

# Mood stabilisers

This factsheet gives information about medication that can stabilise the highs and lows of your mood. These are often known as mood stabilisers.



- You may get mood swings if you have certain mental illnesses, including bipolar disorder (previously called manic depression) and schizoaffective disorder.
- Mood swings can cause mania (feeling high) and depression.
- If you have a mood disorder, you may be given mood stabilising medication, which aims to even out the highs and the lows of the mood.
- There are a number of different mood stabilisers that can suit people differently and can have side effects.
- It is important to speak to your doctor about your medication if you have any questions.

## **This factsheet covers:**

- 1) [What are mood stabilisers?](#)
- 2) [What different types of mood stabilisers are there?](#)
- 3) [Are there any possible side effects?](#)
- 4) [What if I stop taking mood stabilisers?](#)
- 5) [Will my mood stabilisers affect other medication?](#)
- 6) [Will drinking alcohol affect my mood stabiliser?](#)
- 7) [Can I drive when taking my mood stabiliser?](#)
- 8) [What else should I consider before taking mood stabilisers?](#)

## 1. What are mood stabilisers?

Mood stabilisers can help if you have mania, depression or unhelpful mood swings. They help to control and 'even out' these mood swings. Mania is when you have an unusually high mood or levels of activity. You may have a lot of energy, talk very quickly and behave in ways that you might normally.

If you have depression you may experience symptoms such as low mood, lack of energy or activity, feelings of worthlessness, despair or sadness. Your mood may change quickly between mania and depression.

Your doctor may prescribe mood stabilisers if you have an episode of mania or depression that changes or gets worse suddenly (you may hear this referred to as an acute episode). Some people need to take mood stabilisers as a long-term treatment to stop this from happening. It is not known how mood stabilisers work.

You may experience mania or depression if you have a condition such as bipolar disorder or schizoaffective disorder. You can find out more about these in our factsheets which you can download from [www.rethink.org](http://www.rethink.org).

In this factsheet we refer to 'NICE guidance'. NICE stands for the National Institute of Health and Care Excellence. They write guidelines for how the NHS should treat and care for many mental and physical health conditions. You can see a copy of the NICE guidelines for bipolar disorder at the following link <http://www.nice.org.uk/guidance/cg185>.

[Top](#)

## 2. What different types of mood stabilisers are there?

There are different types of medication that can help stabilise mood.

**Lithium** (known as Lithium Carbonate) is widely used for the long-term treatment of mania. It can reduce how often you get an episode and how severe they are.<sup>1</sup> Lithium can take at least a week to have an effect, so it will normally be used if your symptoms are not severe. Other medications act faster. Lithium has been found to reduce the risk of suicide.<sup>2</sup>

To make sure that the lithium is working properly and is not at a dangerous level, it is recommended you have regular blood tests to check the lithium levels in your blood every 3 months.<sup>3</sup>

There are a number of different lithium compounds used to treat mania. These can cause changes to salt levels in the body. This can lead to higher levels of lithium. These levels can increase to a point where they are toxic to the body and cause poisoning. This risk can be made worse by going on low salt diets, becoming dehydrated and interactions with certain medications.<sup>4</sup> If you would like more advice about this, then please talk to your doctor.

**Valproate** (known as – Depakote, Epilim, Episenta, Epival, Convulex) is a medication used to treat epilepsy. It is also licensed to treat mania.<sup>5</sup>

NICE guidance for bipolar disorder recommends valproate as a first choice to treat episodes of mania and also for long-term treatment.<sup>6</sup> However, it is not recommended if you are thinking of starting a family (please see the [pregnancy](#) section of this factsheet).

**Lamotrigine** (known as Lamictal) is also a medication used to treat epilepsy. It can treat bipolar disorder when depression is the main problem. NICE guidance does not recommend it to treat episodes of mania, or as a first option for long-term treatment of bipolar disorder.<sup>7</sup>

**Antipsychotic** medication can also help to stabilise mood. This type of medication is normally used to treat symptoms of psychosis (which include delusions, hallucinations and paranoia). Some of the newer antipsychotics can be used to treat bipolar disorder. NICE guidelines recommended the following antipsychotics if you have bipolar disorder – Olanzapine, Haloperidol, Quetiapine and Risperidone.<sup>8</sup>

You can find out more about antipsychotic medication in our **'Antipsychotics'** factsheet. You can download this for free from [www.rethink.org](http://www.rethink.org) or call 0121 522 7007 and ask for a copy to be sent to you.

