

making sense



lithium and other
mood stabilisers

Making sense of lithium and other mood stabilisers

This booklet is for anyone who is considering taking mood stabilisers. It explains what mood stabilising drugs are, what they're used for, possible side effects and information about withdrawal.

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What are mood stabilisers?

Mood stabilisers are psychiatric drugs that are licensed as part of the long-term treatment for:

- bipolar disorder (manic depression)
- mania and hypomania
- sometimes recurrent severe depression

Some of the individual drugs we call mood stabilisers are actually very different chemical substances from each other. But health care professionals often group them together, because they can all help to stabilise your mood if you experience problems with extreme highs, extreme lows, or mood swings between extreme highs and lows.

Which drugs are mood stabilisers?

The 5 individual drugs that can be used as mood stabilisers are:

- lithium (Camcolit, Liskonum, Priadel, Lithonate, Litarex, Li-liquid)
- carbamazepine (Tegretol)
- lamotrigine (Lamictal)
- valproate (Depakote, Epilim)
- asenapine (Sycrest)

What kind of substances are they?

lithium

Natural mineral. Lithium is actually an element that occurs naturally in the environment, not a manufactured drug.

carbamezapine, lamotrigine and valproate

Anticonvulsants. These 3 drugs are actually anticonvulsant medication (also known as antiepileptic medication), which were all originally made for treating epilepsy (a neurological disorder that can cause seizures).

asenapine

Antipsychotic. Asenepine is actually an antipsychotic drug, but it is usually only used as a mood stabiliser.

💬 *Lithium carbonate is the mood stabiliser that I'm on... Apart from the side effect of it making me really thirsty, I've found it has really evened me out, brought up my lows and made them not last as long and balanced the highs out, too.* 💬

Are antidepressants mood stabilisers?

People sometimes assume that antidepressant drugs are also mood stabilisers, because they can help to lift your mood if you're experiencing depression.

But in fact antidepressants are not included in the group of drugs we call mood stabilisers – they're a separate category of psychiatric medication. (See our pages on antidepressants for more information.)

Who can prescribe mood stabilisers?

You should only be prescribed a mood stabiliser by a mental health specialist, such as a psychiatrist – not by a regular GP. (For more information on different types of health care professionals and what they do, see our pages on who's who in mental health.)

How could a mood stabiliser help me?

Why might I be offered a mood stabiliser?

Your doctor's decision to offer you a mood stabiliser is likely to depend on:

- your diagnosis and the symptoms you experience
- your past experiences of taking medication, including what's worked for you and what hasn't (for example, if you've tried lithium and had lots of problems with it, your doctor could offer you a different mood stabiliser instead)
- your medical circumstances (for example, if you are pregnant or breastfeeding or have a history of kidney or thyroid problems)
- what you want (see our pages on seeking help for a mental health problem for information on having your say in decisions, and making yourself heard)

Before you take any medication

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision. For guidance on the basic information you might want to know about any drug before you take it, see our pages on:

- what you should know before taking any psychiatric drug
- receiving the right medication for you
- your right to refuse medication

Which mood stabiliser is right for me?

The drugs that can be prescribed as mood stabilisers have different potential advantages and disadvantages.

For example:

- **lithium** can be a very effective treatment for mania, but is less effective at treating severe depression. You might be offered lithium if you have a diagnosis of bipolar I (characterised by manic episodes).
- **carbamazepine** (Tegretol) and **valproate** (Depakote, Epilim) are comparatively effective in treating:
 - mixed episodes of mania and depression (feeling low and high at the same time)
 - rapid cycling between mania and depression
 - very severe mania with psychosis
 - additional anxiety disorders or substance abuse
 - symptoms that occur after neurological illness or brain injury
 - people who have little or no family history of bipolar disorder
- **lamotrigine** (Lamictal) has antidepressant effects and is licensed to treat severe depression in bipolar disorder. You might be offered lamotrigine if you have a diagnosis of bipolar II (characterised by severe depressive episodes alternating with hypomania).
- **asenapine** (Sycrest) is specifically licensed to treat mania in bipolar disorder. You might be offered asenapine if other mood stabilisers aren't right for you.

👩👧 *I have a form of bipolar which cycles very quickly, but I'm not psychotic. I was prescribed valproate in a controlled release tablet... It's changed my life.* 👩👧

Might I need to take other medication as well?

Depending on your diagnosis and the problems you experience, your doctor might suggest that a combination of a mood stabiliser and another drug might be the best way to manage your symptoms.

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In this case, they might decide to offer you other kinds of medication as part of your treatment, such as:

- certain antipsychotic drugs – for example, the antipsychotics licensed to treat mania are: aripiprazole (Abilify); olanzapine (Zyprexa); quetiapine (Seroquel); and risperidone (Risperdal)
- certain antidepressants
- benzodiazepine tranquillisers

👩🏻👩🏻 *I can't imagine ever being off them, and when I miss a dose I completely lose it. I will always be eternally grateful for the medication I'm on.* 👩🏻👩🏻

(To learn more about available treatments for bipolar disorder, manic episodes and depression, see our pages on treatments for bipolar disorder, treatments for mania and hypomania, and treatments for depression.)

Could a mood stabiliser make me feel worse?

It's important to remember that all drugs can affect different people differently. Although many people find that the benefits of taking a mood stabiliser outweigh any negatives, not everybody does – and your experience will be personal to you. (For ideas to help manage your mood without drugs, see our page on alternatives to mood stabilisers.)

👩🏻👩🏻 *I have a total distrust of mood stabilisers ... I can't be doing with the side effects – they flatten my personality and prevent me doing the creative things I love.* 👩🏻👩🏻

All these drugs also have the potential to cause unwanted side effects, or withdrawal effects if you choose to stop taking them. (To learn about about the possible side effects and withdrawal effects these drugs can cause, see our individual pages on lithium, valproate, carbamazepine, lamotrigine and asenapine).

How long should I take mood stabilisers for?

Initially your doctor's advice is likely to follow the National Institute for Health and Care Excellence (NICE) guidelines, which recommend that:

- If you have had an episode of bipolar disorder, you should continue with medication for at least 2 years.
- If you have a history of frequent relapses or severe psychotic episodes, or you take street drugs, have a lot of stress in your life, or poor social support, you may need to continue for up to 5 years.
- If you are just starting lithium treatment, you will probably need to stay on it for at least 6 months to find out whether it will be an effective treatment for you. If you've been completely free of relapses after taking lithium for 3–4 years, it may be appropriate to see if you can manage without it.

In the long term, it will depend on how much you feel your medication helps you, and what you and your doctor agree is best.

You might find that you prefer to carry on taking medication for many years, if it helps you remain stable and able to get on with your life. Alternatively you might take medication to start with, but then develop alternative strategies for coping without drugs. You may also have developed your own views about how long you will need to take medication for, based on your past experiences.

