members' views on what causes bipolar disorder are important because critical and hostile attitudes have been shown to be predictive of relapse.

Take Care of Themselves

Family members often feel guilty about spending time away from their ill relative; however, it is important that they take good care of themselves. There are many ways to do this. Family members should not allow their ill relative to monopolize their time. Spending time alone or with other family members and friends is important for their own well-being. Family members may also consider joining a support or therapy group. Counseling can often help family and friends better cope with a loved one's illness. Finally, family members should not feel responsible for solving the problem themselves. They can't. They should get the help of a mental health professional if needed.

Family members can help the process of recovering from bipolar disorder in many ways. Some ways include encouraging treatment (medication and psychotherapy), providing support, and taking care of themselves.

There are a variety of medications and therapies available to those suffering from bipolar disorder. Medications can help reduce symptoms and are recommended as the first-line treatment for bipolar disorder. Individuals with bipolar disorder can also learn to manage their symptoms and improve their functioning with psychosocial treatment and rehabilitation. Research has shown that the treatments listed here are effective for people with bipolar disorder. They are considered to be evidence-based practices.

Medication

The section titled "Mood Stabilizers: What You Should Know" (page 7) provides information about mood stabilizing medications and their side effects. This is followed by information on antipsychotic and antidepressant medications, which are also frequently utilized in the treatment of bipolar disorder.

Psychoeducation

Psychoeducation provides patients with an understanding of their illness and the most effective ways of treating symptoms and preventing relapse. Psychoeducation covers topics such as the nature and course of bipolar disorder, the importance of active involvement in treatment, the potential benefits and adverse effects of various treatment options, identification of early signs of relapse, and behavior changes that reduce the likelihood of relapse.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a blend of two therapies: cognitive therapy and behavioral therapy. Cognitive therapy focuses on a person's thoughts and beliefs and how they influence a person's mood and actions. CBT aims to change a person's way of thinking to be more adaptive and healthy. Behavioral therapy focuses on a person's actions and aims to change unhealthy behavior patterns. CBT is used as an adjunct to medication treatment and includes psychoeducation about the disorder as well as problem-solving techniques. Individuals learn to identify what triggers episodes of the illness, which can reduce the chance of relapse. This can help individuals with bipolar disorder minimize the types of stress that can lead to a hospitalization. CBT also helps individuals learn how to identify maladaptive thoughts, logically challenge them, and replace them with more adaptive thoughts. CBT further targets depressive symptoms by encouraging patients to schedule pleasurable activities. Individuals who receive both CBT and medication treatment have better outcomes than those who do not receive CBT as an adjunctive treatment. CBT may be done one-on-one or in a group setting.

Interpersonal and Social Rhythm Therapy

In Interpersonal and Social Rhythm Therapy (IPSRT), patients first learn to recognize the relationship between their circadian rhythms and daily routines, and their mental health symptoms. IPSRT then focuses on stabilizing sleep/wake cycles, maintaining regular patterns of daily activities (i.e., sleeping, eating, exercise, and other stimulating activities), and addressing potential problems that may disrupt these routines. This often involves resolving current interpersonal problems and developing strategies to prevent such problems from recurring in the future. When combined with medication, IPSRT can help individuals increase their targeted lifestyle routines and reduce both depressive and manic symptoms.

Family-Based Services

Mental illness affects the whole family. Family services teach families to work together towards recovery. In family-based services, the family and clinician meet to discuss problems the family is experiencing. Families then attend educational sessions where they will learn basic facts about mental illness, coping skills, communication skills, problem-solving skills, and ways to work with one another toward recovery. Individuals with bipolar disorder who participate in family interventions along with taking medication have fewer relapses, longer time between relapses, better medication adherence, less severe mood symptoms, and increased positive communication between family members. There is a range of family programs

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available to fit the specific needs of each family. Some families benefit from just a few sessions, while more intensive services are especially helpful for families that are experiencing high levels of stress and tension and for individuals with bipolar disorder who are chronically symptomatic or prone to relapse. Generally, these longer-term interventions last 6-9 months and can be conducted in single family or multi-family formats.

Social Skills Training

Many people with bipolar disorder have difficulties with social skills. Social skills training (SST) aims to correct these deficits by teaching skills to help express emotion and communicate more effectively so individuals are more likely to achieve their goals, develop relationships, and live independently. Social skills are taught in a very systematic way using behavioral techniques, such as modeling, role playing, positive reinforcement, and shaping.

