

Finding Peace of Mind

Treatment Strategies for Bipolar Disorder



Depression and Bipolar
Support Alliance

We've been there.
We can help.

What is bipolar disorder?

Bipolar disorder is a treatable illness marked by extreme changes in mood, thought, energy, and behavior. It is not a character flaw or a sign of personal weakness. Most people who live with bipolar disorder experience low or depressed periods as well as mania, or speeded up periods. Doctors use the term *hypomania* to refer to less severe high periods. Some people experience only high periods, but this is rare. Everyone can experience changes in mood, but mood episodes in bipolar disorder are severe enough to interfere with daily functioning. For some people, these high or low periods can last weeks or even months. For others, the changes are much faster—lasting just days or even hours. Some people experience feelings of depression and feelings of being speeded up or agitated at the same time.

Common Symptoms of Depression

- Sad, empty, irritable, or tearful mood nearly every day
- No interest in or pleasure from activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or agitation
- Fatigue, exhaustion, or lack of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

Common Symptoms of Mania/Hypomania

- Feeling overly energetic, high, better than good, or unusually irritable for at least one week
- Very high self-esteem; feeling all-powerful
- Decreased need for sleep without feeling tired
- Talking more than usual or feeling pressure to keep talking
- Racing thoughts; many ideas coming all at once
- Distracted easily; thoughts or statements jumping topic-to-topic
- Increase in goal-directed activity; restlessness
- Excessive pursuit of pleasure (e.g. financial or sexual) without thought of consequences

Mixed States

When people experience symptoms of mania and depression at the same time, they're said to be experiencing a mixed state (or mixed mania). They can have all of the negative feelings that come with depression, but they also feel agitated, restless, and activated. Those who have had a mixed state often describe it as the very worst part of bipolar disorder.

Depression and Bipolar Disorder

People with bipolar disorder usually experience depression more often than mania or hypomania. Depression is also more likely to be accompanied by disability and suicidal thinking and behavior. It's during periods of depression that most people with bipolar disorder get professional help

and receive a diagnosis. In fact, most people with bipolar disorder in the outpatient setting are initially seen for—and diagnosed with—unipolar depression.

Studies show that, in the primary care setting alone, 10–25 percent of those diagnosed with unipolar depression may actually have bipolar disorder.

How is bipolar disorder treated?

The most important thing to know is that recovery is possible. There are many different paths to recovery from bipolar disorder, and you should keep asking and keep looking until you find the path that’s right for you.

A good treatment plan for managing bipolar disorder usually includes several different tools: medication to stabilize mood, talk therapy to help with coping skills, and support from a peer-run group like DBSA to help you manage your illness. Seeking treatment does not mean you are weak or a failure; it means you have the strength and courage to look for a way to feel better. Getting treatment for bipolar disorder is no different than getting treatment for diabetes, asthma, high blood pressure, or arthritis. If you are like most people, you may experience feelings of shame or embarrassment. But don’t let those feelings keep you from getting help.

Bipolar disorder tends to follow a cyclical course of ups and downs,

And the percentage is even higher in the psychiatric setting. Failing to recognize bipolar disorder can lead to treatment that isn’t effective—or treatment that can even cause more mood swings. For that reason, doctors should always consider a diagnosis of bipolar disorder when depression is severe or doesn’t improve with usual depression treatment.

and treatment can also have ups and downs. Wellness might not happen over night. It is normal to wish you could feel better faster or to worry that you will never feel better. However, you can feel better and you can do things to help yourself.

Relief of symptoms is only the first step in treating bipolar disorder. Wellness, or recovery, is a return to a life that you care about. Recovery happens when your illness stops getting in the way of your life.

You decide what recovery means to you. Talk to your health care provider about what you need to achieve this recovery. Along the way, you have a right to ask questions about the treatments you are getting and choose the treatments you want. It can also be helpful to work with a therapist, family member, or fellow support group participant to help define your recovery. Your definition may change at different times in your life.

What is psychotherapy (talk therapy)?

Psychotherapy can be an important part of treatment. A good therapist can help you cope with the feelings you are having and make the positive changes that will help you manage mood symptoms. There are different types of psychotherapy that focus on different things. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones may join you in sessions of family or couples therapy. Group therapy involves several, usually unrelated people

working with the same therapist and each other. Many therapists use a combination of approaches. One approach is not necessarily better than another; the best choice is the one that works best for you.