### **Can I choose my medication?**

What treatment is best for you will depend on your particular symptoms or diagnosis. This should be based on what you, your doctor or your healthcare team agree to in advance.

If you do not feel you are being listened to then you could try and get help from an advocate. An advocate can help you to make your voice heard and help talk to professionals to make sure you get the right help and treatment.

You can find out more about advocates in our **'Advocacy'** factsheet. You can download this for free from [www.rethink.org](http://www.rethink.org) or call 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

### **3. Are there any possible side effects?**

If you take mood stabilisers you may find that you get side effects. Some side effects may only last for a short time or may become manageable or easier to cope with. If you are worried about the side effects of your medication, you should make an appointment with your doctor to discuss this. Sometimes a lower dose or changing your medication will reduce side effects.

## Side effects of lithium<sup>9</sup>

Most side effects are directly related to how much lithium is in the blood stream. Common side effects of Lithium include:

- upset stomach
- hand movement or shaking
- feeling thirstier and needing to pass urine more frequently
- skin conditions such as psoriasis and acne can be aggravated by lithium
- weight gain.

You should get regular blood tests to make sure you have a safe level of lithium in your blood.

## Side effects of valproate<sup>10</sup>

Valproate can cause:

- stomach upset and nausea
- significant weight gain
- hair loss
- tremors.

In women, valproate can cause problems with testosterone levels. Increased testosterone levels can lead to periods stopping and abnormal hair growth.

Valproate may be linked to a condition called polycystic ovaries in women (this can affect how the ovaries work, which can cause symptoms including excessive body hair, irregular periods, problems getting pregnant or acne). Most side effects are worse if you need a high dose.

If you are pregnant, it can cause problems with the foetus. For this reason, NICE guidance recommends that if you are starting a family you should not take valproate<sup>11</sup>. (See the [pregnancy](#) section further on in this factsheet).

Valproate can affect how your liver works, so you will also need regular tests. NICE guidance recommends testing the functioning of your liver at the start of treatment and every 6 months after that.<sup>12</sup>

## Side effects of lamotrigine<sup>13</sup>

Side effects include:

- drowsiness
- dizziness
- headaches
- blurred vision.

## Side effects of antipsychotics

For information about the side effects of antipsychotics see our '**Antipsychotics**' factsheet. You can download this for free from [www.rethink.org](http://www.rethink.org) or call 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

### 4. What if I stop taking mood stabilisers?

You should not stop taking your mood stabiliser without first talking about this to your doctor. If you need to stop, this should be done gradually over a number of weeks under the guidance of your doctor. During this time and for a period afterwards, you should look out for signs of your illness returning.

You may also experience withdrawal symptoms if you stop taking your medication suddenly. These symptoms depend on the medication you are taking.

[Top](#)

### 5. Will my mood stabilisers affect other medication?

You should tell your doctor if you are taking any other medication before starting or stopping mood stabilisers. This includes herbal or complementary medication.<sup>14</sup> Your doctor can give you advice on whether your mood stabiliser will affect any other medication.<sup>15</sup>

[Top](#)

### 6. Will drinking alcohol affect my mood stabiliser?

If you are taking lithium, you do not have to stop drinking alcohol completely. However, you should try not to have more than one or two drinks a day, as this can affect the level of lithium in your blood. It can also make you drowsy. This is particularly important if you drive or operate machinery.<sup>16</sup>

[Top](#)

### 7. Can I drive when taking mood stabilisers?

Some mood stabilisers may make you drowsy and affect your driving. You should inform the DVLA if you are taking medication that may affect your driving. You should also inform them if you have a medical condition that could affect your driving.

You can find out more about this in our factsheet '**Driving and mental illness**'. You can download this for free from [www.rethink.org](http://www.rethink.org) or call 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

## **8. What else should I consider before taking mood stabilisers?**

Medication can affect sexual desire (libido), arousal and your ability to have an orgasm. If this does happen, you should talk to your doctor. Changing the dose could help with this problem.