Illness Self-Management

Components of illness self-management include psychoeducation, coping skills training, relapse prevention, and social skills training. Individuals learn about their psychiatric illness, their treatment choices, medication adherence strategies, and coping skills to deal with stress and symptoms. Relapse prevention involves recognizing situations that might trigger symptoms, tracking warning signs and symptoms of relapse, and developing a plan to cope with triggers and warning signs to prevent relapse. This treatment approach also teaches individuals social skills in order to improve the quality of their relationships with others.

Assertive Community Treatment

Assertive Community Treatment (ACT) is an approach that is most effective for individuals with the greatest service needs, such as those with a history of multiple hospitalizations or those who are homeless. In ACT, the person receives treatment from an interdisciplinary team of usually 10 to 12 professionals, including case managers, a psychiatrist, several nurses and social workers, vocational specialists, substance abuse treatment specialists, and peer specialists. The team provides coverage 24 hours a day, 7 days per week, and limits caseloads to ensure a high staff to client ratio, usually 1 staff member for every 10 clients. Services provided in ACT include: case management, comprehensive treatment planning, crisis intervention, medication management, individual supportive therapy, substance abuse treatment, rehabilitation services (e.g., supported employment), and peer support. The VA's version of this program is called Mental Health Intensive Case Management (MHICM).

Psychosocial Interventions for Alcohol and Substance Use Disorders

Many individuals with bipolar disorder also struggle with an alcohol or substance use disorder. Co-occurring disorders are best treated concurrently, meaning that treatment for bipolar disorder should be integrated with the treatment for the alcohol or drug problem. Integrated treatment includes motivational enhancement and cognitive-behavioral interventions. Integrated treatments are effective at reducing substance use, preventing relapse, and keeping individuals in treatment longer. These interventions can be delivered one-on-one or in a group format.

Supported Employment

Research shows that about 70% of adults with severe mental illness want to work and about 60% can be successfully employed through Supported Employment. Supported Employment is a program designed to help people with severe mental illness find and keep competitive employment. The approach is characterized by a focus on competitive work, a rapid job search without prevocational training, and continued support once a job is obtained. Employment specialists work with individuals to identify their career goals and skills. Case managers and mental health providers work closely with employment specialist to provide support during the job seeking and keeping process.

Psychosocial Interventions for Weight Management

Weight gain is a significant and frustrating side effects of some medications used to treat the symptoms of bipolar disorder. Weight gain can lead to problems such as diabetes and hypertension, making it a serious health issue for many individuals. Resources to support weight loss are available. Weight programs generally last 3 months or longer and include education about nutrition and portion control. Participants learn skills to monitor their daily food intake and activity levels, have regular weigh-ins, and set realistic and attainable personal wellness goals. Participation in such a program can help prevent additional weight gain and lead to modest weight loss. The VA's version of this program is called MOVE! It is offered in a supportive group setting.

There are a variety of medications and therapies available that can help individuals with bipolar disorder manage their symptoms and improve their functioning.

