



Mood Stabilizers: The Emotional Balance Team

Your Complete Guide to Mood-Stabilizing Medications

💎💎 WELCOME TO THE MOOD STABILIZER UNIVERSE!

Welcome to the fascinating world of mood stabilizers - the emotional balance team that keeps the highs from getting too high and the lows from getting too low! Think of these medications as the skilled tightrope walkers of psychiatry, helping patients maintain emotional equilibrium while navigating life's ups and downs.

💎💎 MEET YOUR MOOD STABILIZER SQUAD

💎💎 LITHIUM: The Original Mood Stabilizer (HealthDirect Australia, 2019)

- 💎💎 PERSONALITY: The wise elder statesman of mood stabilizers
- 💎💎 SUPERPOWER: Gold standard **for** bipolar disorder treatment
- 💎💎 SPECIAL ABILITIES: Suicide prevention, antimanic AND antidepressant 💎💎
- KRYPTONITE: Narrow therapeutic window, kidney/thyroid effects 💎💎 EFFECTIVENESS: 70-80% response rate in classic bipolar I

💎💎 VALPROATE (DEPAKOTE): The Rapid Responder (Rahman et al., 2023)

- 💎💎 PERSONALITY: The quick-acting crisis manager
- 💎💎 SUPERPOWER: Rapid antimanic effects, mixed episodes
- 💎💎 SPECIAL ABILITIES: Works fast, good **for** agitation
- 💎💎 KRYPTONITE: Weight gain, hair loss, liver concerns
- 💎💎 EFFECTIVENESS: 60-70% response rate, faster onset than lithium

💎💎 LAMOTRIGINE (LAMICTAL): The Depression Fighter

- 💎💎 PERSONALITY: The gentle antidepressant specialist 💎💎
- SUPERPOWER: Excellent **for** bipolar depression prevention

(Prabhavalkar et al., 2015) ❖❖ SPECIAL ABILITIES: Weight neutral, cognitive friendly ❖❖ KRYPTONITE: Slow titration needed, rash risk
❖❖ EFFECTIVENESS: Superior **for** depression prevention vs. mania

CARBAMAZEPINE (TEGRETOL): The Classic Performer (WebMD, 2019)

❖❖ PERSONALITY: The old-school reliable workhorse
❖❖ SUPERPOWER: Proven efficacy, good **for** mixed episodes ❖❖
SPECIAL ABILITIES: Multiple mechanisms of action ❖❖ KRYPTONITE:
Drug interactions, blood monitoring needed ❖❖ EFFECTIVENESS: Similar
to lithium, more side effects

❖❖ OXCARBAZEPINE (TRILEPTAL): The Gentler Cousin (Grant & Faulds, 1992)

❖❖ PERSONALITY: Carbamazepine's more tolerable sibling ❖❖ SUPERPOWER:
Similar efficacy, fewer drug interactions ❖❖ SPECIAL ABILITIES: Less blood
monitoring required ❖❖ KRYPTONITE: Hyponatremia risk, limited bipolar data ❖❖
EFFECTIVENESS: Promising but less research than carbamazepine **(Schmidt & Elger, 2004)**

⚡ TOPIRAMATE (TOPAMAX): The Weight-Loss Wonder (Irza Wajid et al., 2023)

❖❖ PERSONALITY: The appetite suppressor with mood benefits ❖❖
SUPERPOWER: Weight loss, migraine prevention
❖❖ SPECIAL ABILITIES: Dual benefits **for** weight and mood ❖❖
KRYPTONITE: Cognitive dulling, kidney stones
❖❖ EFFECTIVENESS: Adjunctive role, limited monotherapy data

❖❖ MOOD STABILIZER SELECTION GUIDE: CHOOSING YOUR CHAMPION

❖❖ FIRST-LINE CHOICES BY SCENARIO

❖❖ ACUTE MANIA (Keramatian et al., 2023)

- ❖❖ GOLD MEDAL: LITHIUM + ANTIPSYCHOTIC
 - ❖❖ Most robust evidence base
 - ❖❖ Fastest and most complete response
 - ❖❖ Hospital standard of care
- ❖❖ SILVER MEDAL: VALPROATE + ANTIPSYCHOTIC
 - ⚡ Rapid onset of action

- 🎯🎯 Good **for** mixed episodes
- 🎯🎯 ICU-friendly (no lithium toxicity concerns)
- 🎯🎯 BRONZE MEDAL: CARBAMAZEPINE + ANTIPSYCHOTIC
 - 🎯🎯 Alternative when others fail
 - 🎯🎯 Good **for** neurological comorbidities
 - 🎯🎯 Multiple formulations available