Therapists are people, and they have their own personalities and styles. If psychotherapy is going to help you, you need to feel that your therapist understands you and is on your side. If you don't feel that way, be sure to speak up about it or decide to try a different therapist.

How is medication used to treat bipolar disorder?

There are many safe, effective medications that may be prescribed to relieve symptoms of bipolar disorder. While doctors do know something about the average effects of medication (how any medication works for most people), you are an individual and your reaction may not be the same as someone else's. You and your doctor will need to work together to find the right medication or combination of medications for you. This process may take some time, so don't lose hope. Many people need to try several medications before they find the best one(s).

Your health care provider might prescribe one or more types of medications to treat mood symptoms.

The major types of medications include the following:

- **Lithium.** Lithium can help to reduce symptoms of depression, reduce symptoms of mania, and prevent mood symptoms from returning.
- **Anticonvulsant mood stabilizers.** These medications are called anticonvulsants because they were first used to treat epilepsy or convulsions, but they are now used most often to treat bipolar disorder. They can help to reduce symptoms of depression, reduce symptoms of mania, and prevent mood symptoms from returning.
- **Antidepressants.** These medications help lift the symptoms of depression. There are several different classes and types of antidepressants to choose from.

Antidepressants do not reduce symptoms of mania and can sometimes increase mania or mood swings.

■ **Atypical antipsychotics.**

These medications are called antipsychotics because they were first used to treat schizophrenia, but they are now used most often to treat bipolar disorder. All of these medications can reduce symptoms of mania, and some are also effective for reducing depression.

Many of these medications are officially approved by the Food and Drug Administration to treat depression and mania in people with bipolar disorder. Some are only approved to treat mania. And some (like most of the antidepressants) are only officially approved to treat depression in people who do not have bipolar disorder. Even if a medication is not officially approved for a specific condition or diagnosis, it can still be helpful. But your doctor should tell

you when they prescribe a medication that isn't officially approved (doctors call this *off label* prescribing).

It can take several weeks for your medication to fully work, so it's important not to get discouraged and give up too soon. You might feel some side effects of your medication before you feel the benefits. Be sure to talk with your doctor about when you might expect to notice the benefits from a new medication.

You'll be much more successful finding the right medication plan if you keep a daily record of your mood symptoms, medications, sleep patterns, and other things that seem to affect your mood. DBSA offers a printed personal calendar, which allows you to record changes in your mood level, symptoms, stressful life events, the medication you take, and the side effects you experience each day. Print or download the calendar at www.DBSAlliance.org.

Is it safe to take medication if I am pregnant or nursing?

Try to discuss pregnancy ahead of time with your doctor if you are planning it. If you become pregnant, inform your doctor immediately. You and your doctor should discuss your health in detail and make medication decisions based on your need for the medication compared to the risk the medication may pose to your baby's health. Some medications used to treat bipolar disorder are known to cause birth defects, and those should

be avoided. Some are not known to cause birth defects, and taking them during pregnancy may be appropriate for some women. The greatest period of risk for most medications is during the first three months of pregnancy, but some medications may also be harmful to a fetus during later stages of pregnancy. Medications may also be present in breast milk, so your doctor may advise you to stop breastfeeding if you take medication.

How do bipolar disorder and its treatments affect children?

Children with bipolar disorder often have a different set of symptoms than adults do. Children may switch more quickly between mania and depression, or experience more mixed states. Mania often appears as irritability or rage in children, and may be misdiagnosed as Attention Deficit Hyperactivity Disorder (ADHD). A child or adolescent who has symptoms of depression along with ADHD-like symptoms that are very severe, with excessive temper outbursts and mood changes, should be evaluated by a psychiatrist or psychologist with experience in bipolar disorder, particularly because medications prescribed for ADHD may worsen manic symptoms.

Children and teens are more likely to have destructive outbursts than to be excited or euphoric. Bipolar

depression in early life may have symptoms such as headaches, muscle aches, stomachaches, tiredness, frequent absences from school or poor performance in school, talk of or efforts to run away from home, irritability, complaining, unexplained crying, isolation, poor communication, and extreme sensitivity to rejection or failure.

