

# Medications for Bipolar Disorder

A patient reference guide from Tailor Made Psychiatry

## About These Medications

Bipolar disorder is a complex condition involving episodes of depression, mania or hypomania, and periods of stability in between. Its causes are multifactorial — genetics, neurodevelopment, sleep, stress, and life circumstances all play a role. Medication is not the whole picture, but it is a central part of it: mood stabilizers and antipsychotics reduce the severity and frequency of episodes by modulating brain circuits involved in mood regulation.

Sleep regularity, avoiding alcohol and substances, stress management, and psychoeducation all contribute meaningfully to long-term stability alongside medication. Feeling well is not a reason to stop — it is usually a sign the medication is working.

*Read the class information block before looking up your specific medication — it covers side effects and timelines that apply to all drugs in that group.*

## Mood Stabilizers

Mood stabilizers reduce the frequency and severity of mood episodes over time. They require consistent daily use to be effective — missing doses or stopping suddenly can trigger relapse.

### COMMON CLASS SIDE EFFECTS

- Nausea or stomach upset — take with food
- Tremor — fine shakiness of the hands; common and often manageable
- Weight changes
- Sedation or cognitive dulling at higher levels

**Stopping this medication:** Never stop mood stabilizers suddenly. Abrupt discontinuation can trigger rebound mood episodes and, in some cases, withdrawal effects. Any changes should be planned gradually with your psychiatrist.

### WHAT TO EXPECT — MOOD STABILIZERS

#### Weeks 1–2

Dose is being established and monitored. Blood tests may be required. Side effects most prominent early.

#### Weeks 2–4

Acute symptoms (agitation, mood instability) begin to settle as therapeutic levels are reached.

#### Weeks 4–8

Full stabilizing effect develops over weeks to months with consistent use.

### Lithium — *Lithium carbonate / Carbolith*

<b>USED FOR</b>	Bipolar I and II — gold standard for long-term mood stabilization; protective against mania and suicidality
<b>DISTINCT FEATURES</b>	One of the most effective long-term treatments for bipolar disorder, with decades of evidence. Requires regular blood monitoring.
<b>COMMON SIDE EFFECTS</b>	Fine hand tremor, increased thirst and urination, nausea (take with food), weight gain, mild cognitive dulling at higher levels.
<b>MONITORING</b>	Blood tests required: lithium level, kidney function, and thyroid (TSH) at regular intervals. Target level: 0.6–1.0 mmol/L for maintenance — check 12 hours after your last dose.
<b>WATCH FOR</b>	Dehydration, vomiting, diarrhea, or starting new medications (especially ibuprofen/NSAIDs) can raise lithium to toxic levels. Know the signs of toxicity — listed in the safety section below.

### Valproate / Divalproex — *Epival*

<b>USED FOR</b>	Bipolar I — especially mania, mixed episodes, rapid cycling
<b>DISTINCT FEATURES</b>	Can reduce agitation and acute mania relatively quickly. Requires regular blood level and liver monitoring.
<b>COMMON SIDE EFFECTS</b>	Nausea, sedation, tremor, weight gain, hair thinning (biotin/zinc supplementation may help), stomach upset.
<b>IMPORTANT WARNING</b>	This medication is teratogenic — it causes serious harm to a developing baby. If you are of childbearing age, reliable contraception is essential. Discuss this explicitly with your doctor.
<b>WATCH FOR</b>	Liver toxicity (rare but serious); pancreatitis — seek immediate care for severe abdominal pain.

## Lamotrigine — *Lamictal*

**USED FOR** Long-term prevention of mood episodes — especially the depressive side — in bipolar I and II. Because it must be increased slowly over several weeks, it is not a fast-acting treatment, and it is not used for sudden mania.

**DISTINCT FEATURES** Must be started and increased very slowly over 6–8 weeks to minimize the risk of a serious rash. Particularly effective at protecting against the depressive side of bipolar disorder.

**COMMON SIDE EFFECTS** Headache, dizziness, blurred vision, nausea, mild rash.

**DRUG INTERACTIONS** Valproate significantly raises lamotrigine levels. Oral contraceptives lower lamotrigine levels. Inform your doctor of all medications.

**WATCH FOR** A serious skin reaction (Stevens-Johnson syndrome) is rare but possible — risk is highest if the dose is increased too quickly. Signs are listed in the safety section below.

## Atypical Antipsychotics

Despite the name, atypical antipsychotics are widely used in bipolar disorder for both acute episodes and long-term maintenance — not just for psychosis. They have well-established mood-stabilizing properties.

### COMMON CLASS SIDE EFFECTS

- Sedation — particularly early in treatment and at higher doses
- Dry mouth, constipation
- Dizziness on standing (orthostatic hypotension) — rise slowly from sitting or lying
- Weight gain and metabolic effects — varies significantly between agents
- Akathisia (inner restlessness) — an uncomfortable feeling of needing to move; report this promptly

**Stopping this medication:** These medications should not be stopped abruptly. Gradual tapering under medical guidance is recommended. Stopping suddenly may trigger mood episode relapse.

### WHAT TO EXPECT — ATYPICAL ANTIPSYCHOTICS

#### Weeks 1–2

Sedation and calming effect are often noticed quickly. Acute agitation or mania typically begins to settle within days to a week.

