

Patient leaflets from the BMJ Group

Bipolar disorder: what treatments work?

Most of us have ups and downs in our moods. But if you have bipolar disorder, your mood swings are much more extreme and disrupt your daily life. Bipolar disorder can make life hard. But with the right treatments, most people can control their extreme high and low moods.

We've brought together the best and most up-to-date research about bipolar disorder. You can use our information to talk to your doctor, family and friends, and plan your treatment together.

Bipolar disorder is a long-term mental health condition. Medicines can help you keep your symptoms under control. You need to work with your doctor to find the treatment that gives you the best relief from your symptoms, with the least side effects. This leaflet tells you about medicines you may need to take for bipolar disorder. To learn more about bipolar disorder, ask for the leaflet What is bipolar disorder?

How is bipolar disorder treated?

Most people with bipolar disorder need to take medicines every day to keep their mood stable. The type of medicine and the dose you take may change, depending on how well you are and what symptoms you are getting.

All the medicines used for bipolar disorder can cause unwanted effects. But some medicines may suit you better than others. It can take awhile for you and your doctor to find the right medicine, or combination of medicines, for you.

As you are reading about the side effects, bear in mind that you won't get them all. It's really important not to stop taking your medicines without talking to your doctor first, even if you get side effects. If you stop, you may have a relapse of mania or depression. The doctor may be able to adjust the dose, or switch you to another type.

Medicines to treat and prevent mania

If you are having a bout of mania, you may be racing around, taking lots of risks. You'll need treatment that will calm your mood quickly. There are three main types of medicine used to treat mania. You may need to take more than one type to bring your mania under control.

Antipsychotics are a group of medicines that calm down the activity in your brain. This should bring your mania under control and help you feel calmer. There are many different types. The ones used most for bipolar disorder are olanzapine, risperidone, quetiapine and aripiprazole. There's lots of research to show that olanzapine and risperidone work well. Quetiapine and aripiprazole are newer, so there's less research. Olanzapine and aripiprazole are sometimes used long-term, to help prevent a relapse.

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Doctors sometimes use an older type of antipsychotic. The ones used for mania include haloperidol and chlorpromazine. Research shows haloperidol works as well as newer types like olanzapine, but you may get more side effects.

If you are very agitated, you may need a **tranquilliser**. The one most often used is clonazepam. Research shows it can calm you down fast. But you don't usually take tranquillisers long term, because you can get addicted to them.

You may also need to take **mood stabilisers**. They help prevent mood swings. They include lithium, valproate and carbamazepine. Lots of research shows they work well. Lithium works quite slowly. So you may need to take another medicine as well, if you are having a period of mania. Mood stabilisers are usually taken long term, to help prevent a relapse.

If it's your first bout of mania, your doctor may give you lithium, valproate or olanzapine. You may take just one, or olanzapine plus one of the other two. If you are already taking medicine to control mania, you may need to take a higher dose.

Side effects of mania medicines

You may feel tired or drowsy, or sick, if you take any **mood stabiliser**. Other possible side effects include shaking and dizziness (lithium and valproate), difficulty concentrating (valproate and carbamazepine), hair loss (valproate), thirst (lithium), problems with your thyroid gland (lithium), and clumsiness, rash or eyesight problems (all carbamazepine).

You need to be careful not to take too much lithium, because it can be dangerous. You'll have regular blood tests to make sure you're not taking too much.

You may feel tired or drowsy if you take any **antipsychotic**. Also, all newer antipsychotics (olanzapine, risperidone, aripiprazole and quetiapine) can cause high blood sugar and diabetes. You should have regular checks to avoid these problems. Olanzapine and risperidone can make you put on weight.

All antipsychotics may cause muscle stiffness and shaking. These side effects are sometimes called parkinsonism, because they can look a bit like Parkinson's disease. These side effects are more common with older antipsychotics. About half the people taking haloperidol get these effects. But 1 in 5 people taking risperidone get them too.

Other common side effects include dry mouth (olanzapine, haloperidol, chlorpromazine), headache (risperidone, aripiprazole, haloperidol, chlorpromazine), constipation (aripiprazole, haloperidol, chlorpromazine), dizziness (olanzapine and risperidone) and trouble sleeping (risperidone and aripiprazole).

The **tranquilliser** clonazepam can make you dizzy, sleepy and have memory problems.

Medicines to treat bipolar depression

If you have a bout of depression, you may need to start taking an **antidepressant**. Antidepressants may help you feel less sad, hopeless or lethargic.

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You will probably also need to take a mood stabiliser drug like valproate or lithium. That's because antidepressants can start a bout of mania for people with bipolar disorder. Taking a mood stabiliser as well can make this less likely.

Doctors use two main types of antidepressants to treat bipolar depression. Selective serotonin reuptake inhibitors (SSRIs) are most commonly used. Examples include fluoxetine (brand name Prozac), paroxetine (Seroxat) and sertraline (Lustral). Tricyclic antidepressants (TCAs) are older drugs. Examples are amitriptyline, nortriptyline (Allegron) and trimipramine (Surmontil).

SSRIs are most likely to work, and least likely to cause a relapse of mania symptoms. If your doctor thinks you need treatment to prevent a relapse of depression symptoms, you might take an SSRI long term as well as a mood-stabilising medicine.

Doctors sometimes use a medicine called **lamotrigine** (Lamictal) to treat bipolar depression instead of antidepressants. There's some research to show it works. It is sometimes taken long term to avoid having a relapse.

Side effects of depression medicines

TCAs can give you a dry mouth and constipation, and make you dizzy. The SSRIs can give you stomach upsets, trouble sleeping and anxiety. Mostly, people get more side effects with TCAs.

The main worry about using antidepressants to treat bipolar depression is that they can trigger a mood swing that turns into mania. It's not clear how likely this is.

Some reports suggest that SSRIs might make children and teenagers more likely to harm themselves or think about killing themselves. There is not enough research to say if this is a risk for adults too. It seems to be more likely when you first start taking these medicines.

You can get withdrawal symptoms if you stop taking an SSRI suddenly or reduce your dose, so be sure to talk to your doctor first.

Some people taking lamotrigine get a headache, a skin rash or feel sick.

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