👩👩 *When I am taking lamotrigine, things are generally more stable. I feel calmer and less at the mercy of unpredictable and extreme mood changes. I find it hard to commit to taking medication on a long-term basis, but I know that I would find things easier if I did.* 👩👩

What if I want to stop taking my medication?

If you decide you want to come off your medication, it's important to do it safely. See our pages on coming off medication for key information and guidance.

For specific information about coming off a particular mood stabiliser, see our information on withdrawal in the section on each individual drug.

Can I take them during pregnancy and breastfeeding?

Expecting a baby is an emotional time for anyone, but it can be particularly challenging if you experience a mental health problem like bipolar disorder, which you usually manage with mood stabilising medication.

Your choices

All mood stabilising drugs carry risks of harm to your baby, so regardless of whether your pregnancy is planned or unplanned, your doctor will probably ask you to consider either:

- **Switching to an alternative drug which carries fewer risks,** such as a low dose of an antipsychotic. (Doctors are strongly advised not to prescribe you a drug which carries a high risk of harm to your baby, such as valproate.)
- **Coming off your medication altogether.**
- If you are taking lithium, you might decide that you really need to continue with your lithium treatment. In this case your doctor should help you take careful steps to manage the risks to you and your baby.

Ultimately, you will need to weigh the possible risks to your baby against any potential harm in changing or coming off your medication, and come to your own decision about what's best for you, based on your own experience.

What can I do to feel more in control?

Being pregnant can sometimes feel like you're giving up control of your own body. This can be stressful, but there are lots of positive steps you can take.

- Planning your pregnancy gives you more options for managing risks early on, but it's also a common experience to find out that you've become pregnant without planning it. Whatever your situation is, try to **remember that you have the same rights as everyone else** to choose whether or not to take medication, and to have your say in decisions about your treatment.
- **Talk to your doctor as early on as you can.** The earlier you start talking to your doctor about your options are and what's right for you, the more in control you're likely to feel. This means:
 - planned – as soon as you decide to start trying to conceive
 - unplanned – as soon as you think you might be pregnant
- **Make sure you know the risks with each drug**, so you can make an informed decision. (Information on the risks associated with different mood stabilisers is included below. For risks associated with other kinds of medication in pregnancy, see our specific pages on antidepressants during pregnancy and breastfeeding, and taking antipsychotics.)
- **Seek extra support**, to help you talk through your options and decide what's right for you.
- **If you decide to come off your medication, make sure you do it safely.** (See our pages on coming off medication for more information.)
- **If you don't plan to become pregnant, use contraception.**

What are the risks with lithium?

The risks to your baby associated with taking lithium during pregnancy are:

- **Heart defects.** Taking lithium in early pregnancy increases the risk that your baby's heart might not develop properly (your doctor or midwife should monitor your baby's heart using ultrasound scans).
- **Increased risk of serious side effects and overdose.** Being pregnant causes changes in your hormone levels, fluid levels and kidney function, all of which can affect the amount of lithium in your blood. You might not always realise when these changes happen and you have less control over your body as it changes – so it's harder to make sure your lithium level stays within safe limits.
- **When you go into labour both your and your baby's lithium levels could become dangerously high.** This is because the way your body clears lithium changes very suddenly during childbirth.
- **Increased risk of stillbirth and infant death soon after birth.**
- **It's dangerous to breastfeed.** This is because lithium can pass into your breast milk in high enough amounts to be dangerous to your baby.

How can I manage the risks with lithium?

- If you decide it's best for you to continue with your lithium treatment, you and your doctor should take the following steps to manage the risks:
- Very regular lithium level monitoring. Your doctor will need to monitor your blood lithium level very carefully throughout your pregnancy to make sure it stays within a safe range. As a guideline, they should check your levels:
 - monthly during the first half of your pregnancy
 - weekly during the second half of your pregnancy

- Take smaller doses more frequently. Breaking up your total daily dose into 3 or 4 smaller doses taken regularly throughout day could help prevent your lithium level peaking as highly as it might if you take a larger dose less often.
- Your doctor may need to adjust your dose. This is because your kidneys clear lithium from your body differently when you're pregnant.
- The doctor who is prescribing and monitoring your lithium treatment should consult closely with the obstetrician responsible for delivering your baby.
- You should stop taking lithium as soon as you go into labour. Your obstetrician will need to carefully check your fluid and salt balance and the level of lithium in your blood throughout your labour.

Your risk of puerperal psychosis

If you've ever had a bipolar episode in the past then you have a much higher risk of developing puerperal psychosis (a serious mental health problem with some similar symptoms to bipolar disorder) in the weeks after you give birth.

Because of this, your doctor might make various suggestions:

- You could continue taking lithium as long as possible during your pregnancy to minimise your risk of puerperal psychosis.
- On the other hand, coming off lithium gradually in the weeks leading up to your due date would minimise the risk to you and your baby of lithium toxicity.
- If you've decided to stop lithium treatment during your pregnancy, you could start taking lithium again a few days after giving birth, as a preventive measure.

You should discuss what you feel is right for you with your doctor.

What are the risks with anticonvulsants?

All the anticonvulsant mood stabilisers carry the following risks to your baby:

- Foetal anticonvulsant syndrome. Children affected by this syndrome can have physical abnormalities, delayed development, and need special educational support.
- When breastfeeding, these drugs could be passed to your baby through your breast milk, and it's possible that your baby could experience some side effects from the medication. However, evidence suggests that the risk of harm from a low dose of an anticonvulsant isn't very high, and you might feel that the advantages of breastfeeding outweigh this risk. (Advantages to breastfeeding your baby for at least part of the time include: better nutrition for your baby; better immunity for your baby against various illnesses; and more opportunities for the two of you to bond.)

Each individual anticonvulsant drug also carries additional risks, which are outlined below.

Risks with valproate

Valproate carries the highest risk of danger to your baby out of all the anticonvulsant mood stabilisers. It can cause defects and symptoms in your baby which are given the general name of foetal valproate syndrome.

The possible harms include:

- heart defects
- spinal defects such as spina bifida
- hare lip and cleft palate
- a malformed penis
- extra, or deformed, fingers or toes
- bleeding and liver disease
- a higher likelihood that your child might be diagnosed with autism and learning difficulties

👩👩 *[While] I was on Epilim (sodium valproate) ... I had a child born with various defects and she also has learning difficulties and GDD [global developmental delay] due to this drug. I was not told of the severe effects it can cause. So if anyone is thinking of getting pregnant please discuss [this] with your doctor.* 👩👩

Risks with carbamazepine

- Possible birth defects. There is evidence that taking carbamazepine during the first 3 months of pregnancy increases the risk of your baby developing:
 - heart defects
 - a malformed penis
 - spinal defects such as spina bifida
- Vitamin K deficiency in your newborn baby, which can cause dangerous bleeding. This risk is highest if you take carbamazepine in the last 3 months of pregnancy.

Risks with lamotrigine

- Risk of physical malformations, including hare lip and cleft palate.

What are the risks with asenepine?