Many bipolar disorder medications used for adults are prescribed for children. If your child has bipolar disorder, make sure they are being treated by a doctor who has experience treating bipolar disorder in children. A child with bipolar disorder may have a manic episode if treated with antidepressants alone, so talk to your child's doctor to see if mood stabilizers should be tried first.

How do bipolar disorder and its treatments affect older adults?

With older adults, bipolar disorder can sometimes be mistaken for normal signs of aging. These symptoms are not a normal part of growing older. It is uncommon for bipolar disorder to appear for the first time in late life, but some people may have symptoms throughout adulthood and not be diagnosed until later in life. For older adults, it is important to have a

complete medical examination, and to discuss all current medications with health care providers. Other illnesses and the medications that treat them may trigger or mimic bipolar symptoms. It's also important for older adults to be aware of possible medication interactions or medication side effects if they are taking several medications for different conditions.

What should I do if I experience side effects?



Many of the medications that affect the brain may also affect other systems of the body, and cause side effects such as dry mouth, constipation, sleepiness, blurred vision, weight gain, weight loss, dizziness, or sexual problems. Some side effects lessen or go away within days or weeks, while others can be long-term.

Don't be discouraged by side effects; there are ways to reduce or get rid of them. It may help to change the time you take your medication to help with sleepiness or sleeplessness, or take it with food to help with nausea. Sometimes another medication can be prescribed to block an unwanted side effect, or your dosage can be adjusted to reduce the side effect to a tolerable level. Other times, your medication must be changed. Tell

your doctor about any side effects you are having. The decision to change or add medication must be made by you and your doctor together. You should never stop taking your medication or change your dosage without talking to your doctor first.

Contact your doctor or a hospital emergency room right away if side effects cause you to become very ill with symptoms such as fever, rash, jaundice (yellow skin or eyes), breathing problems, heart problems (skipped beats, racing), or other severe changes that concern you. This includes any changes in your thoughts, such as hearing voices, seeing things, or having thoughts of death or suicide.

Be sure your doctor knows about all the medications you are taking for bipolar disorder and any other physical illnesses you have. This includes over-the-counter or natural/herbal treatments. Even natural treatments may interact with your medications and change the way they work.

What if I don't feel better?

If you don't feel better right away, remember that it isn't your fault, and you haven't failed. Never be afraid to get a second opinion if you don't feel your treatment is working as well as it should. Here are some reasons your treatment may not be giving you the results you need.

Not enough time: Often a medication may not appear to work, when the reality is that it may not have had enough time to take effect. Most medications for bipolar disorder must be taken for two to four weeks before you begin to see results. Some can take as long as six to eight weeks before you feel their full effect. So, though it may not be easy, give your medication time to start working. Whenever your doctor prescribes a new medication or changes the dose of an old medication, be sure to ask when you should judge whether it is helping.

Dosage too low: With most medications used to treat bipolar disorder, the actual amount reaching the brain can be very different from one person to the next. A medication must reach the brain to be effective, so if your dose is too low and not enough reaches your brain, you might

incorrectly assume the medication doesn't work, when you actually just need your doctor to adjust your dosage.

Different type (class) of medication needed:

Your doctor may need to prescribe a different type of medication, or add one or more different types of medication to what you are currently taking. While different medications may be equally effective on average, each individual responds differently.

Not taking medications as prescribed:

A medication can have poor results if it is not taken as prescribed. Even if you start to feel better, keep taking your medication so you can keep feeling better. If you often forget to take your medications, consider using an alarm to remind you or keeping track of what you have taken using a pillbox with one or more compartments for each day. It may also be helpful for you to keep a written checklist of medications and times taken, or to take your medication at the same time as a specific event—a meal, a television show, bedtime, or the start or end of a work day.

Other Things to Keep in Mind about Medication

Side effects: Some people stop taking their medication or skip doses because the side effects bother them. Even if your medication is working, side effects may keep you from feeling better. In some cases, side effects can be similar to symptoms of bipolar depression or mania, making it difficult to tell the difference between the illness and the effects of the medication. If you have trouble with side effects, they don't go away within a few weeks, and the suggestions in this brochure don't help, talk to your doctor about changing the medication, but don't stop taking it on your own.

