OTHER MEDICATIONS TO TREAT BIPOLAR DISORDER

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Learning Objectives

- Identify common drug interactions that occur with antipsychotics, carbamazepine, valproate, and lamotrigine, and how they should be managed in practice.
- Describe the risks and complications of using antipsychotics, carbamazepine, valproate and lamotrigine during pregnancy.
- Compare and contrast interaction potential and safety in pregnancy between lithium, valproate carbamazepine, lamotrigine, and antipsychotics.



Acute Treatment

Medication	Mania	Mixed Episode	Bipolar Depression
Aripiprazole	X	X	
Asenapine	X	X	
Cariprazine	X	X	X
Lurasidone			X
Olanzapine	X	X	
Olanzapine + fluoxetine			X
Quetiapine	X	X	X
Risperidone	X	X	
Ziprasidone	X	X	
Carbamazepine	Х	Х	
Valproate	X	X	X
Lamotrigine			X
Lithium	Х		X



Monitoring

	Valproate	Carbamazepine	Lamotrigine	Antipsychotics
Drug level	 50-125 mcg/mL 12 hours post dose 3-5 days after initiation or dose change Every 6-12 months 	 4-12 mcg/mL 12 hours post dose 5 days after initiation or dose change Every 6-12 months 	None	 None
Lab monitoring	CBC, LFTs	CBC, LFTs, electrolytes	Baseline SCr and LFTs	Metabolic parameters, AIMS



Interaction Potential and Use in Pregnancy

	Valproate	Carbamazepine	Lamotrigine	Antipsychotics
Interactions	Enzyme inhibitor (2C19, UGT)	Broad spectrum CYP enzyme inducer Auto-induction	Metabolism inhibited by VPA and induced by CBZ—dose adjustments required	Varies with agent QT prolongation
Pregnancy	 Teratogenic Avoid use during pregnancy and in women who wish to become pregnant Contraceptive method recommended in women of child bearing age Carbamazepine may decrease plasma concentrations of oral contraceptives Women who are planning a pregnancy should under go a slow taper Education is very important! 		Does not appear teratogenic Physiologic changes of pregnancy may require dose adjustments	See "Schizophrenia" lecture



Other Considerations

Valproate	Carbamazepine	Lamotrigine	Antipsychotics
Unfavorable ADE profile: GI issues, weight change, sedation, alopecia, tremor, visual disturbance	CNS side effects, rash/SJS, HLA-B1502 testing	Slow titration, need for adherence, rash/SJS	Metabolic risk (obesity, dyslipidemia, diabetes, CVD), movement disorders, LAIA formulations available



CONSIDER USE IN BIPOLAR DISORDER IF...

Lithium	Valproate or Carbamazepine	Lamotrigine
 Acutely manic or hypomanic Maintenance treatment to prevent depressive and/or manic/hypomanic episodes History of suicide attempts or suicidal ideation (potentially suicide protective) 	 Acutely manic, hypomanic or experiencing a mixed episode Maintenance tx to prevent manic or hypomanic or mixed episodes 	 Are in an acute depressive episode Require maintenance treatment to prevent depressive episodes Pregnant or considering pregnancy Difficulty with consistent follow-up for necessary lab monitoring

CAUTION USE IN BIPOLAR DISORDER IF...

Lithium Valproate or Carbamazepine Lamotrigine Acute depressive episode Acute depressive episode Female and of childbearing age Difficulty with consistent follow-up for necessary lab monitoring Poor renal function Valproate or Carbamazepine Acute depressive episode Female and of childbearing age Hepatic disease Carbamazepine only: On oral contraceptive (reduced efficacy of COC) Positive for HLA-B*1502 allele (most common in Asian ancestry) Lamotrigine Acutely manic, hypomanic or experiencing a mixed episode Maintenance treatment to prevent manic/hypomanic or mixed episodes History of poor med adherence (restart initial taper if med stopped 5-7 days)					
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CONSIDER USE IN BIPOLAR DISORDER IF...

Second-Generation Antipsychotic

- Acutely manic, hypomanic or experiencing a mixed episode (exception lurasidone)
- Acute depressive episode
- Maintenance treatment to prevent depressive and/or manic/hypomanic/mixed episodes
- Pregnant or considering pregnancy
- Difficulty with consistent follow-up for necessary lab monitoring
- History of poor med compliance (long-acting injectable form available for some antipsychotics

CAUTION USE IN BIPOLAR DISORDER IF...

Second-Generation Antipsychotic

- Have diabetes, dyslipidemia, pre-existing cardiovascular disease, or are overweight or obese (highest risk agents for weight gain and metabolic changes: olanzapine, quetiapine, risperidone
- On other QTc prolonging medications (ziprasidone and quetiapine with highest risk)
- History of or current symptoms of movement disorder



Questions??

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