The risks to your baby associated with taking asenepine during pregnancy are:

- Risk of your baby experiencing side effects in its first weeks of life. If you take asenepine during the last 3 months of pregnancy, your baby might experience the following side effects when it's born:
 - agitation
 - abnormal muscle tone
 - tremor (shaking)
 - extreme sleepiness
 - breathing problems
 - difficulty feeding

- **Unknown risks.** As asenapine is a relatively new drug it carries a higher risk of unknown harms than drugs that have been available longer, simply because scientists have had less time to gather evidence about it. For example, there is no evidence available about potential risks to your baby if you take it while breastfeeding.

What extra support is available?

Coming to a decision you feel comfortable with about what's right for you and your baby can be difficult, and it's understandable to feel conflicted. As well as talking to your doctor or psychiatrist, you might find it helpful to explore these options for extra support:

- **Family and friends** – if you're able, it can be helpful to talk through your feelings with someone you trust, such as your partner, or a close friend.
- **Midwife appointments** – you can talk to your midwife about how you're feeling throughout your pregnancy. They can also help make sure you receive plenty of support from your health visitor after you give birth.
- **Online peer support** – websites such as Netmums and Mumsnet offer a supportive online network for all parents and parents-to-be. It can be helpful talk to other people who've had similar experiences themselves, who can reassure you that you're not alone. Elefriends and Bipolar UK both provide online communities for people with experience of mental health problems, where you can share your feelings in a supportive environment. (For guidance on using the internet when you're feeling vulnerable, see our information on how to stay safe online.)
- **Specialist websites** – websites such as Action Postpartum Psychosis, NCT and the Breastfeeding network can provide general information and support. The Fetal Anti-Convulsant Trust (FACT) and the Organisation for Anti-Convulsant Syndrome (OACS) can both offer information and support if you've been affected by taking anticonvulsant medication during pregnancy.

You might also find it helpful to read our pages on how to cope as a parent with a mental health problem, which includes information on helping yourself, looking after children, and other kinds of support available.

What alternatives to mood stabilisers are there?

Managing a condition like bipolar disorder without mood stabilisers can be challenging, but medication isn't right for everyone, and you might find that you want to explore other ways to manage your mood. This could be alongside taking medication, or instead of it.

👩👧 *I'd taken mood stabilisers for many years and they just stopped me feeling anything. That's not the way forward [for me]. I have been off them for some years now and with the help of a therapist I'm having to learn to feel again!* 👩👧

You might find that some of the following options could work for you:

- **Talking treatments** – The National Institute for Health and Care Excellence (NICE) guidelines advise that the following kinds of talking treatment can all be helpful in managing bipolar disorder:
 - psychological therapy that is specifically adapted for treating bipolar disorder
 - cognitive behavioural therapy (CBT) – this can help you identify any patterns in your mood changes and develop strategies for how to manage them
 - interpersonal therapy
 - behavioural couples therapy (for both you and your partner if you're in a relationship)

- **Keep a mood diary** – you could try keeping a diary of how you feel from day to day, to help you spot patterns in your mood swings over time. This could help you learn how to avoid situations which you know might trigger an episode of depression or mania in future. There are a number of websites with programmes that can help you do this (see our pages on bipolar disorder for more information).
- **Look after your general health:**
 - Do regular exercise – a simple daily walk in the fresh air can make a big difference.
 - Plan activities you enjoy, such as creative arts activities.
 - Eat a good diet.
 - Get enough sleep and try to keep to a regular sleeping pattern.
- **Try complementary therapies** – you might find certain complementary therapies helpful, such as aromatherapy, reflexology or massage.
- **Peer support** – you might find it helpful to share your experiences with other people who have the same diagnosis, who can understand what you're going through. Elefriends and BipolarUK both offer online support groups, and Mind's Infoline can give you more information about local groups you could join near you.
- **Discuss it with your doctor** – they might be able to suggest an alternative medication that you could try instead, or offer other alternatives (see our pages on having your say in your treatment and making yourself heard for tips on how to get the most from your doctor).

About individual medications

For general information about all medication, including what to know before taking any medication, your right to refuse medication, coping with side effects, and coming off medication safely, please see our pages on psychiatric medication.

Alternatively, for a list of all psychiatric drugs, see our medication A–Z.

Key to symbols

- [E] Requires urgent medical attention – see your GP, local pharmacist, or go to A&E.
- [12] Get medical advice within 12 hours – see your GP, local pharmacist, or nurse prescriber.
- [YC] Report this on a Yellow Card.

What should I do if I get side effects?

You should tell your doctor about any symptoms you experience throughout your treatment, because they might need to:

- rule out anything else that might be causing that effect
- adjust your dose
- prescribe additional medication to help manage the side effects

It's also possible that changing your diet and the time of day when you take your dose could help. For more information about side effects, including what to do if you experience a side effect, see our page on coping with side effects.

For information on how to withdraw from psychiatric drugs safely see our pages on coming off psychiatric drugs.

About lithium

Generic name	<ul style="list-style-type: none">• lithium carbonate• lithium citrate
Trade names (UK)	<ul style="list-style-type: none">• lithium carbonate: Camcolit, Liskonum, Lithonate, Priadel• lithium citrate: Litarex; Li-liquid, Priadel
Type of drug	Natural mineral, prescribed as a mood stabiliser
Prescribed for	<ul style="list-style-type: none">• bipolar disorder (to manage mania, hypomania and depression, and prevent relapse)• recurring depression• schizoaffective disorder• self-harm• aggression
Usual daily dose	There's no standard dose of lithium, because the amount of lithium in your blood depends your kidney function, which varies from person to person. (See our page on taking lithium safely for detailed information about how your dose is managed.)
Form	tablets, liquid
Half-life	12–24 hours

Key facts about lithium

- **Lithium is a mineral which occurs naturally in the environment.** Drug companies don't manufacture lithium – they just extract it from natural sources (brines and clays) and combine it as a salt with either carbonate or citrate, to make a substance that can be taken as a medicine. People have observed the mood stabilising effects of this natural mineral since the 2nd century AD, when ancient Greeks noticed that water from a particular spa had a calming effect. We now know that this water contained lithium.

- **It's not possible to have a lithium deficiency** – lithium is not a substance that your body needs in order to function properly, like some minerals are (such as calcium or zinc).
- **Lithium is poisonous in large amounts** – blood levels over 1.5mmol of lithium per litre of blood serum are toxic and can be fatal, so your doctor should monitor your dosage and blood levels very carefully by giving you regular blood tests.
- **There's no standard dose of lithium**, because the way your body absorbs and excretes lithium varies from person to person.
- **Lithium can take a while to start working, and it doesn't work for everyone.** Although you might feel better as soon as you begin taking lithium, it usually takes anything from a few days to several weeks for a noticeable improvement. It's possible that it might just make your episodes of mania or depression less frequent or severe, or that it won't work at all. You may need to take it for about 6 months to find out whether it's effective for you.
- **Experiences of taking lithium vary from person to person** – lots of people find lithium really helps them manage their moods, but lots also find that it makes them less able to express themselves, and that it dampens down their imagination and other emotions. It's not possible to predict how you will respond to lithium before you take it.
- One advantage that lithium has over other mood stabilising drugs is that **it does not make you sleepy or drowsy.**

What should I know before taking lithium?

