

GUIDANCE ON THE USE OF ANTI-EPILEPTIC MEDICATIONS AS MOOD STABILISERS IN BIPOLAR DISORDER

A number of anti-epileptic drugs (AED) are used in the management of bipolar disorder and are traffic lighted in Doncaster as AMBER G.

Valproate is the most commonly used and is a recommended treatment both for the management of acute mania and as a mood stabiliser to reduce the risk of further mood swings. (NICE CG38). Carbamazepine and Lamotrigine have licenced uses in aspects of bipolar disorder management.

Although prescribing by brand in bipolar is not covered by the MHRA when prescribing Valproate a brand should be stipulated

Prior to transfer to primary care secondary care will:

- Stabilise the dose, and inform the GP of dose and, where appropriate, brand.
- Have carried out relevant baseline tests, which will be included in clinic letters
- Given the patient relevant written patient information and discussed side effects and other issues.
- Provided guidance on when to re-refer to secondary care e.g. :
 - Non compliance
 - Significant side effects
 - Relapse

Valproate in women of child bearing age:

AEDs should not be prescribed routinely for women of child-bearing potential. If no effective alternative can be identified, adequate contraception should be used, and the risks of taking AEDs during pregnancy should be explained. Adequate contraception might include coils, long acting injections but **not** contraceptive pills.

Any women of child bearing age prescribed an AED will have the rationale clearly documented in their clinic letter, and in these patients if they should either wish to subsequently become pregnant or fall pregnant unexpectedly GPs should contact the patient's consultant for further assessment.

	VALPROATE	CARBAMAZEPINE	LAMOTRIGINE
Relevant licencing	Currently there are three licensed forms of valproate for the treatment of mania: Depakote (Valproic Acid, as semi sodium valproate) , Convulex (Valproic acid) and Episenta (MR Valproate). NICE recommend their use for prophylaxis of bipolar disorder	Prophylaxis of bipolar disorder unresponsive to lithium	Adults aged 18 years and above for prevention of depressive episodes in patients with bipolar disorder who experience predominantly depressive episodes
Usual maintenance dose	Depakote, Convulex & Episentra: 1000–2000mg daily Doses greater than 45mg/kg daily require careful monitoring	400 – 600mg daily; max. 1600mg daily	Monotherapy or adjunctive therapy of bipolar disorder (without enzyme inducing drugs) without valproate, 200mg daily in 1–2 divided doses; max. 400mg daily Adjunctive therapy of bipolar disorder with valproate 100mg daily in 1–2 divided doses; max. 200mg daily Adjunctive therapy of bipolar disorder (with enzyme inducing drugs) without valproate, maintenance 200mg twice daily Dose adjustments may be required if other drugs are added to or withdrawn from their treatment regimen
Contra indications	Refer to current BNF	Refer to current BNF	Refer to current BNF
Cautions	Refer to current BNF	Refer to current BNF	Refer to current BNF
Side effects	Refer to current BNF	Refer to current BNF	Refer to current BNF
Significant interactions	Refer to current BNF	Refer to current BNF	Refer to current BNF
Monitoring			
Liver function	At start and at 3 months (greatest risk of liver damage is between 2-12 weeks)	At start and at 6 months	
Renal Function	U&Es every 6 months	U&Es every 6 months	
Full blood count	At start and at 6 months	At start and at 6 months. If hyponatraemia present – STOP drug and contact consultant	
Height & weight	At start and at 6 months if patient gains weight rapidly	At start and at 6 months if patient gains weight rapidly	
Drug blood levels	Only if there is evidence of toxicity ineffectiveness or poor adherence	Every 6 months.	

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RDaSH formulary guidance: [Bipolar Disorder](#) | [Rotherham Doncaster and South Humber NHS Foundation Trust](#) | [RDaSH](#)

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