

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

3.5 PARAMETERS FOR THE USE OF MOOD STABILIZING MEDICATIONS

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I. GENERAL PARAMETERS

- A, Definition:** Mood stabilizing medications in this parameter include: lithium; specific anticonvulsants (carbamazepine, valproic acid, divalproate, lamotrigine, and oxcarbazepine,) clozapine, and specific newer antipsychotic medications (aripiprazole, quetiapine, olanzapine, risperidone, ziprasidone). Gabapentin and topiramate are not included due to lack of evidence for efficacy for this indication.
- B. Essential Use:**
1. Mood stabilizing medications should be tried during clinically significant manic or mixed mood episodes in individuals with a diagnosis of bipolar I disorder or schizoaffective disorder, bipolar type.
 2. Mood stabilizing medications should be tried for clinically significant hypomanic episodes in individuals with bipolar II disorder.
 3. Mood stabilizing medications should be tried for prophylaxis against emergent manic episodes in individuals with bipolar mood disorders who are receiving antidepressant medication.
- C. Use:**
1. Mood stabilizing medications may be tried in individuals with substance induced mood disorders with manic or mixed features when detoxification from the responsible substance alone does not adequately resolve symptomatology or is not possible.
 2. Mood stabilizing medications should be tried in individuals with mood disorders with manic or mixed features due to a general medical condition when treatment of the responsible general medical condition alone does not adequately resolve symptomatology or is not possible.
 3. Mood stabilizing medications may be continued for prophylaxis for indefinite periods in individuals with a diagnosis of bipolar mood disorders in partial or complete remission.
 4. Mood stabilizing medications may be used for other disorders characterized by mood disturbances only with appropriate additional justification in the medical record.
 5. Lithium, quetiapine and aripiprazole may be used during depressive episodes to augment the therapeutic response to antidepressant medication when antidepressant medications

alone are not effective.

6. Pregnant women should not be treated with valproic acid, divalproate or carbamazepine. With lithium and lamotrigine, informed consent about the consideration of risks/benefits should be documented, as these agents have been shown to increase the risk of teratogenicity,

II. MULTIPLE CONCURRENT MOOD STABILIZING MEDICATIONS

1. Initially, only one mood stabilizing medication should be used.
2. Two mood stabilizing medications may be prescribe concurrently when a least one single agent has proven to be ineffective after an adequate trial of monotherapy.
3. More than two mood stabilizing medications may be prescribed concurrently only with additional appropriate justification in the clinical record.

III. USE OF LITHIUM, DIVALPROEX, LAMOTRIGINE, NEWER ANTIPSYCHOTICS AND OTHER ANTICONVULSANTS FOR BIPOLAR DISORDERS

1. Lithium, divalproex, or a newer antipsychotic should be tried initially for treatment of bipolar mood disorders, when no contraindications exist for their use
2. Initial treatment should be monotherapy with a mood stabilizing medication, but an antipsychotic with an indication as a mood stabilizing medication may be used adjunctively when the selected mood stabilizing medication is not a different antipsychotic.
3. Determination of which of the preceding medications should be used first is based upon clinical judgment, presence of comorbid general medical conditions, patient preference, and likelihood of adequate compliance.
4. When lithium, divalproex, lamotrigine or a newer antipsychotic is ineffective after an adequate clinical trial, combined treatment with another mood stabilizing medication may be tried if no contraindications exist, or the individual may be switched to another first choice mood stabilizing medication for a second trial of monotherapy.
5. Certain other anticonvulsants e.g. carbamazepine, may be tried for treatment of bipolar mood disorders if the previous medications are ineffective or are contraindicated.
6. Gabapentin and topiramate should not be used to treat bipolar disorder, as evidence for their effectiveness as solo agents for

this indication is lacking.

IV. USE OF ADJUNCTIVE MEDICATIONS WITH MOOD STABILIZING MEDICATIONS

- A. Benzodiazepines:** Benzodiazepines (e.g. lorazepam) may be used in conjunction with mood stabilizing medications for treatment of manic episodes during bipolar mood disorders, substance-induced mood disorders, and mood disorders due to general medical conditions when symptoms of anxiety or agitation are prominent. They should be tapered as soon as clinically appropriate.
- B. Antipsychotic Medications:**
1. Antipsychotic medications may be used in conjunction with mood stabilizing medications for acute treatment of manic episodes during bipolar mood disorders, substance-induced mood disorders, and mood disorders due to general medical conditions.
 2. Antipsychotic medications may be used in conjunction with mood stabilizing medications for treatment of schizoaffective disorder, bipolar type.
- C. Antidepressant Medications:**
1. Antidepressant medications may be used in conjunction with mood stabilizing medications when treating depressive symptoms in bipolar mood disorders.
 2. Antidepressants should be used cautiously during depressive episodes in bipolar I disorder with monitoring for the potential risk of rapid cycling induction.

VI. MOOD STABILIZING MEDICATION DOSAGES

1. Clinical presentation and laboratory monitoring of medication blood levels should determine dosage schedules of mood stabilizing medications.
2. Newer antipsychotics should be used at the lowest effective dose, and should not exceed the dose range indicated for use in schizophrenia.

VII. LABORATORY MONITORING FOR MOOD STABILIZING MEDICATIONS

General laboratory monitoring of individuals taking mood stabilizing medications should be determined by the clinical situation, including type of medication, health risk factors, duration of treatment, concurrent general medical condition, and concurrent medications, and should be consistent with [DMH Parameters, 3.7 Parameters For General Health-Related Monitoring. And Interventions in Adults.](#)

- A. Lithium:**
1. Prior to initiation of lithium treatment, the following baseline laboratory data should be assessed: **electrolytes, creatinine, pregnancy status, and thyroid function (e.g., TSH).**

2. **EKG** should be assessed in individuals with history of cardiac abnormalities or syncope.
3. **Plasma lithium level** should be closely monitored during initiation of lithium to ensure therapeutic levels and avoid dose-related toxicity.
4. **Plasma lithium level** should be monitored at least every 6 months in individuals stabilized on lithium.
5. **Creatinine level, and TSH level** should be monitored at least every 6 months to one year in individuals stabilized on lithium.

B. Divalproex:

1. Prior to initiation of divalproex, **CBC, liver enzymes and pregnancy status** should be assessed.
2. **Liver function** tests should be assessed at one and two months following initiation of divalproex and at least every 6 months in individuals stabilized on divalproex in order to avoid dose-related toxicity and ensure therapeutic levels.

C. Carbamazepine;

1. Prior to initiation of carbamazepine, **CBC and liver enzymes** should be assessed.
2. **Liver function tests, electrolytes, CBC** should be assessed at one and two months following initiation of carbamazepine and at least every 6 months in individuals stabilized on carbamazepine in order to avoid dose-related toxicity and ensure therapeutic levels.

**D. Newer
Antipsychotics:**

Laboratory monitoring should be consistent with [DMH 3.7 Parameters for General Health-Related Monitoring.](#)