🎯🎯 BIPOLAR DEPRESSION (Yatham et al., 2018)

- 🎯🎯 GOLD MEDAL: LAMOTRIGINE
 - 🎯🎯 Best evidence **for** depression prevention
 - ⚖️ Weight neutral profile
 - 🎯🎯 Cognitive friendly
- 🎯🎯 SILVER MEDAL: LITHIUM
 - 🎯🎯 Proven antidepressant effects
 - Suicide prevention benefits
 - 🎯🎯 Decades of research support
- 🎯🎯 BRONZE MEDAL: QUETIAPINE
 - 🎯🎯 Antipsychotic with antidepressant properties
 - 🎯🎯 Helpful **for** sleep disturbances
 - 🎯🎯 Monotherapy option

🎯🎯 MAINTENANCE THERAPY

- 🎯🎯 GOLD MEDAL: LITHIUM
 - 🎯🎯 Gold standard **for** long-term prevention
 - Reduces suicide risk by 60-70%
 - 🎯🎯 Most robust long-term data
- 🎯🎯 SILVER MEDAL: LAMOTRIGINE
 - 🎯🎯 Excellent **for** depression prevention
 - 🎯🎯 Well-tolerated long-term
 - 🎯🎯 No cognitive impairment
- 🎯🎯 BRONZE MEDAL: VALPROATE
 - 🎯🎯 Good **for** rapid cycling
 - 🎯🎯 Effective **for** mixed episodes
 - 🎯🎯 Alternative when lithium fails

🎯🎯 DETAILED MEDICATION PROFILES: THE DEEP DIVE

🎯🎯 LITHIUM: THE MOOD STABILIZER KING

🎯🎯 Clinical Profile (Chokhawala et al., 2024)

🎯🎯 INDICATIONS:

- 🎯🎯 Acute mania (first-line)
- 🎯🎯 Bipolar maintenance (gold standard)
- 🎯🎯 Bipolar depression (adjunctive)
- Suicide prevention
- 🎯🎯 Augmentation **for** unipolar depression

⚖️ DOSING STRATEGY:

- 🎯🎯 Starting: 300mg BID (immediate release)
- 🎯🎯 Target: 0.6-1.2 mEq/L (maintenance)
- 🎯🎯 Acute: 0.8-1.2 mEq/L
- 🎯🎯 Maintenance: 0.6-0.8 mEq/L
- 🎯🎯 Elderly: 0.4-0.7 mEq/L

🎯🎯 Lithium Monitoring Protocol

🎯🎯 BASELINE LABS:

- 🎯🎯 Creatinine, BUN, eGFR
- 🎯🎯 TSH, T4
- 🎯🎯 CBC with differential
- 🎯🎯 Basic metabolic panel
- 🎯🎯 ECG (**if** cardiac risk factors)
- 🎯🎯 Pregnancy test (**if** applicable)

🎯🎯 ONGOING MONITORING:

- 🎯🎯 Lithium **level**: Weekly until stable, then every 3-6 months • 🎯🎯 Kidney **function**: Every 6 months
- 🎯🎯 Thyroid **function**: Every 6-12 months
- ⚖️ **Weight**: Every visit
- 🎯🎯 Cognitive **assessment**: Ongoing

🎯🎯 Lithium Pro Tips

🎯🎯 PEARL #1: "The Steady State Secret"

- 🎯🎯 Takes 5-7 days to reach steady state
- 🎯🎯 Don't check levels before day 5
- 🎯🎯 Draw levels 12 hours post-dose

🎯🎯 PEARL #2: "The Dehydration Danger"

- 🎯🎯 Dehydration increases lithium levels
- Fever, vomiting, diarrhea = danger
- ♂ Exercise caution with intense workouts

🎯🎯 PEARL #3: "The Drug Interaction Detective"

- 🎯🎯 ACE inhibitors increase lithium levels
- 🎯🎯 Thiazide diuretics increase lithium levels
- 🎯🎯 NSAIDs increase lithium levels
- 🎯🎯 Salt restriction increases lithium levels

🎯🎯 VALPROATE: THE RAPID RESPONDER

🎯🎯 Clinical Profile

🎯🎯 INDICATIONS:

- 🧠🧠 Acute mania (especially mixed episodes)
- 🧠🧠 Rapid cycling bipolar disorder
- 🧠🧠 Seizure disorders (original indication)
- 🧠🧠 Migraine prevention
- 🧠🧠 Adjunctive therapy

⚖️ DOSING STRATEGY:

- 🧠🧠 Starting: 250mg BID or 500mg daily
- 🧠🧠 Titration: Increase by 250-500mg every 3-5 days • 🧠🧠 Target: 50-125 mcg/mL (therapeutic level)
- 🧠🧠 Typical dose: 1000-2000mg daily
- 🧠🧠 Loading dose: 20-30mg/kg **for** acute mania

🧠🧠 Valproate Monitoring Protocol

🧠🧠 BASELINE LABS:

- 🧠🧠 Comprehensive metabolic panel
- 🧠🧠 CBC with platelets
- 🧠🧠 Liver **function** tests
- 🧠🧠 Pregnancy test (teratogenic!)
- ⚖️ Weight **and** BMI

🧠🧠 ONGOING MONITORING:

- 🧠🧠 Valproate **level**: Weekly until stable, then every 3-6 months • 🧠🧠 **CBC**: Every 6 months (thrombocytopenia risk)
- 🧠🧠 **LFTs**: Every 6 months (hepatotoxicity risk)
- ⚖️ **Weight**: Every visit (significant weight gain)
- ♀ Hair **assessment**: Ongoing (alopecia)

🧠🧠 Valproate Pro Tips

🧠🧠 PEARL #1: "The Loading Dose Advantage"

- 🧠🧠 Can **load** 20-30mg/kg **for** rapid effect
- ⚡ Faster onset than lithium
- 🧠🧠 Good **for** emergency situations

🧠🧠 PEARL #2: "The Teratogen Terror"

- 🧠🧠 Category D **in** pregnancy
- 🧠🧠 Neural tube defects, cognitive impairment
- 🧠🧠 Contraception counseling essential
- 🧠🧠 Avoid **in** women of childbearing age **if** possible

🧠🧠 PEARL #3: "The Polycystic Ovary Problem"

- 🧠🧠 PCOS risk **in** young women
- 🧠🧠 Menstrual irregularities
- ⚖️ Weight gain **and** insulin resistance
- 🧠🧠 Monitor metabolic parameters

🧠🧠 LAMOTRIGINE: THE GENTLE GIANT

🧠🧠 Clinical Profile (Betchel & Saadabadi, 2023)

🧠🧠 INDICATIONS:

- ❖❖ Bipolar depression prevention (first-line)
- ❖❖ Bipolar maintenance therapy
- ❖❖ Seizure disorders
- ❖❖ Adjunctive therapy **for** treatment-resistant depression

⚖️ DOSING STRATEGY (SLOW TITRATION REQUIRED):

- ❖❖ Week 1-2: 25mg daily
- ❖❖ Week 3-4: 50mg daily
- ❖❖ Week 5-6: 100mg daily
- ❖❖ Target: 100-200mg daily (monotherapy)
- ❖❖ Target: 100-400mg daily (with enzyme inducers) • ⚠️ SLOWER **if** with valproate (doubles lamotrigine levels)

❖❖ Lamotrigine Rash Risk Management

RASH RISK **FACTORS**:

- ⚡ Rapid titration (biggest risk!)
- ❖❖ Concurrent valproate use
- ❖❖ Pediatric patients
- ❖❖ Pregnancy
- ❖❖ Genetic predisposition

RASH PREVENTION **STRATEGY**:

- ❖❖ SLOW titration is key
- ❖❖ Patient education about rash
- ❖❖ Clear instructions to call immediately • ❖❖ Stop immediately **if** rash appears • ❖❖ Generally cannot rechallenge

❖❖ Lamotrigine Pro Tips

❖❖ PEARL #1: "The Titration Timeline" • Takes 6-8 weeks to reach therapeutic dose • ❖❖ Patience is essential

- ❖❖ Set realistic expectations with patients

❖❖ PEARL #2: "The Valproate Interaction" • ❖❖ Valproate DOUBLES lamotrigine levels • ❖❖ Even slower titration needed

- ❖❖ Lower target doses required

❖❖ PEARL #3: "The Depression Specialist" • ❖❖ Better **for** depression than mania • Excellent **for** prevention

- ❖❖ Cognitive enhancing properties

❖❖ COMBINATION STRATEGIES: THE DYNAMIC DUOS

❖❖ WINNING COMBINATIONS

❖❖ + ❖❖ LITHIUM + ANTIPSYCHOTIC (Liu et al., 2020)

❖❖ BEST **FOR**:

- ❖❖ Severe acute mania

- ❖❖ Mixed episodes
- ❖❖ Hospitalized patients

❖❖ SYNERGISTIC EFFECTS:

- ❖❖ Lithium: Long-term stabilization
- ❖❖ Antipsychotic: Rapid symptom control
- Enhanced suicide prevention