- Bipolar disorder is regarded as a medical disorder (like diabetes). Mood stabilizers are usually the first choice to treat bipolar disorder. Except for lithium, many of these medications are anticonvulsants. Anticonvulsant medications are usually used to treat seizures, but they also help control mood.
- Research has found that mood stabilizers are effective for treating the symptoms of bipolar disorder, but it is not clear exactly how they work. Brain chemicals called neurotransmitters (chemical messengers) are believed to regulate mood. It is thought that lithium may affect the activity of two of these neurotransmitters, serotonin and dopamine. Anticonvulsants are believed to work by increasing the neurotransmitter, GABA, which has a calming effect on the brain. It is also believed that they decrease glutamate, which is an excitatory neurotransmitter.
- All mood stabilizing medications must be taken as prescribed. After achieving the desired, effective dose of a mood stabilizer, it may take an additional 1-2 weeks before you can expect to see improvement in manic symptoms. It may take up to 4 weeks for depressive symptoms to lessen. It is important that you don't stop taking your medication because you think it's not working. Give it time!
- You and your doctor have a lot of choices of medications, and it is hard to know which one may work best for you. Sometimes the mood stabilizing medication you first try may not lead to improvements in symptoms. This is because each person's brain chemistry is unique; what works well for one person may not do as well for another. Be open to trying a different medication or combination of medications in order to find a good fit. Let your doctor know if your symptoms have not improved or have worsened, and do not give up searching for the right medication!
- Once you have responded to medication treatment, it is important to continue taking your medication as prescribed. In general, it is necessary for individuals with bipolar disorder to continue taking mood stabilizing medications for extended periods of time (at least 2 years). Discontinuing treatment earlier may lead to a relapse of symptoms. If you have had a number of episodes of mania or depression, your doctor may recommend longer-term treatment. If episodes of mania or depression occur while on mood stabilizers, your doctor may add other medications to be taken for shorter periods of time. To prevent symptoms from returning or worsening, do not abruptly stop taking your medications, even if you are feeling better, as this may result in a relapse. You should only stop taking your medication under your doctor's supervision. If you want to stop taking your medication, talk to your doctor about how to correctly stop.
- Here is a safe rule of thumb if you miss a dose of your mood stabilizing medication: if it has been *3 hours or less* from the time you were supposed to take your medication, take your medication. If it has been *more than 3 hours* after the dose should have been taken, just skip the forgotten dose and resume taking your medication at the next regularly scheduled time. *Never double up on doses of your mood stabilizer to "catch up" on those you have forgotten.*
- Mood stabilizing medications can interact with other medications to create potentially serious health consequences. Be sure to tell your doctor about all the medications you are taking, including prescription medications, over-the-counter medications, herbal supplements, vitamins, and minerals.
- Like all medications, mood stabilizing medications can have side effects. In many cases, these side effects are mild and tend to diminish with time. Many people have few or no side effects, and the side effects people typically experience are tolerable and subside within a few days. Your doctor will discuss some common side effects with you. Check with your doctor if any of the common side effects persist or become bothersome. If you experience side effects, talk to your doctor before making any decisions about discontinuing treatment.
- In rare cases, these medications can cause severe side effects. Contact your doctor immediately if you experience one or more severe symptoms.

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This handout provides only general information about medications used for the treatment of bipolar disorder. It does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information does not constitute medical advice or treatment and is not intended as medical advice for individual problems or for making an evaluation as to the risks and benefits of taking a particular medication. The treating physician, relying on experience and knowledge of the patient, must determine dosages and the best treatment for the patient.

MOOD STABILIZING MEDICATIONS

Lithium (Eskalith or Lithobid)
Valproate/Valproic Acid/Divalproex Sodium (Depakote or Depakene)
Carbamazepine (Equetro or Tegretol)
Lamotrigine (Lamictal)
Oxcarbazepine (Trileptal)
Gabapentin (Fanatrex, Gabarone, Horizant, or Neurontin)
Topiramate (Topamax or Topiragen)
Oxcarbazepine (Trileptal)

SIDE EFFECTS OF LITHIUM

Common side effects of lithium: acne; fine hand tremor; increased thirst; nausea; low thyroid hormone (associated with brittle hair, low energy, and sensitivity to cold temperatures); rash; weight gain.

Lithium toxicity is a serious condition caused by having too much lithium in your system. For this reason, your doctor will require you to do periodic blood tests to ensure that lithium is not impacting your kidney or thyroid functioning. In addition, use of certain pain medications (such as ibuprofen) or physical activity with significant sweating can cause your lithium level to increase. You should talk to your doctor about how to exercise safely. Some signs of lithium toxicity include new onset of nausea, vomiting, diarrhea, headache, loss of coordination, slurred speech, nystagmus (abnormal eye movements), dizziness, seizure, confusion, increased thirst, and worsening tremors. You should contact your doctor right away if you experience any of these symptoms.

SIDE EFFECTS OF ANTICONVULSANTS

Common side effects of anticonvulsants: appetite change; dizziness; double vision; headache; irritability; loss of balance/coordination; nausea; sedation; vomiting; weight gain or loss.

Lamotrigine and Carbamazepine may affect white blood cells, the liver, and other organs. Individuals prescribed these medications will need to have their blood checked periodically to make sure the medications are not impacting their organs in a negative way.