Medication interactions:

Medications used to treat other illnesses may interfere with the medication you are taking for your bipolar disorder—either increasing or decreasing the amount in your system. This can prevent the medication from being effective or cause more side effects. Be sure that all of your doctors and your pharmacist know about all

of the medications you are taking so they can check for any interactions.

Other medical conditions: Other medical conditions can sometimes cause symptoms like depression or agitation, or can interfere with medications you take to control mood symptoms. Make sure that your medical doctors know about your mental health treatment and that your mental health providers know about your medical treatment.

Substance abuse: Alcohol or illegal drug abuse may interfere with the treatment of bipolar disorder. The combination of alcohol or drugs with your medication(s) may lead to serious or dangerous side effects. It can also be difficult to benefit from talk therapy if you are under the influence. If you are having trouble stopping drinking or using, you may want to consider seeking help from a 12-step recovery program or a treatment center.

What are some other treatments for depression and bipolar disorder?

Electroconvulsive Therapy (ECT)

In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small, mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment milder and easier for people

to tolerate. ECT can be effective in treating severe bipolar depression or mania. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia.

Transcranial Magnetic Stimulation (TMS)

In 2008, the Food and Drug Administration (FDA) approved TMS as a treatment for depression for those who haven't adequately benefited from previous antidepressant medications. TMS works by using a special electromagnetic device that's placed on the scalp and sends short bursts of energy to the brain. These pulses of energy stimulate nerve cells in the part of the brain that's associated with mood regulation. A TMS treatment session lasts 30–40 minutes, and individuals usually have five sessions a week over the course of 4–6 weeks. While TMS is approved to treat depression, it is not officially approved to treat depression in people with bipolar disorder.

Vagus Nerve Stimulation (VNS)

The vagus nerve is one of the primary communication pathways from the major organs of the body to the brain. VNS is delivered through a small pulse generator, similar to a pacemaker, which is inserted into the left chest area and connected to the vagus nerve in the left side of the neck. The pulse generator sends small

pulses to the vagus nerve, which then delivers these pulses directly to the brain. Because the vagus nerve does not contain pain fibers, stimulation is typically painless. VNS therapy targets specific areas of the brain that affect mood. It also influences the activity of neurotransmitters, such as serotonin and norepinephrine.

The FDA has approved VNS therapy for people 18 years of age or older who are experiencing chronic or recurrent treatment-resistant depression. The treatment has been shown to be equally effective in both unipolar depression and bipolar disorder. The antidepressant effect of VNS tends to build up slowly and continue over time.

Side effects of VNS therapy are mild to moderate. They occur only during stimulation and typically become less noticeable over time. The most common VNS side effects include temporary hoarseness or a slight change in voice tone, increased coughing, a feeling of shortness of breath during physical exertion, and a tickling in the throat. The dose can be adjusted to avoid or reduce any troublesome side effects in many cases.

Lifestyle Changes

Whether you are newly diagnosed with a mood disorder or have been managing bipolar disorder for years, you can benefit from a healthy lifestyle. While you cannot change your diagnosis, you can change aspects of your life to manage or lessen your symptoms and improve the quality of your life.

Many people living with bipolar disorder find that managing their illness also means committing to some of the following lifestyle changes:

- Learning and practicing techniques to manage stress (like relaxation or meditation)

- Sticking to a regular sleep schedule (especially a regular time for getting up each morning)
- Regular physical activity (several days a week)

It's also important to look after your general health. People who live with bipolar disorder are also more likely than average to smoke or to be overweight.

A healthy lifestyle is always important. Even if symptoms of bipolar disorder make things like physical activity, healthy eating, or regular sleep difficult, you can improve your moods by improving your health. A talk about lifestyle changes should be a part of your goal setting with your health care providers.

No question is too simple or unimportant.

Visits with your mental health or medical providers can be stressful. It's easy to be intimidated and leave with lots of unanswered questions. It often helps to think about your questions before a visit, write a list, and bring it with you. Some of the things you'll probably want to know include the following:

- What dosage(s) of medication should be taken, at what time(s) of day, and what to do if you forget to take your medication.
- How to change your dosage, if this needs to be done before your next visit.
- The possible side effects of your medication(s) and what you should do if you experience a side effect that bothers you.
- How you can reach your doctor in an emergency.
- How long it will take to feel better and what type of improvement you should expect.
- The risks associated with your treatment and how you can recognize problems when they happen.
- If your medication needs to be



stopped for any reason, how you should go about it. (Never stop taking your medication without first talking to your doctor.)