⚠ MONITORING CONSIDERATIONS:

- ❖❖ Increased dehydration risk
- ❖❖ Enhanced neurotoxicity potential
- ❖❖ Monitor both drug levels

❖❖+❖❖ LAMOTRIGINE + LITHIUM (Zhihan et al., 2022)

❖❖ BEST FOR:

- ❖❖ Comprehensive mood stabilization
- ❖❖ Depression-predominant bipolar
- ❖❖ Maintenance therapy

❖❖ COMPLEMENTARY EFFECTS:

- ❖❖ Lamotrigine: Depression prevention
- ❖❖ Lithium: Mania prevention + suicide protection
- ⚖ Balanced mood stabilization

✅ ADVANTAGES:

- ❖❖ Minimal cognitive impairment
- ⚖ Weight neutral combination
- ❖❖ Excellent long-term tolerability

❖❖+❖❖ VALPROATE + ANTIPSYCHOTIC

❖❖ BEST FOR:

- ❖❖ Rapid cycling bipolar
- ❖❖ Mixed episodes with agitation
- ❖❖ Emergency situations

❖❖ RAPID RESPONSE:

- ❖❖ Valproate: Quick mood stabilization
- ❖❖ Antipsychotic: Immediate behavioral control
- ⚡ Fastest combination for acute episodes

⚠ METABOLIC CONCERNS:

- ⚖ Both can cause weight gain
- ❖❖ Enhanced metabolic monitoring needed
- Nutritional counseling important

❖❖ MOOD STABILIZER SAFETY ALERTS: THE WARNING SYSTEM

?? RED FLAG EMERGENCIES

?? LITHIUM TOXICITY:

- ?? Nausea, vomiting, diarrhea
- ?? Confusion, slurred speech
- ?? Coarse tremor, muscle twitching
- ♂ Ataxia, difficulty walking
- ?? Cardiac arrhythmias
- ?? Seizures, coma

?? VALPROATE HEPATOTOXICITY:

- ?? Nausea, vomiting, abdominal pain
- ?? Lethargy, weakness
- ?? Jaundice
- ?? Right upper quadrant pain
- ?? Elevated liver enzymes

?? LAMOTRIGINE RASH:

- Any new rash (stop immediately!)
- ?? Fever with rash
- Eye involvement
- ?? Mucous membrane involvement
- ?? Systemic symptoms

?? YELLOW FLAG WARNINGS

! CONCERNING SYMPTOMS:

- ?? New or worsening tremor
- ?? Cognitive changes or confusion
- ⚖️ Rapid weight changes
- ?? Changes in urination
- ?? Thyroid symptoms (fatigue, cold intolerance)
- ♀ Hair loss or texture changes
- ?? Easy bruising or bleeding

?? MOOD STABILIZER COMPARISON CHART: THE ULTIMATE REFERENCE

?? HEAD-TO-HEAD COMPARISON

	??LITHIUM	??VALPROATE	??LAMOTRIGINE	CARBAMAZEPINE
MANIA EFFICACY	???	???	???	???
DEPRESSION EFFICACY	???	???	???	???
MAINTENANCE	???	???	???	???
RAPID CYCLING	???	???	???	???
MIXED EPISODES	???	???	???	???
SUICIDE PREVENTION	???	???	???	???
WEIGHT GAIN	???	???	???	???
COGNITIVE EFFECTS	???	???	???	???

DRUG INTERACTIONS
 MONITORING BURDEN
 TERATOGENICITY
 TITRATION SPEED

= Excellent/Minimal = Good/Moderate = Poor/Significant

SPECIAL POPULATIONS: THE CUSTOMIZED APPROACH

PEDIATRIC CONSIDERATIONS

CHILDREN & ADOLESCENTS:

- Lithium: FDA approved ≥ 7 years for mania
- Valproate: Avoid in girls < 10 (PCOS risk)
- Lamotrigine: Limited pediatric data
- Carbamazepine: More pediatric experience

SPECIAL CONSIDERATIONS:

- Growth and development monitoring
- Cognitive development assessment
- Family involvement essential
- School performance monitoring
- Behavioral activation risks

GERIATRIC CONSIDERATIONS

ELDERLY PATIENTS:

- Lithium: Reduce dose 25-50%, more frequent monitoring
- Valproate: Lower doses, increased fall risk
- Lamotrigine: Slower titration, drug interactions
- Carbamazepine: Avoid due to drug interactions

SPECIAL CONSIDERATIONS:

- Kidney function decline
- Polypharmacy interactions
- ♂ Fall risk assessment
- Cognitive impairment screening
- Dehydration susceptibility