#### Weeks 2–4

Mood stabilization continues to build. Sleep usually improves. Metabolic side effects (appetite, weight) may begin to emerge.

#### Weeks 4–8

Full mood-stabilizing effect typically established. Ongoing monitoring of metabolic parameters recommended.

### Quetiapine — Seroquel / Seroquel XR

**USED FOR** Bipolar I and II — both mania and bipolar depression; maintenance; anxiety and sleep

**DISTINCT FEATURES** One of the few medications with evidence for both sides of bipolar disorder. Sedation is often most prominent at lower doses.

**MONITORING** Fasting glucose, lipids, weight, and blood pressure at baseline and regularly thereafter.

**WATCH FOR** Weight gain and blood sugar changes — monitor diet and activity.

### Lurasidone — Latuda

**USED FOR** Bipolar depression — first-line; less sedating than quetiapine

**DISTINCT FEATURES** Favourable metabolic profile — less weight gain than most other agents. Must be taken with food (at least 350 calories) — absorption is significantly reduced without food.

**COMMON SIDE EFFECTS** Nausea, mild sedation, akathisia — report restlessness promptly.

**WATCH FOR** Akathisia is the most common reason people stop this medication — it is manageable if caught early.

## Cariprazine — Vraylar

**USED FOR** Bipolar I — both mania and bipolar depression

**DISTINCT FEATURES** One of the newer options with evidence for both the manic and depressive sides of bipolar I. Favourable weight and metabolic profile compared with several older antipsychotics. Very long-acting — it builds up gradually over a few weeks, so the full effect takes time.

**COMMON SIDE EFFECTS** Restlessness/akathisia (the most common — report it; it is manageable), nausea, difficulty sleeping, mild tremor.

**WATCH FOR** Akathisia (inner restlessness, inability to sit still) — report promptly. Because it stays in the body a long time, changes after a dose adjustment may take 1–2 weeks to settle.

## Aripiprazole — Abilify

**USED FOR** Bipolar I maintenance; mania prevention

**DISTINCT FEATURES** Activating rather than sedating. Less weight gain and metabolic impact than most other antipsychotics.

**COMMON SIDE EFFECTS** Akathisia (restlessness), nausea, headache, insomnia, tremor.

**WATCH FOR** Akathisia — report inner restlessness or inability to sit still promptly.

## Olanzapine — Zyprexa

**USED FOR** Acute mania; adjunct in bipolar depression; maintenance in severe cases

**DISTINCT FEATURES** Rapid calming effect in acute mania. Higher metabolic burden than other agents.

**COMMON SIDE EFFECTS** Significant weight gain, elevated blood sugar and lipids, sedation, dry mouth.

**MONITORING** Metabolic parameters required regularly — weight, blood sugar, lipids.

**WATCH FOR** Weight gain can be rapid and substantial. Discuss diet and monitoring plan with your doctor.

## A Note on Antidepressants in Bipolar Disorder

---

Antidepressants (such as SSRIs) are used with caution in bipolar disorder and are generally not recommended as standalone treatment. Without a mood stabilizer on board, they can trigger mania, rapid cycling, or mixed states. If an antidepressant is prescribed, it should be in combination with a mood stabilizer and under close supervision.

## Finding the Right Medication

---

It is common to need more than one try before finding the medication and dose that works best for you. This is a normal part of the process — not a sign of failure. If a medication is not helping after a full trial, or side effects are not manageable, there are other options. Keep your doctor informed about how you are responding so adjustments can be made.

## When to Seek Help

---

### Contact your doctor or healthcare provider if you experience:

- Side effects that are not improving or are affecting daily function
- No stabilization in mood episodes after a full medication trial
- Significant weight gain or metabolic changes
- Early warning signs of a mood episode — reduced sleep, elevated mood, increased energy (mania) or worsening depression
- Thoughts of self-harm — contact your doctor promptly

### Go to the emergency department or call 911 if you experience:

- Thoughts of suicide with a plan or intent — call 988 (Suicide Crisis Helpline) or go to the nearest emergency department
- Signs of a manic episode with loss of insight or safety risk

### **Lithium Toxicity — if you are on lithium, know these signs**

- Coarse (severe) tremor — different from the mild fine tremor that is a normal side effect
- Confusion, disorientation, or drowsiness
- Slurred speech or unsteady walking
- Vomiting, severe nausea, or diarrhea

If you have any of these — especially after illness, dehydration, or starting a new medication — go to the emergency department. Do not wait.

### **Stevens-Johnson Syndrome (SJS) — if you are on lamotrigine, know these signs**

- A spreading rash — particularly if it blisters or involves mucous membranes
- Sores in the mouth, eyes, or genitals
- Eye redness, pain, or discharge
- Fever alongside any of the above

SJS is rare but serious. Stop lamotrigine and go to the emergency department immediately if these signs develop.

---

## **Tailor Made Psychiatry — Dr. Sunny Kang, MD, FRCPC · [tailormadepsychiatry.ca](http://tailormadepsychiatry.ca)**

*This handout is for educational purposes only and does not replace individualized advice from your healthcare provider. Always discuss questions about your care with your psychiatrist or treating physician.*

Download this handout at [tailormadepsychiatry.ca](http://tailormadepsychiatry.ca)