

Mood stabilizers

Group of drugs principally used for the treatment of bipolar disorders → stabilize the mood → eliminate/reduce acute manic phases/act prophylactically to "stabilize" the mood

Principal mood stabilizers and their MoA

See pharmacology section for more details

- First-line agent for long-term treatment of mania and its prophylaxis
 - Lithium
 - MoA: **Inhibition** of the **phosphoinositol cascade?**, unclear
 - Steady state after 4-5 days (not acute treatment)
 - Besides bipolar disease: also **augmentation in the treatment of depression**
 - narrow therapeutic range
 - Cave:
 - Drug interactions: NSAIDs, hydrochlorothiazide -> reduce the GFR and can cause increased lithium levels
 - Side effects:
 - Nephrotoxicity (nephrogenic diabetes insipidus)
 - Hypothyroidism
 - Teratogenic: can cause Ebstein anomaly (rare heart defect in which the tricuspid valve — the valve between the upper right chamber (right atrium) and the lower right chamber (right ventricle) of the heart — isn't formed properly. As a result, blood leaks back through the valve and into the right atrium)
 - Acute intoxication: CNS (tremor, confusion), GI upset
 - Valproic acid: In patients with bad renal function (i.e. increased creatinine levels)
 - Others
 - Lamotrigine: especially useful for severe bipolar depression
 - Carbamazepine
 - Antipsychotics: Quetiapine- can be given in combination with lithium or valproic acid in refractory cases