Lamotrigine and Carbamazepine can also cause a serious skin rash that should be reported to your doctor immediately. In some cases, this rash can cause permanent disability or be life threatening. The risk for getting this rash can be minimized by very slowly increasing your dose of Lamotrigine. This rash occurs to a lesser extent with Carbamazepine although the risk is higher for individuals of Asian ancestry, including South Asian Indians.

Anticonvulsant medications may increase suicidal thinking and behaviors. Close monitoring for new or worsening symptoms of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior is advised.

antipsychotic medications: what you should know

- Antipsychotic medications are sometimes used for treatment when individuals are in a manic episode or a depressive episode. They vary in their effectiveness for treating these episodes. Your doctor will help you choose the best one for you.
- All antipsychotic medications must be taken as prescribed. Their effects can sometimes be noticed within the same day of the first dose. However, the full benefit of the medication may not be realized until after a few weeks of treatment. It is important that you don't stop taking your medication because you think it's not working. Give it time!
- Like mood stabilizers, the antipsychotic medication you try first may not lead to improvements in symptoms. It may be necessary to try another medication or combination of medications. Talk to your doctor if your symptoms do not improve.
- Once you have responded to treatment, it is important to continue taking your medication as prescribed to prevent your symptoms from coming back or worsening. Do not abruptly stop taking your medications, even if you are feeling better as this may result in a relapse. Medication should only be stopped under your doctor's supervision. If you want to stop taking your medication, talk to your doctor about how to correctly stop.
- Most antipsychotics are prescribed once daily. If you forget to take your medication, do not double up the next day to "catch up" on the dose you missed. If your medication is prescribed to be taken twice a day, and you forget to take a dose, a rule of thumb is: if it has been *6 hours or less* from the time you were supposed to take your medication, go ahead and take your medication. If it is *more than 6 hours* after the missed dose should have been taken, just skip the forgotten dose and resume taking your medication at the next regularly scheduled time. *Never double up on doses of your antipsychotic to "catch up" on those you have forgotten.*
- Some antipsychotic medications are available as long-acting injectables. Use of injectable medications is one strategy that can be used for individuals who regularly forget to take their medication.
- Like all medications, antipsychotic medications can have side effects. In many cases they are mild and tend to diminish with time. Many people have few or no side effects, and the side effects people typically experience are tolerable and subside within a few days. Your doctor will discuss some common side effects with you. Check with your doctor if any of the common side effects persist or become bothersome. If you experience side effects, talk to your doctor before making any decisions about discontinuing treatment.
- In rare cases, these medications can cause severe side effects. Contact your doctor immediately if you experience one or more severe symptoms.

ANTIPSYCHOTIC MEDICATIONS

These are sometimes referred to as conventional, typical or first-generation antipsychotic medications:

Chlorpromazine (Thorazine)
Fluphenazine (Prolixin)
Haloperidol (Haldol)
Loxapine (Loxitane or Loxapac)
Perphenazine (Trilafon)
Thiothixene (Navane)
Trifluoperazine (Stelazine)

These are sometimes referred to as atypical or second-generation antipsychotic medications:

Aripriprazole (Abilify)
Asenapine (Saphris)
Clozapine (Clozaril)
Iloperidone (Fanapt)
Lurasidone (Latuda)
Olanzapine (Zyprexa)
Paliperidone (Invega)
Quetiapine (Seroquel)
Risperidone (Risperdal)
Ziprasidone (Geodon)

LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATIONS

Certain antipsychotic medications are available as long-acting injectables. These medications are given every two to four weeks. Some patients find these more convenient because they don't have to take the medications daily. The side effects of these medications are similar to their oral counterparts.

Fluphenazine (Prolixin decanoate)
Haloperidol (Haldol decanoate)
Olanzapine (Zyprexa Relprevv)
Paliperidone (Sustena)
Risperidone (Risperdal Consta)

SIDE EFFECTS OF ANTIPSYCHOTIC MEDICATIONS

Some individuals experience side effects that mimic symptoms of Parkinson's disease, which are called parkinsonian or extrapyramidal symptoms. These include tremor, shuffling walk, and muscle stiffness. A related side effect is akathisia, which is a feeling of internal restlessness. Additionally, prolonged use of antipsychotics may cause tardive dyskinesia, a condition marked by involuntary muscle movements in the face and body. An uncommon, but serious side effect is called Neuroleptic Malignant Syndrome (NMS). These symptoms include high fever, muscle rigidity, and irregular heart rate or blood pressure. Contact your doctor immediately if any of these symptoms appear.

