

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.

KEY POINTS

- You may get mood swings if you have some mental illnesses, including bipolar disorder (previously called manic depression) and schizoaffective disorder.
- Mood swings can cause high moods (mania) and low moods (depression). If you have a mood disorder, you may be given mood stabilising medication which evens out the highs and the lows of your mood.
- There are different types of medication that can help stabilise mood.
- Everyone reacts differently to medication and there can be side effects. Speak to your doctor about your medication if you have any questions.

This factsheet covers:

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- 2) [What different types of mood stabilisers are there?](#)
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1. What are mood stabilisers?

Mood stabilisers are a type of medication that 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 not normally do.

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. This is called an acute episode. Some people need to take mood stabilisers as a long-term treatment to stop this from happening.

You may experience mania or depression if you have a condition such as bipolar disorder or schizoaffective disorder.

You can find more information about:

- bipolar disorder
- schizoaffective disorder

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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

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2. What different types of mood stabilisers are there?

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

Lithium

This is sometimes called Lithium Carbonate. There are different medicines which have lithium in them which are used to treat mania. Lithium is used for the long-term treatment of mania. It can reduce how often you get an episode and how severe they are.¹ It can take at least a week to have an effect. So it will normally be used if your symptoms are not severe.

Lithium has been found to reduce the risk of suicide.² There are faster acting medications available.

To make sure that the lithium is working properly and is not at a dangerous level, you should have tests to check the lithium levels in your blood every 3 to 6 months.³

Valproate

This is sometimes called Depakote, Epilim, Episenta, Epival or Convulex. It is a medication used to treat epilepsy. It is also used to treat mania.⁴

NICE guidance for bipolar disorder recommends valproate as a first choice to treat episodes of mania and also for long-term treatment.⁵ However, it is not recommended if you are thinking of starting a family (see section 8 of this factsheet).

Lamotrigine

This is sometimes called Lamictal. It is 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.⁶

Antipsychotics

Antipsychotic medication can 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 recommend the following antipsychotics if you have bipolar disorder.

- Olanzapine
- Haloperidol
- Quetiapine
- Risperidone.⁷

You can find out more about '**Antipsychotics**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Can I choose my medication?

The best treatment for you will depend on your symptoms or diagnosis. This should be based on what you, your doctor or your healthcare team agree to.

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. They can talk to professionals to make sure you get the right help and treatment.

You can find out more about '**Advocacy**' at www.rethink.org or call or General Enquiries team on 0121 522 7007 and ask for a copy to be sent to you.

3. Are there any 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 become easier to cope with. If you are worried about the side effects of your medication, speak to your doctor. Sometimes a lower dose or changing your medication will reduce side effects.

Side effects of lithium⁸

Most side effects are directly related to how much lithium is in the blood stream. These are some common side effects of lithium.

- 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.

Taking lithium can change the amount of salt in your body. This can lead to higher levels of lithium which can cause poisoning. This can be made worse by going on low salt diets, not drinking enough water or other medications.⁹ If you would like more advice about this, speak to your doctor.

Side effects of valproate¹⁰

Valproate can cause:

- stomach upset and feeling sick
- weight gain
- hair loss
- tremors.

In women, valproate can cause increased testosterone levels. This 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, valproate can cause problems with the unborn baby. NICE guidance recommends that if you are starting a family you should not take valproate¹¹. See section 8 of this factsheet for more information.

Valproate can affect how your liver works, so you will need regular tests. NICE guidance says to test your liver at the start of treatment and every 6 months after that.¹²

Side effects of lamotrigine¹³

Side effects include:

- drowsiness
- dizziness
- headaches
- blurred vision
- stomach problems

Side effects of antipsychotics

The side effects of antipsychotics can be different depending on which type of antipsychotic you take.

For information about the side effects of antipsychotics see our '**Antipsychotics**' factsheet at www.rethink.org or call our General Enquiries team 0121 522 7007 and ask them to send you a copy of our factsheet.

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4. What if I stop taking mood stabilisers?

Do not stop taking your mood stabiliser without first talking to your doctor. If you need to stop, your doctor can reduce the dose slowly over a few weeks. You should look out for signs of your illness returning if you are stopping your medication.

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

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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. Your doctor can give you advice on whether your mood stabiliser will affect any other medication.

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6. Will drinking alcohol affect my mood stabiliser?