PREGNANCY CONSIDERATIONS

PREGNANCY PLANNING:

- Lithium: Category D, cardiac malformations
- Valproate: Category D, neural tube defects (AVOID!)
- Lamotrigine: Category C, preferred option
- Carbamazepine: Category D, neural tube defects

PREGNANCY MANAGEMENT:

- ❖❖ Folic acid supplementation
- ❖❖ Increased monitoring frequency
- ❖❖ High-risk obstetric care
- ❖❖ Breastfeeding considerations
- ❖❖ Neonatal monitoring

❖❖ MOOD STABILIZER PRO TIPS: THE EXPERT SECRETS

❖❖ Clinical Pearls for Success

- ❖❖ PEARL #1: "The Therapeutic Alliance"
 - ❖❖ Extensive patient education essential
 - ❖❖ Realistic expectation setting
 - ❖❖ Involve patients in monitoring
 - ❖❖ Collaborative treatment planning
- ❖❖ PEARL #2: "The Monitoring Mastery"
 - ❖❖ Consistent lab scheduling
 - ❖❖ Trend analysis over single values
 - ❖❖ Patient education about warning signs
 - ❖❖ Consider electronic reminders
- ❖❖ PEARL #3: "The Combination Consideration"
 - ❖❖ Most patients need combination therapy
 - ❖❖ Target different aspects of illness
 - ⚖️ Balance efficacy with tolerability
 - ❖❖ Adjust based on predominant symptoms
- ❖❖ PEARL #4: "The Long-Term Vision"
 - ❖❖ Think prevention, not just treatment
 - ❖❖ Track mood patterns over time
 - Emphasize suicide prevention benefits
 - ❖❖ Regular medication reviews
- ❖❖ PEARL #5: "The Lifestyle Integration"
 - ❖❖ Sleep hygiene crucial
 - ♂ Regular exercise beneficial
 - ❖❖ Alcohol moderation essential
 - ❖❖ Adequate hydration important
 - ♀ Stress management techniques

❖❖ MOOD STABILIZER RESOURCES: THE KNOWLEDGE VAULT

❖❖ Essential References

- ❖❖ CLINICAL GUIDELINES:
 - [APA Practice Guidelines](#) **for** Bipolar Disorder
 - [ISBD Guidelines](#) **for** Mood Stabilizer Use
 - [NICE Guidelines](#) **for** Bipolar Disorder
 - [CANMAT Guidelines](#) **for** Bipolar Disorder

- ❖❖ PROFESSIONAL ORGANIZATIONS:

- International Society **for** Bipolar Disorders (ISBD)
- American Society of Clinical Psychopharmacology (ASCP)
- International Society **for** Pharmacoeconomics (ISPOR)

💡💡 USEFUL APPS:

- Mood tracking applications
- Medication reminder systems
- Drug interaction checkers
- Laboratory **result** tracking

Assessment Tools

💡💡 MOOD RATING SCALES:

- Young Mania Rating Scale (YMRS)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Mood Disorder Questionnaire (MDQ)
- Quick Inventory of Depressive Symptomatology (QIDS)

💡💡 FUNCTIONAL ASSESSMENTS:

- Global Assessment of Functioning (GAF)
- Clinical Global Impression (CGI)
- Functional Assessment Short Test (FAST)

💡💡 CONCLUSION: MASTERING MOOD STABILIZATION

Congratulations! You've completed your comprehensive journey through the world of mood stabilizers. You now possess the knowledge and tools to help patients achieve emotional balance and stability.

💡💡 Your New Superpowers:

💡💡 **Selection Mastery:** Choose the right mood stabilizer for each patient

💡💡 **Monitoring Expertise:** Safely manage complex medication

regimens 💡💡 **Combination Skills:** Optimize multi-drug approaches

💡💡 **Safety Surveillance:** Recognize and manage serious side

effects 💡💡 **Patient Partnership:** Educate and collaborate

effectively

💡💡 Remember the Golden Rules:

1. **💡💡 Individualize Always:** Every patient is unique
2. **💡💡 Monitor Consistently:** Regular labs and assessments
3. **💡💡 Combine Wisely:** Most patients need combination therapy
4. **Think Prevention:** Long-term stability is the goal
5. **💡💡 Educate Thoroughly:** Informed patients are compliant patients

Remember: Mood stabilizers aren't just medications - they're life stabilizers that help patients reclaim their emotional equilibrium and live fulfilling lives. Master these tools, and you'll be able to guide patients from the chaos of mood instability to the calm of emotional balance! 🏛️✨

"The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives." - William James. Mood stabilizers help make this change possible!

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