### **Pregnancy**

If you are thinking of trying for a baby, you should contact your doctor and discuss your options around medication .

Your doctor should give you information about the effects that certain medications can have during pregnancy.

If you are pregnant and need to take a mood stabiliser, you should discuss it fully with your doctor. Some mood stabilisers can cause problems if you take them whilst you are pregnant. It is important that any decision about treatment during pregnancy weighs up the individual risks and benefits.

### **Lithium**

Taking lithium during pregnancy can cause heart problems in the foetus.<sup>17</sup> Lithium should be avoided in pregnancy if possible.

### **Valproate**

Valproate can have harmful effects on the foetus. There is a particular link with spina bifida.<sup>18</sup>

### **Lamotrigine**

Lamotrigine is linked to an increased risk of cleft palate.<sup>19</sup> NICE recommends that you should not take this medication if you are pregnant.<sup>20</sup>

### **Antipsychotics**

NICE guidance recommends antipsychotics that are used as mood stabilisers are better than other mood stabilisers if you are pregnant.<sup>21</sup>

### **Breast feeding**

There is limited information about the safety of mood stabilisers while breast feeding. The benefits and risks of breast feeding should be weighed up. You should be able to discuss your options with your doctor or psychiatrist during this period



- 
- <sup>1</sup> Tondo L et al. Long-term clinical effectiveness of lithium maintenance treatment in types I and II bipolar disorders. *British Journal of Psychiatry Supplement* 2001; 41:s184-90
  - <sup>2</sup> Kessing DE et al. Suicide risk in patients treated with lithium. *Archive of General Psychiatry* 2005; 62: 860-866
  - <sup>3</sup> See reference 1
  - <sup>4</sup> *Psychiatry*. 11<sup>th</sup> edition. Wiley Blackwell. 2012.
  - <sup>5</sup> See reference 4
  - <sup>6</sup> See reference 1
  - <sup>7</sup> See reference 1
  - <sup>8</sup> National Institute for Health and Care Excellence (2014) Bipolar disorder. The assessment and management of bipolar disorder in adults, children and young people in primary and secondary care. London. p 8.
  - <sup>9</sup> See reference 4
  - <sup>10</sup> See reference 4
  - <sup>11</sup> See reference 1
  - <sup>12</sup> See reference 1
  - <sup>13</sup> Choice and Medication. *Lamotrigine*. Available at <http://www.choiceandmedication.org/nsft/medications/77/> [Accessed 18<sup>th</sup> September 2014]
  - <sup>14</sup> See reference 4
  - <sup>15</sup> See reference 13
  - <sup>16</sup> Choice and Medication. *Lithium carbonate*. Available at <http://www.choiceandmedication.org/nsft/medications/72/> [Accessed 18<sup>th</sup> September 2014]
  - <sup>17</sup> Cohen LS et al. A reevaluation of risk of in utero exposure to lithium. *JAMA* 1994; 271:146-150
  - <sup>18</sup> James L et al. Informing patients of the teratogenic potential of mood stabilising drugs; a case notes review of the practice of psychiatrists. *Journal of Psychopharmacology* 2007; 21:815-819
  - <sup>19</sup> Holmes LB et al. Increased risk for non-syndromic cleft palate among infants exposed to lamotrigine during pregnancy. *Birth Defects Research* 2006; 76:318
  - <sup>20</sup> See reference 19
  - <sup>21</sup> See reference 19

© Rethink Mental Illness 2014

Last updated October 2014

Next update October 2016

Version 5

This factsheet is available  
in large print.



---

## Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

---

### Did this help?

We'd love to know if this information helped you.

**Drop us a line at:** [feedback@rethink.org](mailto:feedback@rethink.org)

**or write to us at Rethink Mental Illness:**

RAIS

PO Box 17106

Birmingham B9 9LL

**or call us on** 0300 5000 927.

We're open 9:30am to 4pm

Monday to Friday (excluding bank holidays)



Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.

For further information  
on Rethink Mental Illness  
Phone 0121 522 7007  
Email [info@rethink.org](mailto:info@rethink.org)

 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

 [twitter.com/rethink\\_](https://twitter.com/rethink_)

 [www.rethink.org](http://www.rethink.org)

### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

### Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to [www.rethink.org/donate](http://www.rethink.org/donate) or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.