In addition to the things to be aware of before you take any medication, the following cautions apply to lithium. You should also make sure before taking lithium that you feel confident about how to take lithium safely.

Tests needed before taking lithium

Before prescribing lithium your doctor should give you the following tests, to make sure that your body systems are functioning well enough to tolerate it:

- a thyroid test – this is because:
 - lithium can affect how well your thyroid works
 - an overactive or underactive thyroid gland might actually be what's causing you to experience symptoms like mania or depression
- a kidney test – lithium is eliminated from your body through urine so it can affect how well your kidneys work
- a heart function test (ECG) – especially if you expect to take lithium for a long time

Taking lithium is not safe if you:

- are dehydrated
- are on a low-sodium (salt) diet
- have serious kidney problems
- have Addison's disease (a rare disorder of the adrenal glands)
- have an underactive thyroid that is not treated
- have a personal or family history of heart problems, such as problems of heart rhythm or Brugada syndrome (a genetic heart condition)

Use with caution if you:

- have mild kidney problems
- are pregnant or breastfeeding
- are under 18 (the British National Formulary for Children states that lithium may be given to children, but only on the advice of a specialist)

Dietary considerations

- Some formulations contain lactose and gelatine.
- You'll need to manage your salt and liquid intake carefully, because the amount of salt and water in your body can affect your lithium level.
- People sometimes gain weight on lithium. If you start gaining weight

you might have to adjust your diet to compensate.

Additional warnings

- **Storage** – You should keep lithium away from direct sunlight and other sources of heat.
- **Driving** – Lithium can make it hard to concentrate, so you need to be very careful when driving or operating dangerous machinery. Be prepared to stop if you find you can't do it safely any more.
- The potential long-term side effects of lithium include kidney problems and thyroid problems, so your doctor should give you:
 - regular kidney function tests
 - a yearly thyroid function test

Your lithium treatment pack

When you are first prescribed lithium, your doctor should give you a purple lithium treatment pack. This pack should include:

- an information booklet
- a lithium alert card
- a record book for your blood test results

What should I do with my lithium alert card?

- Always carry your lithium alert card with you (in your wallet, for example).
- Show it to any health professional before they treat you for any condition. This includes:
 - any doctor or psychiatrist who you have an appointment with
 - your dentist
 - the hospital medical staff if you're admitted to hospital for any reason
 - emergency medical staff or paramedics, if you ever receive any kind of emergency treatment

How does lithium interact with other drugs?

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could interact with each other badly. The following are known interactions between lithium and other medications.

Antipsychotics

Taking antipsychotic medication at the same time as lithium can increase the risk of:

- side effects such as muscular disorders (particularly the older antipsychotics, such as chlorpromazine and haloperidol).
- serious blood disorders (particularly clozapine)
- neuromuscular side effects (with flupentixol, sulpiride, haloperidol and risperidone)
- neurotoxicity (a poisonous effect on the nervous system)

Your doctor might prescribe haloperidol with lithium if you're entering a manic phase, because lithium can be slow to start working, but they should only give you a low dose.

SSRI and SNRI antidepressants

Taking SSRI and SNRI antidepressants with lithium can:

- affect your central nervous system
- increase the risk of serotonin syndrome (a serious side effect)
- increase the risk of lithium toxicity

Steroids (such as for treating asthma)

Some of these drugs can increase the risk of lithium toxicity.

Some drugs that treat high blood pressure and water retention

Some of these drugs can increase the risk of lithium toxicity.

Over-the-counter drugs

- Anti-inflammatory drugs such as ibuprofen can make your body get rid of lithium more slowly, especially at high doses, and therefore increase
- your lithium levels.
- Herbal and other complementary medicines can also interact with lithium.

You should get advice from the pharmacist or another qualified professional before taking any non-prescription medicine with lithium, so they can tell you about any potential risks.

What side effects can lithium cause?

Whether or not you experience side effects is usually related to the amount of lithium in your blood, which varies from person to person, so there's no data available on how likely you are to get specific side effects. You won't necessarily get any side effects from taking lithium, but many people do.

Early side effects

These effects might happen as your body adjusts to lithium, but they usually get better or go away after a few weeks:

- mild stomach cramps
- mild diarrhoea
- nausea (feeling sick)
- feeling dizzy
- slight muscle weakness
- a dazed feeling
- needing the toilet more often
- increased thirst
- a metallic taste in the mouth
- gaining weight

Intermediate side effects

These effects might continue after your body has adjusted to lithium, or you could get them after you've already been taking lithium for a while:

- shaky hands (a low dose of the beta blocker, propranolol, could help treat this)
- needing the toilet more often
- feeling thirsty
- gaining lots of weight, possibly due to fluid retention (a diuretic medication that makes you lose water could help treat this, but your doctor is likely to be cautious about possible drug interactions)
- skin rash [E] (this might indicate an allergic reaction)
- memory problems
- loss of mental sharpness
- loss of interest in sex; impotence
- acne (spots) or psoriasis (a skin condition)
- fluid retention which may affect your heart
- overactive parathyroid (a small gland next to the thyroid), which can cause high blood calcium, back pain, blurred vision, depression and tiredness
- itching [E]

Long-term side effects

If the level of lithium in your blood always remains within safe levels, you might not get any long-term side effects. However, the longer you take lithium for, the more likely it is that you might experience some of the following:

- high blood calcium (this is associated with depression)
- high blood magnesium (if very high this can cause nausea, vomiting, palpitations and severe constipation)
- serious heart problems. Symptoms include: fainting; slow heart beat; disturbances of heart rhythm [12].
- permanent changes to your kidneys and disturbance of kidney function
- changes to thyroid function, such as:
 - decreased thyroid function (hypothyroid). Symptoms include: sleepiness; tiredness; slowed thinking; depression; feeling cold; headaches; dry skin; constipation; aching muscles; gaining weight.

- increased thyroid function (hyperthyroid). Symptoms include: nervousness; fast heartbeat; feeling emotional; feeling hot and being uncomfortable in the heat; sweating.
- enlarged thyroid (goitre)

If you experience any thyroid problems your doctor might prescribe additional thyroid medications, or they might advise you to stop taking lithium.

Serious side effects [E]

If the level of lithium in your blood always remains within safe levels, you might not get any serious side effects. However, when you're not feeling well, it's not always easy to take all the necessary steps to take lithium safely.