- If psychotherapy is recommended as part of your treatment, and what type.
- If there are things you can do to improve your response to treatment, such as changing your diet, physical activity, or sleep patterns.
- What your next step will be if your current medication isn't helpful.
- The risks involved if you are pregnant, plan to become pregnant, or are nursing.
- The risks involved if you have another illness, such as heart disease, cancer, or HIV.

How can DBSA support groups help me?

When managing bipolar disorder, it's helpful to have reliable, knowledgeable people around you who know what you are going through. People with mood disorders and their families participate in DBSA groups to share experience, discuss coping skills, and offer hope to one another in a safe and confidential environment.

People who go to DBSA groups say the groups

- provide a safe and welcoming place for mutual acceptance, understanding, and self-discovery;
- give them the opportunity to reach out to others and benefit from the experience of those who have been there;
- motivate them to follow their treatment plans;
- help them to understand that mood disorders do not define who they are; and
- help them rediscover their strengths and humor.

People who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year, according to a recent DBSA survey.

Never give up hope.

Right now you might be dealing with symptoms that seem unbearable, and it can be difficult to have patience as you search for effective treatment. The most important thing you can do is believe that there is hope. Treatment

does work, and most people can return to stable, productive lives. Even if you don't feel 100% better right away, it's important to stick with treatment and remember that you are not alone.

Medications Approved by the FDA for Bipolar Disorder

Medication	Brand Name	Common side effects	May interact with
Aripiprazole	Abilify®	Insomnia Nausea Restlessness Tiredness	Antidepressants such as Prozac or Paxil Mood stabilizers such as Equetro or Tegrretol
Carbamazepine extended release capsules	Equetro™	Dizziness Drowsiness Nausea Dry mouth Blurred vision Decreased white blood cell count Can rarely cause severe skin rashes	Birth control pills (can make them ineffective) Mood stabilizers such as Lithium, Lamictal, or Depakote Anticonvulsant medications Anxiety medications Macrolide antibiotics Tricyclic antidepressants Cancer medications HIV/AIDS medications Cytotoxic or immunosuppressive Medications Grapefruit juice
Divalproex Sodium	Depakote®	Nausea Shaking Weight gain Decrease in blood platelets Rash Pancreatitis Liver dysfunction (rare) Polycystic Ovary Syndrome (rare)	Aspirin or other blood thinning medications Mood stabilizers such as Equetro, Tegrretol, or Lamictal Barbiturates Cyclosporine (Neoral or Sandimmune)
Fluoxetine + Olanzapine	Symbyax®	Dizziness Drowsiness Dehydration Headache Nausea Sweating	MAOI antidepressants Antipsychotics such as Mellaril Pain medications Sleep medications Blood pressure or heart medications Anticonvulsants Herbal supplements Alcohol

Please note that these lists may not include all possible side effects or all possible interactions. You should thoroughly discuss all medication choices with your doctor.

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Medications Approved by the FDA for Bipolar Disorder (continued)

Medication	Brand Name	Common side effects	May interact with
Olanzapine	Zyprexa®	Drowsiness Dry mouth Shaking Increased appetite Weight gain	Anxiety medications Sleep medications
Lamotrigine	Lamictal®	Sleepiness Blurred vision Sensitivity to sunlight Headache Nausea Can rarely cause severe skin rashes.	Mood stabilizers such as Depakote, Equetro, or Tegretol Antibiotics such as Bactrim, Septra, or Proloprim Anticonvulsants Birth control pills Barbiturates
Lithium carbonate	Lithionate® Lithotabs® Lithobid® Eskalith®	Shaking Nausea Increased thirst/Dry mouth Frequent urination Diarrhea Fatigue/Dull feeling Lowered thyroid activity Weight gain Kidney trouble Avoid sweating too much or getting dehydrated, which can make your blood lithium levels toxic.	Birth control pills Antidepressants Pain medications Anxiety medications Caffeine Mood stabilizers such as Equetro or Tegretol Anticonvulsants such as Dilantin Antibacterial medications such as Flagyl Iodine Heart, blood pressure, or diuretic medications
Quetiapine fumarate	Seroquel®	Weight gain Dry mouth Constipation Stiffness/Restlessness Shaking Sedation Low blood pressure	Barbiturates Antibiotic or antifungal medications Anxiety medications Stomach medications such as Tagamet Steroid medications Alcohol