People taking antipsychotic medications can also experience a variety of other side effects including: unusual dreams; blank facial expression; blurred vision; breast enlargement or pain; breast milk production; constipation; decreased sexual performance in men; diarrhea; dizziness or fainting when you sit up or stand up; difficulty urinating; drowsiness; dry mouth; excessive saliva; missed menstrual periods; mood changes; nausea; nervousness; restlessness and sensitivity to the sun.

Weight gain, changes in blood sugar regulation, and changes in blood levels of lipids (cholesterol and triglycerides) are common with some antipsychotics. Therefore, your doctor will check your weight and blood chemistry on a regular basis. If you have a scale at home, it would be helpful to regularly check your own weight. Each of these medications differs in their risk of causing these side effects. If you start to gain weight, talk to your doctor. It may be recommended that you switch medications or begin a diet and exercise program.

Clozapine can cause agranulocytosis, which is a loss of the white blood cells that help a person fight off infection. Therefore, people with who take clozapine must get their white blood cell counts checked frequently. This very serious condition is reversible if clozapine is discontinued. Despite this serious side effect, clozapine remains the most effective antipsychotic available and can be used safely if monitoring occurs at the appropriate time intervals.

antidepressant medications: what you should know

- Antidepressant medications are sometimes used to treat symptoms of depression in bipolar disorder. Individuals who are prescribed antidepressants are usually required to take a mood-stabilizing medication at the same time to reduce the risk of switching from depression to mania or hypomania.
- Research has found that antidepressants are effective for treating depression, but it is not clear exactly how they work. Brain chemicals called neurotransmitters (chemical messengers) are believed to regulate mood. Antidepressant medications work to increase the following neurotransmitters: serotonin, norepinephrine, and/or dopamine.
- All antidepressants must be taken as prescribed for 3 to 4 weeks before you can expect to see positive changes in your symptoms. It is important that you don't stop taking your medication because you think it's not working. Give it time!
- Like mood stabilizers, the antidepressant you try first may not lead to improvements in mood. It may be necessary to try another medication or combination of medications. Talk to your doctor if your symptoms do not improve.
- Once you have responded to treatment, it is important to continue taking your medication to prevent your symptoms from coming back or worsening. Do not abruptly stop taking your medication, even if you are feeling better, as this may result in a relapse. Medication should only be stopped under your doctor's supervision. If you want to stop taking your medication, talk to your doctor about how to correctly stop.
- Here is a safe rule of thumb if you miss a dose of your antidepressant medication: if it has been *3 hours or less* from the time you were supposed to take your medication, take your medication. If it has been *more than 3 hours* after the dose should have been taken, just skip the forgotten dose and resume taking your medication at the next regularly scheduled time. *Never double up on doses of your antidepressant to "catch up" on those you have forgotten.*
- Like all medications, antidepressants can have side effects. In many cases, they are mild and tend to diminish with time. Many people have few or no side effects, and the side effects people typically experience are tolerable and subside within a few days. Your doctor will discuss some common side effects with you. Check with your doctor if any of the common side effects persist or become bothersome. If you experience side effects, talk to your doctor before making any decisions about discontinuing treatment. In rare cases, these medications can cause severe side effects. Contact your doctor immediately if you experience one or more severe symptoms.
- There are five different classes of antidepressant medications. This handout lists antidepressant medications by class along with their common side effects.

ANTIDEPRESSANT CLASS #1: SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)

SSRIs are the most commonly prescribed class of antidepressants because they tend to have the fewest side effects. SSRIs increase the level of serotonin by inhibiting reuptake of the neurotransmitter.

Fluoxetine (Prozac)
Citalopram (Celexa)
Sertraline (Zoloft)
Paroxetine (Paxil)
Escitalopram (Lexapro)

Common side effects for SSRIs: Abnormal dreams; anxiety; blurred vision; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; flu-like symptoms (e.g., fever, chills, muscle aches); flushing; gas; increased sweating; increased urination; lightheadedness when you stand or sit up; loss of appetite; nausea; nervousness; runny nose; sore throat; stomach upset; stuffy nose; tiredness; trouble concentrating; trouble sleeping; yawning; vomiting; weight loss.

