

Understanding Mood Stabilizers

A Guide for Patients, Families & Caregivers

What are mood stabilizers?

Mood stabilizers are medicines used to treat or prevent episodes of unusually elevated, irritable, or depressed mood—especially in bipolar disorder. The term describes a treatment role, not one single drug family. Some antiseizure medicines and some antipsychotic medicines are also used to stabilize mood.

What can they help with?

- Bipolar mania or hypomania: unusually high energy, reduced need for sleep, impulsivity, or severe irritability.
- Bipolar depression: certain medicines help treat or prevent depressive episodes.
- Preventing future episodes: maintenance treatment may reduce relapse and hospitalization.
- Other conditions: clinicians sometimes prescribe these medicines for different diagnoses, but the evidence and FDA indications vary.

Common medications: an informational reference

Medicine (examples of brands)	Typical role / important note
Lithium (Lithobid; generic)	Acute mania and maintenance; evidence for reducing suicide risk in bipolar disorder; requires blood testing.
Divalproex / valproic acid (Depakote, Depakene)	Acute mania; some maintenance use; requires liver, blood-count and sometimes drug-level monitoring.
Lamotrigine (Lamictal)	Bipolar maintenance, particularly preventing depressive episodes; not a treatment for acute mania.
Carbamazepine (Tegretol, Equetro)	Acute mania/mixed episodes; many interactions and laboratory monitoring.
Oxcarbazepine (Trileptal, Oxtellar XR)	Sometimes used off-label; evidence for bipolar disorder is more limited.
Topiramate (Topamax)	Not established as an effective mood stabilizer for bipolar disorder; may cause cognitive side effects.

Several second-generation antipsychotics also treat bipolar symptoms, including quetiapine, olanzapine, aripiprazole, risperidone, ziprasidone, asenapine, lurasidone, cariprazine and lumateperone. Their specific indications differ; they are discussed separately in the antipsychotic handout.

Benefits, limits, and time to response

- Some medicines reduce severe mania within days to weeks; prevention of relapse requires ongoing treatment.
- Lamotrigine must be increased slowly to lower the risk of serious rash; benefit may take several weeks.
- Finding the right treatment often involves balancing symptoms, medical conditions, other medicines, and side effects.
- Mood stabilizers do not replace sleep regularity, psychotherapy, substance-use treatment, or follow-up care.

Common side effects

Medicine	Side effects families may notice
Lithium	Tremor, thirst, increased urination, nausea, weight gain; thyroid and kidney effects.
Valproate / divalproex	Sleepiness, tremor, nausea, weight gain, hair changes; platelet or liver abnormalities.
Lamotrigine	Headache, dizziness, nausea, double vision; rash must be assessed promptly.
Carbamazepine	Dizziness, sleepiness, unsteadiness, nausea, low sodium; multiple interactions.
Oxcarbazepine	Dizziness, fatigue, unsteadiness, low sodium; rash possible.

Serious problems: when to seek help

- New rash with blisters, mouth sores, fever, or skin peeling: seek urgent medical assessment, particularly with lamotrigine or carbamazepine.
- Severe vomiting, diarrhea, marked tremor, confusion, muscle weakness, or trouble walking in someone taking lithium: urgent evaluation for possible toxicity.
- Severe abdominal pain, persistent vomiting, unusual bleeding/bruising, or jaundice while taking valproate: contact a clinician urgently.
- Seizures, severe confusion, or significant new weakness may signal low sodium or another medical emergency.

Do not abruptly stop a prescribed mood stabilizer without medical guidance unless emergency clinicians direct otherwise. Sudden discontinuation may increase relapse risk; some medicines also carry seizure-related risks.

Monitoring and medication safety

Treatment	Common monitoring considerations
Lithium	Blood lithium level, kidney function, thyroid function, electrolytes; review hydration and interactions.
Valproate / divalproex	Liver function, complete blood count/platelets; levels when clinically appropriate.
Carbamazepine	Complete blood count, liver tests, sodium; drug levels and interactions as appropriate.
Lamotrigine	Rash surveillance, dose and interaction review; routine blood levels generally not required.
Oxcarbazepine	Sodium, especially in older adults or with other sodium-lowering medicines.

Important interactions and precautions

- Lithium levels can rise with dehydration and with medicines such as NSAIDs (ibuprofen/naproxen), ACE inhibitors, ARBs, and certain diuretics. Ask before starting new medications.
- Valproate can raise lamotrigine exposure and rash risk; their combination requires a different, slower lamotrigine dosing schedule.
- Carbamazepine affects the metabolism of many medications, including some anticoagulants and contraceptives.
- Valproate and carbamazepine can cause serious fetal harm. Pregnancy planning and reproductive counseling are essential. Lithium and lamotrigine also require individualized pregnancy discussions.
- Tell the treatment team about kidney or liver disease, falls, heart disease, alcohol use, and all prescriptions, supplements, and over-the-counter drugs.

Special considerations for older adults

Older adults may be more sensitive to sedation, tremor, low sodium, unsteadiness, drug interactions, and changes in kidney function. Starting doses may be lower, titration slower, and monitoring more frequent. A new change in thinking or walking should not automatically be attributed to dementia.

Mood stabilizers and dementia

Mood stabilizers are not approved to treat dementia itself. Valproate/divalproex is generally not recommended for agitation in dementia because studies have not shown meaningful benefit and adverse effects can be substantial. Other anticonvulsants have limited or insufficient evidence for routine treatment of dementia-related agitation. A coexisting bipolar disorder or seizure disorder is a separate clinical reason to consider treatment.

For distress or agitation, the first steps usually include checking for pain, delirium, infection, medication effects, unmet needs, and environmental triggers, and using individualized nonmedication strategies.

What to expect when treatment begins

- Before treatment: review the diagnosis, medical history, medication list, relevant laboratory tests, and treatment goals.
- First weeks: dose changes may be gradual. Track sleep, energy, mood, behavior, falls, tremor, and side effects.
- Follow-up: review symptom response, blood tests when needed, and whether the benefits outweigh harms.
- Long-term: do not change doses independently; make a plan for missed doses, dehydration or illness, and future medication reviews.

Questions patients and families can ask

- What symptom or diagnosis is this medicine treating, and how will we measure improvement?
- Is this an FDA-approved use or an off-label use? What alternatives are available?
- Which side effects require a same-day call or emergency evaluation?
- Which laboratory tests are needed, and how often?
- What should we do if the person is ill, dehydrated, misses a dose, or starts a new medicine?
- If the medicine is helpful, how long might treatment continue?

Medication discussion worksheet

Medication and dose: _____

Target symptoms: _____

Changes noticed / side effects: _____

Next appointment and laboratory tests: _____

Trusted patient education resources

- National Institute of Mental Health (NIMH): Bipolar Disorder — nimh.nih.gov/health/topics/bipolar-disorder
- MedlinePlus: Drug Information (lithium, valproic acid, lamotrigine, carbamazepine) — medlineplus.gov/druginformation.html
- National Alliance on Mental Illness (NAMI): Medications and support — nami.org
- U.S. Food and Drug Administration: Medication Guides and prescribing information — accessdata.fda.gov/scripts/cder/daf/

Educational information only. This guide is not a substitute for an individualized medical assessment. Medication approvals, formulations, and safety recommendations may change.