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Medications Approved by the FDA for Bipolar Disorder (continued)

Medication	Brand Name	Common side effects	May interact with
Risperidone	Risperdal®	Weight gain Sedation Increased saliva Stiffness/Restlessness Shaking Low blood pressure	Blood pressure or heart medications Antipsychotics Anxiety medications Parkinson medications
Ziprasidone	Geodon®	Stiffness/Restlessness Nausea/Dizziness Insomnia Tiredness Cough Upset stomach Shaking Rash Tell your doctor if you have ever had heart problems. Contact your doctor or an emergency room immediately if you faint or feel a change in your heartbeat.	Heart and blood pressure Medications Cytotoxic or immunosuppressive Medications Anticonvulsants Anxiety or sleep medications Parkinson medications Antibiotic or antibacterial Medications Antipsychotics Medications used after surgery Malaria medications Mood stabilizers MAOI antidepressants

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Medications Approved by the FDA for Treatment of Depression

(but not specifically for bipolar disorder)

Medication Class	Medication	Brand Name	Common side effects	May interact with
Selective serotonin reuptake inhibitors (SSRI)	Citalopram Escitalopram Fluvoxamine Paroxetine Fluoxetine Sertraline	Celexa® Lexapro® Luvox® Paxil® Prozac® Zoloft®	Nausea Insomnia Sleepiness Agitation Sexual dysfunction	MAOI antidepressants Tricyclic antidepressants Alcohol Anxiety medications Blood thinning medications Anticonvulsants Heart medications
Norepinephrine and dopamine reuptake inhibitors (NDRI)	Bupropion	Wellbutrin®	Agitation Insomnia Anxiety Dry mouth Headache Seizures are a danger when there are specific risk factors such as previous seizures, heart trauma, eating disorders, or abrupt stopping of alcohol, anxiety medications, or sleep medications.	MAOI antidepressants Tricyclic antidepressants Anxiety medications Steroid medications Anticonvulsants Alcohol Diabetes medications
Serotonin antagonist and reuptake inhibitor (SARI)	Trazodone Nefazodone*	Desyrel®	Nausea Dizziness Sleepiness Dry mouth Constipation Weight gain Nefazodone can rarely cause serious liver damage.	Anxiety medications such as BuSpar or Ativan MAOI antidepressants Heart medications such as Lanoxin or Digitek Sleep medications
Serotonin and norepinephrine reuptake inhibitor (SNRI)	Venlafaxine Duloxetine	Effexor® Cymbalta®	Anxiety Nausea Dizziness Sleepiness Sexual dysfunction Withdrawal symptoms when stopped abruptly	MAOI antidepressants Stomach medications such as Tagamet

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Medications Approved by the FDA for Treatment of Depression

(but not specifically for bipolar disorder) (continued)

Medication Class	Medication	Brand Name	Common side effects	May interact with
Noradrenergic and specific serotonergic antidepressant (NaSSA)	Mirtazapine	Remeron®	Sleepiness Increased appetite Weight gain Dizziness Dry mouth Constipation	MAOI antidepressants Alcohol Anxiety medications
Tricyclic (TCA), Tetracyclic	Clomipramine Amitriptyline Desipramine Nortriptyline Trimipramine Imipramine Protriptyline Amoxapine Maprotiline	Anafranil® Elavil® Norpramin® Pamelor® Surmontil® Tofranil® Vivactil® Asendin® Ludiomil®	Sleepiness Nervousness Dizziness Dry mouth Constipation Urinary retention Increased appetite Weight gain Low blood pressure Sexual dysfunction May be toxic if levels in blood get too high	Alcohol Sleep medications Allergy medications Cold medications Pain medications Heart medications Anxiety medications Birth control pills Anticonvulsants Spasm or cramp medications
Monoamine oxidase inhibitor (MAOI)	Phenelzine Tranlycypromine Isocarboxazid Selegeline	Nardil® Parnate® Marplan® Emsam	Dizziness Dry mouth Urinary retention Sleep problems Low blood pressure Weight gain Sexual dysfunction Can cause dangerously high blood pressure if taken with the wrong food.	Fatal interaction with some prescribed and over-the-counter medications including pain or cold medications Foods containing tyramine, such as some cheeses, meats, or beans Caffeine Alcohol