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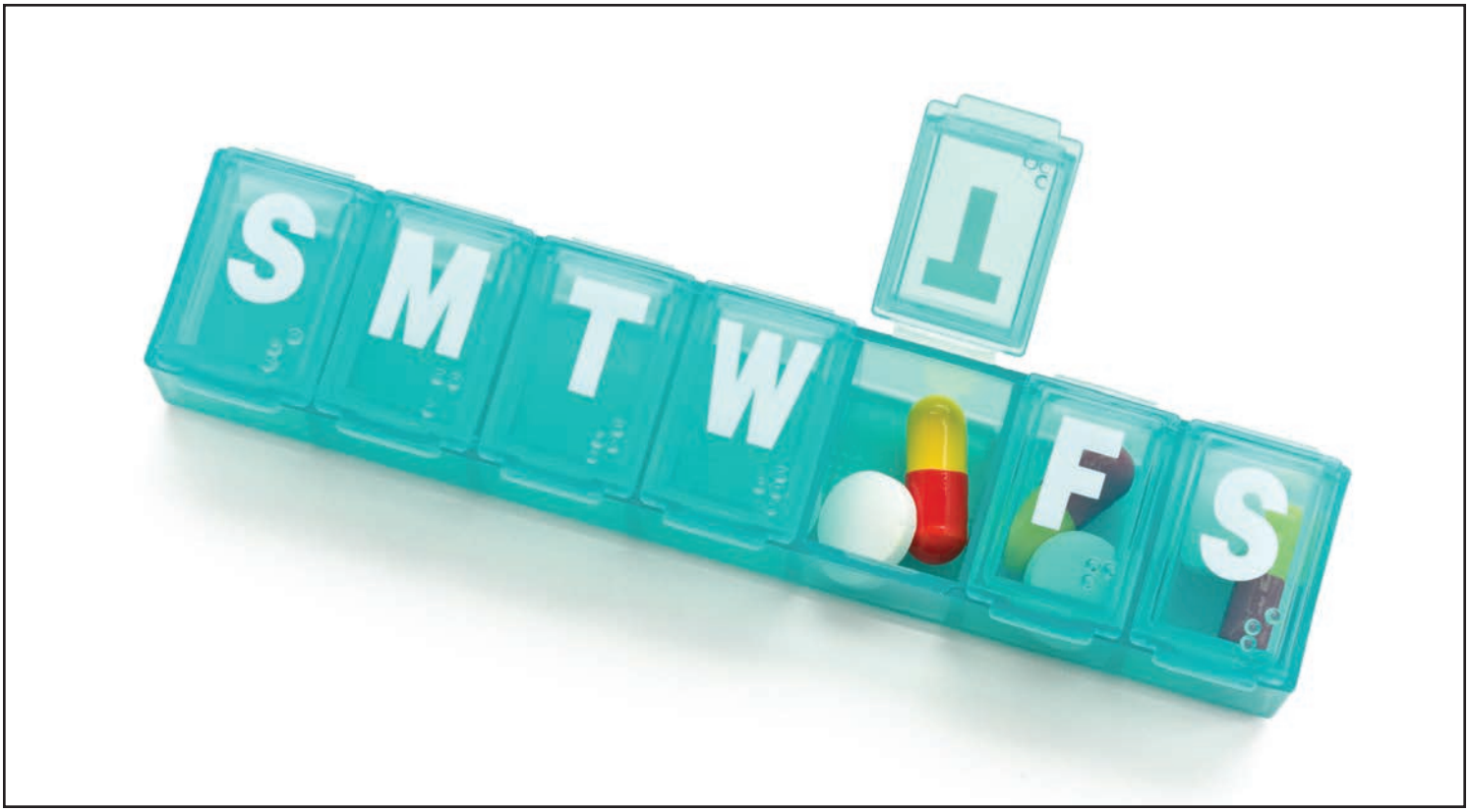

ANTIDEPRESSANT CLASS #2: SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)

SNRIs are similar to SSRIs in that they increase levels of serotonin in the brain. They also increase norepinephrine in the brain to improve mood.

Venlafaxine (Effexor)
Duloxetine (Cymbalta)
Desvenlafaxine (Pristiq)

Common side effects for SNRIs: Anxiety; blurred vision; changes in taste; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; fatigue; flushing; headache; increased sweating; loss of appetite; nausea; nervousness; sore throat; stomach upset; trouble sleeping; vomiting; weakness; weight loss; yawning.