If you are taking mood stabilisers, you do not have to stop drinking alcohol completely. But you should try not to have more than one or two drinks a day as drinking alcohol can affect the level of medication in your blood. It can also make you drowsy. This is very important if you drive or operate machinery.¹⁴

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7. Can I drive when taking mood stabilisers?

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

You can find out more about '**Driving and mental illness**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask for a copy to be sent to you.

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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 happens, talk to your doctor. Changing the dose could help with this problem.

Pregnancy

If you are thinking of trying for a baby, speak to your doctor about your medication.

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

If you are pregnant and need to take a mood stabiliser speak to 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.¹⁵ Lithium should not be taken when you are pregnant if possible.

Valproate

Valproate can harm an unborn baby. There is a link with spina bifida.¹⁶

Lamotrigine

Recent studies show that taking lamotrigine during pregnancy does not increase the risk of harming the unborn baby.¹⁷ But NICE says you should be checked regularly if you are pregnant and taking lamotrigine.¹⁸

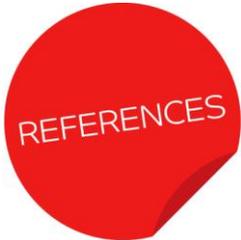
Antipsychotics

NICE guidance recommends antipsychotics that are used as mood stabilisers are better than other mood stabilisers if you are pregnant.¹⁹

Breast feeding

There is not much information about the safety of mood stabilisers while breast feeding. The benefits and risks of breast feeding should be weighed up. Speak to your doctor or psychiatrist about this.

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- ¹ 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
- ² Kessing DE et al. Suicide risk in patients treated with lithium. *Archive of General Psychiatry* 2005; 62: 860-866. Available at: DOI:[10.1001/archpsyc.62.8.860](https://doi.org/10.1001/archpsyc.62.8.860)(Accessed 3rd October 2016).
- ³ National Institute for Health and Care Excellence 2016 Bipolar disorder: assessment and management. Clinical Guidance 185. London: National Institute for Health and Clinical Excellence. Para 1.10.19.
- ⁴ British National Formulary. *Valproate*www.evidence.nhs.uk/formulary/bnf/current/4-central-nervous-system/48-antiepileptic-drugs/481-control-of-the-epilepsies/valproate Para 4.8.1 (Accessed 10 October 2016).
- ⁵ See reference 3. Para 1.7.6.
- ⁶ See reference 3. Para 1.5.10.
- ⁷ See reference 3. Para 1.5.3
- ⁸ British National Formulary. *Lithium Carbonate*.
www.evidence.nhs.uk/formulary/bnf/current/4-central-nervous-system/42-drugs-used-in-psychoses-and-related-disorders/423-drugs-used-for-mania-and-hypomania/lithium/lithium-carbonate (Accessed 10 October 2016).
- ⁹ Royal College of Psychiatrists. *Medications for bipolar disorder*.
www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/medicationsbipolardisorder.aspx (Accessed 10 October 2016).
- ¹⁰ See reference 4.
- ¹¹ See reference 3. Para 1.10.34.
- ¹² See reference 3. Para 1.10.31.
- ¹³ Choice and Medication. *Lamotrigine*.
www.choiceandmedication.org/nsft/medications/77/ (Accessed 3 October 2016).
- ¹⁴ Choice and Medication. *Lithium carbonate*.:www.choiceandmedication.org/nsft/medications/72/ (Accessed 3 October 2016)
- ¹⁵ National Institute for Health and Care Excellence 2015. Clinical Guidance 192. . Antenatal and postnatal mental health: clinical management and service guidance. London: National Institute for Health and Clinical Excellence. Para 1.4.3.4
- ¹⁶ Mace, S & Taylor, D. *Improving adherence to NICE guidance for bipolar illness: valproate use in women of childbearing potential*. *The Psychiatrist* Feb 2011, 35 (2) 63-67; Available at: DOI: 10.1192/pb.bp.110.030106 (Accessed 10th October 2016).
- ¹⁷ Dolk H, Wang H, Loane M, et al. *Lamotrigine use in pregnancy and risk of orofacial cleft and other congenital anomalies*. *Neurology* 2016;86:1-10. April 6, 2016, Available at: DOI: <http://dx.doi.org/10.1212/WNL.0000000000002540>
- ¹⁸ See reference 16. Para 1.4.3.2 (Accessed 10th October 2016).
- ¹⁹ See reference 16. Para 1.8.20

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Rethink Mental Illness Advice Service

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