If you experience any of these side effects, you should seek medical help urgently, as they could mean that that your lithium level is too high:

- loss of appetite
- persistent diarrhoea
- vomiting (being sick) or severe nausea (feeling very sick)
- serious hand tremors
- frequent muscle twitching
- muscle weakness and lack of coordination
- blurred vision, or a blind spot in your eye
- confusion
- drowsiness
- hallucinations
- memory loss
- severe discomfort
- swelling of your legs and feet
- increased pressure round your brain, causing headaches, possible vision problems and tinnitus (ringing in the ears)

Signs of serious overdose [E]

- loss of coordination
- heavy shakes
- muscle stiffness
- difficulty speaking
- confusion

In very severe cases, this can lead to:

- stupor (not responding to your surroundings)
- coma (deep unconsciousness)
- death

About withdrawal

There is no evidence that lithium is physically addictive, but if you decide to stop taking it:

- your original symptoms might come back
- you could have an episode of withdrawal mania (a manic episode that can happen as a direct result of stopping taking lithium)

This is more likely to happen if you've been taking it for a long time, or come off it very suddenly, so if possible you should try to come off lithium slowly, by gradually reducing your dose over 2–3 months (or at least no less than 4 weeks). It's best to get your doctor's help if you can.

What if I need to come off lithium quickly?

- It's usually safe to stop taking lithium for a very brief period if you need to. For example, you should stop taking lithium 24 hours before any major operation, and then can restart it soon after the operation (your should discuss this with your anaesthetist).
- If you do have to stop taking lithium suddenly, your doctor is likely to offer you either valproate or an antipsychotic drug instead.

Taking lithium safely

To take lithium safely, you need to make sure that the level of lithium in your blood remains steady within an effective range. If your lithium level drops too low then the treatment probably won't work for you – but if it rises too high it can become very dangerous, and could potentially be fatal. The key to keeping your lithium level steady is a combination of:

- managing your dose
- managing your fluid and salt levels
- having regular blood tests to check your level

It's also important that you:

- know what the possible side effects and signs of lithium overdose are, and know what to do if you experience any serious side effects
- keep your lithium treatment pack somewhere safe, and always carry your lithium alert card with you
- understand the risks involved in taking lithium during pregnancy and breastfeeding

Managing your dose

Key facts

- The **usual starting dose is:**
 - for lithium carbonate – **between 0.4g–0.8g.**
 - for lithium citrate – it's slightly more complicated because lithium citrate is a liquid, but a usual starting dose of the formulation Priadel Liquid is 10ml–30ml (this is equivalent to 0.4g–1.2g lithium carbonate).
- lithium **should reach a steady level in your blood after about 5 days**, if you've been taking the same amount every day.

- Your doctor will then adjust your dose to **keep your blood level within a range of 0.4mmol–1mmol of lithium per litre of blood serum** (mmol is short for millimole – a measurement used by biochemists).
- For most people, the **target range is around 0.5mmol–0.8mmol** of lithium per litre of blood serum. Some doctors believe a higher level is acceptable, though this increases the risk of side effects.
- **Levels over 1.5mmol are toxic and may be fatal.**
- **Older people are usually more susceptible to lithium toxicity**, so if you are an older person your doctor might suggest that a lower target lithium level and lower daily dose would be more appropriate.
- It doesn't matter whether you take lithium carbonate or lithium citrate, but once you've started you should stick to the same one, because they have different absorption rates. If you need to switch, you should treat it as if you're starting from the beginning again.
- **Contact your doctor immediately if you think your lithium level may be too high.**

How should I take lithium?

The options for how you can take lithium include:

- In divided doses, several times a day.
- As a single dose, usually at night, if the tablet is a modified-release formulation (all lithium tablets are marketed as modified-release formulations, except Camcolit 250mg). Taking lithium can often make you need the toilet more often, but this may happen less with the once-daily dose.

What should I do if I miss a dose?

Time since you missed your dose	What you should do
3 hours or less	Take your normal dose as soon as you remember.
More than 3 hours	Skip the missed dose, then just take your next dose at the time you're supposed to.

Don't ever take a double dose of lithium if you forget to take a dose – it could cause your lithium level to become dangerously high.

Managing your fluid and salt levels

The amount of salt and water in your body can affect your lithium level, so you'll need to manage your salt and liquid levels carefully.

Keeping your fluid level steady

- **Water** – try to drink about the same amount every day (for most people this is about 4–6 pints). If you usually drink less than this, and blood tests show that your lithium level is stable, there's no need to drink more water. But if you feel thirsty, have a drink when you need to. The important thing is not to drink too much or too little.
- **Caffeine** – avoid sudden changes in the amount of coffee, tea, cola or other drinks containing caffeine that you drink. Caffeine makes you lose water, which can affect your lithium level.
- **Alcohol** – although it's usually safe to drink alcohol in moderation while taking lithium, it's best to check with your doctor or pharmacist

Keeping your salt level steady

- **Eating** – don't make sudden changes in the amount of salt you normally eat, and avoid fasting. You should tell your doctor if you plan to start a new diet (especially a low-salt diet).

Making sense of lithium and other mood stabilisers

- **Sweating** – try not to get into situations where you are likely to sweat heavily. For example, avoid saunas and sudden bursts of heavy exercise, and take it easy in hot weather.
- **Sickness** – if you're running a temperature, vomiting (being sick), or having diarrhoea, you should tell your doctor. They might ask you to stop taking lithium temporarily, until you're better.
- **Exercising** – it's good to exercise regularly, provided that you're getting enough fluids and salt, but you should try to avoid taking your lithium dose immediately before doing vigorous exercise.

Having regular blood tests

Regular blood tests are important because they let your doctor monitor the amount of lithium in your blood, to make sure your dosage is both effective and safe. Your doctor might refer to this as:

- a lithium level test
- a serum lithium level test
- a plasma lithium level test

You should wait 12 hours after a dose before having a blood test, otherwise the reading might not be accurate.

How often should I have a blood test?

Your situation	Recommended frequency
You're in the early stages of treatment, or your dosage is being adjusted.	once a week
Your levels have recently steadied after starting taking lithium or having your dosage adjusted.	once a month
You've been taking a steady dose of lithium for a while and are confident with how to manage your lithium level safely.	once every 3 months

Your doctor may also ask for a blood level check if there are signs that your bipolar disorder is returning.

About carbamazepine

Generic name	<ul style="list-style-type: none"> • carbamazepine
Trade names (UK)	<ul style="list-style-type: none"> • Carbagen SR, Tegretol, Tegretol Retard and Teril Retard
Type of drug	Anticonvulsant (antiepileptic), used as a mood stabiliser
Prescribed for	<ul style="list-style-type: none"> • bipolar disorder
Usual daily dose	<ul style="list-style-type: none"> • 400mg (taken as 200mg twice a day), slowly increasing to 600mg–1,000mg a day • an effective blood level is usually between 8mg–12mg of carbamazepine per litre of blood serum
Form	tablets, chewtabs (chewable tablets), liquid, and suppositories
Half-life	16–24 hours
Additional information	<ul style="list-style-type: none"> • carbamazepine is not usually suitable for treating recurrent depression or acute mania. • The maximum safe daily dose is 1,600mg. • The modified release forms (SR or Retard) are all tablets.