ANTIDEPRESSANT CLASS #3: ATYPICAL ANTIDEPRESSANTS

In addition to targeting serotonin and/or norepinephrine, atypical antidepressants may also target dopamine. They also tend to have fewer side effects than the older classes of medication listed below (Antidepressant Classes 4 and 5). The common side effects differ for each of the medications in this class of antidepressants.

Bupropion (Wellbutrin)
Common side effects: Constipation; dizziness; drowsiness; dry mouth; headache; increased sweating; loss of appetite; nausea; nervousness; restlessness; taste changes; trouble sleeping; vomiting; weight changes.

Mirtazapine (Remeron)
Common side effects: Constipation; dizziness; dry mouth; fatigue; increased appetite; low blood pressure; sedation; weight gain.

Trazodone (Desyrel)
Common side effects: Blurred vision; constipation; decreased appetite; dizziness; drowsiness; dry mouth; general body discomfort; headache; light-headedness; muscle aches/pains; nausea; nervousness; sleeplessness; stomach pain; stuffy nose; swelling of the skin; tiredness; tremors.

Nefazodone (Serzone)
Common side effects: Abnormal dreams; abnormal skin sensations; changes in taste; chills; confusion; constipation; decreased concentration; decreased sex drive; diarrhea; dizziness; drowsiness; dry mouth; fever; frequent urination; headache; incoordination; increased appetite; increased cough; indigestion; lightheadedness; memory loss; mental confusion; ringing in the ears; sleeplessness; sore throat; swelling of the hands and feet; tremor; urinary retention; urinary tract infection; vaginal infection; weakness.

ANTIDEPRESSANT CLASS #4: TRICYCLICS AND TETRACYCLICS (TCA AND TECA)

This is an older class of antidepressants that also work by increasing levels of serotonin and norepinephrine in the brain. These medications are good alternatives if the newer medications are ineffective.

Amitriptyline (Elavil or Endep)
Amoxapine (Asendin)
Clomipramine (Anafranil)
Desipramine (Norpramin or Pertofrane)
Doxepin (Sinequan or Adapin)
Imipramine (Tofranil)
Nortiptyline (Pamelor)
Protriptyline (Vivactil)
Trimipramine (Surmontil)
Maprotiline (Ludiomil)

Common side effects for the TCAs: Abnormal dreams; anxiety or nervousness; blurred vision; change in appetite or weight; changes in blood pressure; change in sexual desire or ability; clumsiness; confusion; constipation; decreased memory or concentration; dizziness; drowsiness; dry mouth; excess sweating; excitement; headache; heartburn; indigestion; nausea; nightmares; pounding in the chest; pupil dilation; restlessness; sleeplessness; stuffy nose; swelling; tiredness; tremors; trouble sleeping; upset stomach; urinary retention; vomiting; weakness.

ANTIDEPRESSANT CLASS #5: MONOAMINE OXIDASE INHIBITORS (MAOI)

MAOIs are an older class of antidepressants that are not frequently used because of the need to follow a special diet to avoid potential side effects. However, these medications can be very effective. These drugs work by blocking an enzyme called monoamine oxidase, which breaks down the brain chemicals serotonin, norepinephrine, and dopamine.

- When taking MAOIs, it is important to follow a low "tyramine" diet, which avoids foods such as cheeses, pickles, and alcohol, and to avoid some over-the-counter cold medications. Most people can adopt to a low tyramine diet without much difficulty. Your doctor will provide a complete list of all food, drinks, and medications to avoid.

Phenelzine (Nardil)
Tranylcypromine (Parnate)
Selegiline (Emsam) patch

Common side effects for MAO/MAOIs: Blurred vision; changes in sexual function; diarrhea, gas, constipation, or upset stomach; difficulty swallowing or heartburn; dizziness, lightheadedness or fainting; drowsiness; dry mouth; headache; nausea, muscle pain or weakness; purple blotches on the skin; rash, redness, irritation, or sores in the mouth (if you are taking the orally disintegrating tablets); sleeping problems; stomach pain, tiredness; tremors; twitching; unusual muscle movements; vomiting, unusual dreams; upset stomach; weakness.

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