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Anticonvulsants that may be Prescribed for Bipolar Disorder

(but not officially approved for this use)

Medication	Brand Name	Common side effects	May interact with
Carbamazepine	Equetro™ Tegretol® Tegretol-XR® Epitol® Carbatrol®	Blurred vision Dizziness Dry mouth Drowsiness Nausea Decreased white blood cell count Shaking If rash occurs, contact your doctor immediately.	Birth control pills (can make them ineffective) Mood stabilizers such as Lithium, Depakote, or Lamictal Tricyclic antidepressants Other anticonvulsants Macrolide antibiotics Anxiety medications Cancer medications HIV/AIDS medications Cytotoxic or immunosuppressive Medications Grapefruit juice
Oxcarbazepine	Trileptal®	Blurred vision Dizziness Dry mouth Sedation Upset stomach Drowsiness Unsteadiness	Drugs that interact with carbamazepine (see above) Birth control pills (can make them ineffective) Blood pressure or heart Medications
Topiramate	Topamax®	Drowsiness Memory problems Feeling “dulled” Weight loss Kidney stones If you have changes in vision, eye pain or redness, or increased eye pressure, contact your doctor immediately.	Birth control pills Other anticonvulsants Motion sickness or glaucoma medications such as Diamox Heart medications Sleep medications Allergy medications Alcohol Tobacco
Zonisamide	Zonegran®	Possible allergic reaction Drowsiness Upset stomach Headache Irritability Inability to sweat (contact your doctor if you get overheated or feverish)	Birth control pills Other anticonvulsants SSRI antidepressants Antibiotic or antifungal medications Allergy medications Heart medications Alcohol

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Resources

Other Organizations that Offer Help

The following organizations offer information and/or assistance with mood disorders and related topics. While you may find additional support from these organizations, DBSA assumes no responsibility for the content or accuracy of the material they provide.

American Psychiatric Association

(888) 357-7924 • www.psych.org

American Psychological Association

(800) 374-2721 or (202) 336-5500 • TDD: (202) 336-6123
www.apa.org/helpcenter

The Center for Mental Health Services (CMHS)

(240) 276-1310 • www.samhsa.gov/about/cmhs.aspx

Clinical Trial Listings

www.clinicaltrials.gov

Medline Plus

www.nlm.nih.gov/medlineplus

Mental Health America (MHA)

(800) 969-6642 or (703) 684-7722 • www.nmha.org

National Institute of Mental Health (NIMH)

(866) 615-6464 or (301) 443-4513 • TDD: (866) 415-8051
www.nimh.nih.gov

National Suicide Prevention Lifeline

1-800-237-TALK (8255) • <http://www.suicidepreventionlifeline.org>

U.S. Food and Drug Administration (FDA)

(888) INFO-FDA (888-463-6332) • www.fda.gov

We Search Together

www.WeSearchTogether.org



We've been there.
We can help.

Depression and Bipolar Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of leading researchers and clinicians in the field of mood disorders, DBSA has nearly 700 peer-run support groups across the country. Millions of people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

Depression and Bipolar Support Alliance

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Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help, and much more.

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Revisions to this brochure were reviewed by DBSA Scientific Advisory Board Chair Gregory Simon, M.D., MPH, a psychiatrist and researcher at Group Health Cooperative at the Center for Health Studies in Seattle. This brochure was originally reviewed by DBSA Scientific Advisory Board member John Zajecka, M.D., Professor in the Department of Psychiatry at Rush-Presbyterian St. Luke's Medical Center. Portions of this brochure were also reviewed by Shelia Singleton of DBSA Triangle Area and Jacqueline Mahrley of DBSA Orange County.

DBSA does not endorse or recommend the use of any specific treatment or medication mentioned in this brochure. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.