What should I know before taking carbamazepine?

In addition to the things to be aware of before you take any medication, the following cautions apply to carbamazepine.

Do not take if you have:

- any heart condition
- a history of bone marrow disease
- porphyria (a rare inherited condition)

Use with caution if you:

- have kidney or liver problems
- have heart disease
- have blood disorders
- have glaucoma (a serious eye condition)
- are pregnant or breastfeeding
- abuse alcohol

Dietary considerations:

You should avoid eating or drinking anything containing grapefruit juice (grapefruit juice can raise the level of carbamazepine in your blood)

Additional warnings:

- If you are diabetic, you might find that taking carbamazepine increases the amount of sugar in your urine.
- The difference between an effective level and a dangerous level is not very much, so once your dose is established your doctor should give you blood tests every 6 months to check that the level of carbamazepine in your blood is safe and effective.
- If you are from Han Chinese or Thai family background, you should have a blood test before starting carbamazepine to make sure it is safe for you.

How could carbamazepine interact with other drugs?

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could interact with each other badly.

The following are known interactions between carbamazepine and other medications.

Antipsychotics

- taking an antipsychotic drug at the same time as carbamazepine increases the risk you might experience unpleasant side effects from the medication
- carbamazepine can also make the following antipsychotics less effective: aripiprazole, clozapine, haloperidol, olanzapine, paliperidone, quetiapine, risperidone

lithium

Taking lithium at the same time as carbamazepine increases the risk you might experience unpleasant side effects from the medication.

valproate

Valproate (Depakote, Epilim) can increase the level of carbamazepine in your blood. Taking these 2 drugs together increases your risk of experiencing liver problems as a side effect.

lamotrigine

Carbamazepine can lower the amount of lamotrigine (Lamictal) in your blood, so the lamotrigine is likely to be less effective.

MAOI antidepressants

All MAOIs can increase the concentration of carbamazepine in your body, which could become dangerous.

Warning – you should wait at least 2 weeks after coming off isocarboxazid before starting to take carbamazepine.

Tricyclic antidepressants

Carbamazepine can make all tricyclic antidepressants less effective. It can also make the tricyclic-related antidepressants mianserin and trazodone less effective.

SSRI antidepressants

- fluvoxamine (Faverin), fluoxetine (Prozac) and paroxetine (Seroxat) can all increase the level of carbamazepine in your body, with a risk that this could become dangerous
- carbamazepine can lower the amount of both citalopram (Cipramil) and sertraline (Lustral) in your blood, which might make these antidepressants less effective

mirtazapine (an antidepressant)

Mirtazapine (Zispin) can increase the level of carbamazepine in your body, with a risk that this could become dangerous.

Oral contraceptives

carbamazepine can make oral contraceptives less effective, so your doctor may suggest you change to a different type of pill, or you may want to consider alternative methods of contraception.

Over-the-counter drugs

Carbamazepine can affect the metabolism of many other drugs, including over-the-counter medicines. You should get advice from the pharmacist or another qualified professional before taking any non-prescription medicine with carbamazepine, so they can tell you about any potential risks.

What side effects can carbamazepine cause?

Carbamazepine has the potential to cause the following unwanted side effects.

Very common (affects more than 1 person in 10)

- reduced white blood cells, meaning that you catch infections more easily
- dizziness and tiredness
- feeling unsteady or finding it difficult to control movements
- vomiting (being sick)

- changes in liver enzyme levels (usually without any symptoms)
- skin reactions which may be severe [E]
- nausea (feeling sick)

Common (affects 1–10 people in 100)

- bruising or bleeding more easily
- fluid retention (puffy skin) and swelling of hands, ankles, feet or lower legs
- weight gain
- dry mouth
- low sodium in the blood (this can make you feel confused)
- headaches
- double vision or blurred vision

Uncommon (affects 1–10 people in 1,000)

- involuntary movements including shaking or tics
- abnormal eye movements
- diarrhoea
- constipation

Rare (affects 1–10 people in 10,000)

- disease of the lymph glands
- folic acid (a B vitamin) deficiency
- allergic reaction including rashes, joint pain, fever, problems with the kidneys and other organs [E]
- hallucinations
- depression
- loss of appetite, stomach pain
- restlessness, aggression
- agitation, confusion
- speech disorders
- high blood pressure (which may make you feel dizzy with a flushed face, and cause headaches, fatigue and nervousness)
- muscle weakness
- numbness or tingling in the hands and feet
- low blood pressure (which may make you feel faint, light headed, dizzy, confused, and have blurred vision)
- changes to your heart beat
- liver problems, such as jaundice (yellow skin)
- pain in your joints and muscles
- a rash across the bridge of the nose and cheeks and problems with breathing (these may be signs of a rare reaction known as lupus erythematosus)

Very rare (affects fewer than 1 person in 10,000)

- cataracts (cloudy patches in your eye that can cause blurred vision)
- hearing disorders
- heart and circulatory problems including deep vein thrombosis (DVT) (symptoms of this include: tenderness; pain; swelling; warmth; skin discoloration; and prominent superficial veins)
- lung or breathing problems
- rashes
- red skin
- blistering of the lips, eyes or mouth, or skin peeling with high temperature (these reactions may be more common if you are of Chinese or Thai origin)
- sore mouth or tongue
- liver failure
- increased sensitivity to sunlight
- alterations in skin pigmentation
- acne
- excessive sweating
- hair loss
- increased or decreased desire to pass urine or difficulty in passing urine
- increased hair growth on the body and face
- muscle pain or spasm
- sexual problems which may include reduced fertility (in men), loss of sex drive and impotence
- conjunctivitis (sore eyes)
- glaucoma (a serious eye condition)
- blood problems including anaemia
- porphyria (an inherited metabolic condition)
- meningitis (inflammation of the brain)
- breast development (both men and women)
- breast milk production caused by increased levels of milk hormone (both men and women)
- abnormal thyroid function
- loss of bone minerals (which may be noticed as pain on walking and bow legs)
- osteoporosis (weakened bones)
- increased blood fat levels
- taste disturbances
- kidney failure
- blood spots in your urine

About withdrawal

There is very little reliable evidence on what potential withdrawal symptoms you might experience when coming off carbamazepine. However, if possible you should try to come off carbamazepine slowly to avoid getting withdrawal symptoms. Some people are able to stop taking their medication suddenly without experiencing any problems, but others can have great difficulty.

For more information on how to withdraw from psychiatric drugs safely see our pages on coming off psychiatric drugs.

About lamotrigine

Generic name	• lamotrigine
Trade names (UK)	• Lamictal
Type of drug	Anticonvulsant (antiepileptic), used as a mood stabiliser
Prescribed for	• depression in bipolar disorder
Usual daily dose	<ul style="list-style-type: none"> • 25mg increased to 50mg after 2 weeks, then increased to 100mg–200mg (taken as as 1 or 2 doses) after a further 2 weeks. • These doses may be adjusted if you are taking other drugs at the same time.
Form	tablets and dispersible tablets
Half-life	about 33 hours, but could potentially be between 14–103 hours
Additional information	<ul style="list-style-type: none"> • Skin rashes are a very common side effect of lamotrigine, and they can be dangerous. To decrease your risk of getting rashes, your doctor is likely to start you on a relatively low dose and increase it gradually.

What should I know before taking lamotrigine?

In addition to the things to be aware of before you take any medication, the following cautions apply to lamotrigine.

Do not take if you:

- are under 18 (there's no published evidence on what the risks are, but most drug manufacturers advise against using lamotrigine as a mood stabiliser in children)

Use with caution if you:

- have liver or kidney problems
- are pregnant or breastfeeding

Dietary considerations:

- contains lactose

How could lamotrigine interact with other drugs?

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could interact with each other badly.

The following are known interactions between lamotrigine and other medications.

carbamazepine

Carbamazepine can lower the amount of lamotrigine (Lamictal) in your blood, so the lamotrigine is likely to be less effective.

valproate

- All formulations of valproate (Depakote, Epilim) can double blood levels of lamotrigine in your blood, so if your doctor prescribes valproate with lamotrigine, they should reduce your initial dose of

lamotrigine by half.

- Taking valproate with lamotrigine can also increase your likelihood of getting skin reactions.

Oral contraceptives

Oral contraceptive pills can affect how quickly your body processes lamotrigine, so your doctor might need to adjust your dosage of both drugs to keep them safe and effective. You should seek further advice from your prescriber before taking these drugs together, and you may want to consider alternative methods of contraception.

Over-the-counter drugs

You should get advice from the pharmacist or another qualified professional before taking any non-prescription medicine with lamotrigine, so they can tell you about any potential risks.

What side effects can lamotrigine cause?

Lamotrigine has the potential to cause the following unwanted side effects.

Very common (affects more than 1 person in 10)

- skin rashes (your doctor might also prescribe you an antihistamine on top of lamotrigine to help treat mild rashes)
- headaches

Common (affects 1–10 people in 100)

- agitation
- aggression
- irritability
- sleepiness
- tiredness
- insomnia (inability to sleep)
- joint pain
- back pain
- nausea (feeling sick)
- dry mouth

Uncommon (affects 1–10 people in 1,000)

- problems with balance and coordination
- blurred vision

Rare (affects 1–10 people in 10,000)

- Stevens-Johnson syndrome – this is a hypersensitivity syndrome associated with fever, facial oedema (puffiness), rashes and abnormalities of the blood and liver. This is potentially life-threatening. [E]
- nystagmus (uncontrolled eye movement)
- confusion
- hallucinations
- muscle tics
- liver problems
- conjunctivitis (inflamed eyes)

Very rare (affects fewer than 1 person in 10,000)

- toxic epidermal necrolysis (a rare but very serious condition that causes the top layer of your skin to peel away from the layers underneath) [E]
- blood disorders
- hypersensitivity (leading to multi-organ failure) [E]
- inflammation of the brain
- lupus-like illness, causing fatigue, rashes and joint pain

Not known (no one knows how many people this affects)

- bone marrow failure – the symptoms of this are bruising, infection and anaemia (anaemia makes you feel tired and makes the inside of your eyelids very pale) [E]
- swollen glands

About withdrawal

If possible you should try to come off lamotrigine slowly to avoid getting withdrawal symptoms. For more information on how to withdraw from

psychiatric drugs safely see our pages on coming off psychiatric drugs.

Possible withdrawal effects of lamotrigine

- headaches
- depression
- suicidal feelings

If you stop taking it suddenly it can also cause seizures, even if you've not experiences seizures before.

About valproate

Generic name	<ul style="list-style-type: none"> • valproate semisodium • sodium valproate
Trade names (UK)	<ul style="list-style-type: none"> • valproate semisodium: Depakote • sodium valproate: Epilim
Type of drug	Anticonvulsant (antiepileptic), used as a mood stabiliser
Prescribed for	<ul style="list-style-type: none"> • mania in bipolar disorder
Usual daily dose	<p>For both valproate semisodium and sodium valproate:</p> <ul style="list-style-type: none"> • 750mg (taken as 375mg twice a day or as 250mg 3 times a day) slowly increasing to 1,000mg–2,000mg <p>Your doctor will decide what dose of valproate you should be on based on your age, body weight, and how you're responding to the medication.</p>
Form	tablets (it's important to swallow these whole – don't crush or chew them)
Half-life	about 14 hours
Additional information	Valproate is not usually suitable for recurrent depression.

What should I know before taking valproate?

In addition to the things to be aware of before you take any medication, the following cautions apply to valproate.

Do not take if you:

- have liver disease, or have a family history of liver disease
- have porphyria (a rare inherited condition)

Use with caution if you:

- have kidney problems
- are a woman and there is a chance you might get pregnant, because valproate carries significant risks to your baby (the safest thing to do is avoid taking valproate altogether and consider a different treatment, but if you do take valproate it's very important to use effective contraception)

Dietary considerations:

None.

Additional warnings:

Your doctor should give you a liver function test before prescribing valproate, and again during your first 6 months of taking it.

How could valproate interact with other drugs?

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could interact with each other badly.

The following are known interactions between valproate and other medications.

carbamazepine

Valproate can increase the level of carbamazepine (Tegretol) in your blood. Taking these 2 drugs together increases your risk of experiencing liver problems as a side effect.

lamotrigine

- All formulations of valproate can double blood levels of lamotrigine (Lamictal) in your blood, so if your doctor prescribes these 2 drugs together, they should reduce your initial dose of lamotrigine by half.
- Taking lamotrigine with valproate can also increase your likelihood of getting skin reactions.

olanzapine (an antipsychotic drug)

Taking valproate with olanzapine (Zyprexa) can increase your risk of experiencing liver problems, weight gain and low white blood cells.

MAOI antidepressants

Valproate can increase the level of MAOI antidepressants in your blood, which increases your risk of experiencing unpleasant side effects.

Tricyclic antidepressants

Valproate can increase the level of tricyclic antidepressants in your blood, which increases your risk of experiencing unpleasant side effects.

Over-the-counter drugs

You should get advice from the pharmacist or another qualified professional before taking any non-prescription medicine with valproate, so they can tell you about any potential risks.

What side effects can valproate cause?

Valproate has the potential to cause the following unwanted side effects.

N.B. Unfortunately, reliable estimates of how likely you are to experience different side effects are not available for valproate. We've listed all side effects here in a rough order of how commonly they're reported.

Most common

- nausea (feeling sick) (it may help if you take the drug with food)
- vomiting (being sick)
- stomach pain, which may be severe
- unsteadiness
- shaking
- loss of appetite
- hair loss (it grows back if you stop taking the medication)

Less common

- fluid retention (puffy skin)
- getting more infections than usual (due to effects on your white blood cells)
- jaundice (yellow skin)
- liver problems
- blood disorders (may cause bruising or bleeding)

More rare

- rashes, acne
- sedation (feeling very sleepy)
- aggression and hyperactivity
- pancreatitis
- dementia
- irregular or loss of periods
- breast development in men
- hearing loss
- abnormal kidney function (this can make your body lose essential minerals)
- skin ulceration or blistering
- hairiness
- bed-wetting
- weight gain
- tiredness and loss of energy
- hallucinations, confusion
- movement disorders (such as Parkinsonism or tics)
- very severe rash with high temperature [E]
- encephalopathy (brain damage)
- liver failure (this can be fatal)

About withdrawal

There is very little reliable evidence on what potential withdrawal symptoms you might experience when coming off valproate as a mood stabiliser. However, if possible you should try to come off valproate slowly to avoid getting withdrawal symptoms. Some people are able to stop taking their medication suddenly without experiencing any problems, but others can have great difficulty.

Possible withdrawal effects of valproate

Some people taking valproate for epilepsy, who have had to come off it suddenly, have experienced:

- a fast heart rate
- excessive sweating
- tremors (shaking)

About asenapine

Generic name	asenapine
Trade names (UK)	Sycrest
Type of drug	Antipsychotic
Prescribed for	<ul style="list-style-type: none"> • mania in bipolar disorder
Usual daily dose	<ul style="list-style-type: none"> • 20mg (taken as 10mg twice a day) <p>Your doctor might reduce this to 5mg if you take asenepine together with another medication.</p>
Form	A rapidly dissolving tablet which you put under your tongue (you should only take the tablet out of its foil when you're ready to take it, and make sure you handle it gently, with dry hands)
Half-life	about 24 hours
Additional information	Asenapine is a relatively new drug (it was first licensed in 2010).

What should I know before taking asenapine?

In addition to the things to be aware of before you take any medication, the following cautions apply to asenapine.

Do not take if you:

- have severe liver problems
- have dementia
- are under 18

Use with caution if you have:

- heart disease
- low blood pressure
- diabetes
- Parkinson's disease
- epilepsy (seizures)
- difficulty swallowing
- poor temperature regulation
- suicidal thoughts or feelings

Dietary considerations

- contains gelatine

Additional warnings

You should be very cautious about drinking alcohol when taking asenapine, and your doctor might advise you to avoid it altogether. This is because asenapine acts on your central nervous system, and it's a relatively new drug so there's not much evidence available about the risks.

How could asenapine interact with other drugs?

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could

interact with each other badly. The following are known interactions between asenapine and other medications.

paroxetine (an SSRI antidepressant)

Asenapine can increase the amount of paroxetine (Seroxat) in your blood, which increases the risk of unpleasant side effects. If you take paroxetine, your doctor will probably want to adjust your dose before prescribing asenapine as well.

What side effects can lamotrigine cause?

Because asenapine is a relatively new drug, scientists haven't had a lot of time to gather information about what kinds of side effects you might get when you take it, or how common these are. You can help the Medicines and Healthcare Products Regulatory Agency (MHRA) to gather evidence by reporting any side effects you experience on a Yellow Card.

The available evidence suggests that asenepine can cause the following unwanted effects:

Very common (affects more than 1 person in 10)

- anxiety
- feeling very sleepy

Common (affects 1–10 people in 100)

- increased appetite
- weight gain
- muscle spasms
- extreme restlessness
- Parkinsonism and involuntary movements
- dizziness
- unusual taste sensations
- numb lips and mouth
- raised liver enzymes
- stiff muscles
- feeling tired
- feeling showed down

Uncommon (affects 1–10 people in 1,000)

- abnormal muscle movements, including tics, shaking, spasms of eye muscles and slowed movements
- raised blood sugar
- fainting
- fits
- difficulty speaking

Rare (affects 1–10 people in 10,000)

- changes in level of white blood cells
- neuroleptic malignant syndrome
- blood clot on the lung
- muscle damage with aches and pains
- breast development and milk production (this can affect men as well as women) [12]
- blurred vision
- low blood pressure
- swollen tongue
- difficulty swallowing
- burning or tingling sensations in your tongue and mouth
- sexual problems (in men and women)
- loss of menstrual periods
- slow heart beat or changes to heart rhythm

Not known (no one knows how many people this affects)

- allergic reaction, causing difficulty breathing, swollen tongue or throat, skin rashes, itching and increased heart rate [E]
- nausea (feeling sick)
- sore mouth with blisters [12]
- overproduction of saliva
- restless legs

About withdrawal

There is no evidence on what potential withdrawal symptoms you might experience when coming off asenapine. However, as with other antipsychotic drugs, if you have been taking asenapine for more than 2 weeks then you should try to come off it slowly to avoid getting withdrawal symptoms. Some people are able to stop taking their medication suddenly without experiencing any problems, but others can have great difficulty.

Useful contacts

Mind

Mind Infoline: 0300 123 3393
(Monday to Friday, 9am to 6pm)

email: info@mind.org.uk

text: 86463

web: mind.org.uk

Details of local Minds, other local services and Mind's Legal Line.

Language Line is available for languages other than English.

Action Postpartum Psychosis

web: app-network.org

A UK network of women who have experienced postpartum psychosis.

The Breastfeeding Network

web: breastfeedingnetwork.org.uk

A charity that provides information and support around breastfeeding.

Bipolar UK

tel: 08456 340 540

web: bipolaruk.org.uk

Charity supporting those with bipolar disorder, families and carers.

Coming off psychiatric medication

web: comingoff.com

A website to help you plan withdrawal and come off medication safely.

Electronic Medicines Compendium

web: medicines.org.uk/emc

Provides Patient Information Leaflets (PILs) on individual drugs.

Elefriends

web: elefriends.org.uk

A supportive online community where you can talk openly about your mental health.

Fetal Anti-Convulsant Trust (FACT)

web: fact-uk.co.uk

Support for those affected by anticonvulsant medication in pregnancy.

Medicines and Healthcare Products Regulatory Agency (MHRA)

web: mhra.gov.uk

Licenses drugs for use in the UK. Runs Yellow Card scheme for reporting side effects.

Mumsnet

web: mumsnet.com

A supportive online network for all parents and parents-to-be. Provides details of local groups in your area.

National Institute of Health and Care Excellence (NICE)

web: nice.org.uk

Publishes evidence-based clinical guidelines on conditions and treatments.

NCT

web: nct.org.uk

The UK's largest charity for parents. Provides information and details of events and courses near you.

Netmums

web: netmums.com

Online parenting advice and information.

Organisation for Anti-Convulsant Syndrome (OACS)

web: oacscharity.org

Support group for those who were born with a fetal anti-convulsant syndrome and their carers.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind Infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

This information was written by Dr Katherine Darton

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Mind
(National Association for Mental Health)
15-19 Broadway
London E15 4BQ
tel: 020 8519 2122
fax: 020 8522 1725
web: mind.org.uk

Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

Mind Infoline: 0300 123 3393 / Text: 86463
info@mind.org.uk
mind.org.uk

