Mood Stabilizers: Advanced Clinical Reference

💊 Comparative Pharmacology and Clinical Applications

This comprehensive reference provides detailed comparisons between mood stabilizers for psychiatric prescribers, with evidence-based clinical pearls and monitoring recommendations.

🧠 Mechanism of Action and Pharmacodynamics

AGENT	PRIMARY MECHANISMS	SECONDARY MECHANISMS	CLINICAL IMPLICATIONS
🔵 Lithium (Chokhawala et al., 2024)	• Na^+/K^+ ATPase inhibition • GSK-3β inhibition • Inositol monophosphatase inhibition	• BDNF upregulation • Anti-inflammatory effects • Modulation of G-protein signaling	• Narrow therapeutic index • Neuroprotective effects • Anti-suicidal properties
🟣 Valproate (Rahman et al., 2023)	• GABA potentiation • Voltage-gated Na^+ channel blockade • Histone deacetylase inhibition	• GSK-3β inhibition • Inhibition of protein kinase C • Inhibition of NMDA mediated neuronal excitation	• Broad spectrum efficacy • Rapid onset of action • Multiple formulations available
🟠 Lamotrigine (Betchel & Saadabadi, 2023)	• Voltage-gated Na^+ channel blockade • Inhibition of glutamate release	• HCN channel modulation • Weak $5\text{-}HT_3$ antagonism	• Primarily depression preventing • Minimal cognitive effects • Gradual titration required
🟢 Carbamazepine (Maan & Saadabadi, 2023)	• Voltage-gated Na^+ channel blockade • Adenosine A_1 receptor agonism	• GABA potentiation • Adenosine reuptake inhibition • Modulation of Ca^{2+} channels	• Strong CYP3A4 inducer • Autoinduction of metabolism • Multiple drug interactions
🟡 Oxcarbazepine (Preuss et al., 2021)	• Voltage-gated Na^+ channel blockade • Ca^{2+} channel inhibition	• Similar to carbamazepine but weaker	• Fewer drug interactions than carbamazepine • Less autoinduction • Lower risk of severe cutaneous reactions

📊 Comparative Efficacy in Bipolar Disorder

AGENT	ACUTE MANIA	ACUTE DEPRESSION	MAINTENANCE	MIXED STATES	RAPID CYCLING
🔵 Lithium (Chokhawala et al., 2024)	★★★★☆ • First-line • Slower onset (7-14 days) • Less effective in mixed states	★★★☆☆ • Moderate efficacy • Better for classic bipolar I • May require adjunctive therapy	★★★★★ • Gold standard • Superior long term outcomes • Unique anti suicide effects	★★☆☆☆ • Limited efficacy • Often requires combination therapy	★★☆☆☆ • Less effective • Often requires combination therapy
🟣 Valproate (Rahman et al., 2023)	★★★★☆ • First-line • Faster onset (5-7 days) • Effective for mixed states	★★☆☆☆ • Limited evidence • Often requires adjunctive therapy	★★★☆☆ • Effective • Less evidence than lithium • Good for mixed states	★★★★☆ • First-line for mixed states • Good for agitation	★★★☆☆ • Better than lithium • Often requires combination
🟠 Lamotrigine (Betchel & Saadabadi, 2023)	★☆☆☆☆ • Not effective for acute mania • Not indicated	★★★★☆ • First-line for bipolar depression • Gradual titration limits acute use	★★★★☆ • Superior for preventing depression • Modest anti manic prophylaxis	★★★☆☆ • Effective for depressive component • Often used in combination	★★★☆☆ • Effective • Often used with other agents
🟢 Carbamazepine (Maan & Saadabadi, 2023)	★★★☆☆ • Second-line • Effective • More side effects than newer agents	★★☆☆☆ • Limited evidence • Not first-line	★★★☆☆ • Effective • Less evidence than lithium • More side effects	★★★☆☆ • Effective • Consider for treatment resistant cases	★★★☆☆ • Effective • Consider for treatment resistant cases
🟡 Oxcarbazepine	★★☆☆☆ • Limited evidence • Less effective than carbamazepine	★★☆☆☆ • Limited evidence • Not first-line	★★☆☆☆ • Limited evidence • Better tolerated than carbamazepine	★★☆☆☆ • Limited evidence • Consider if carbamazepine effective but not tolerated	★★☆☆☆ • Limited evidence • Consider if carbamazepine effective but not tolerated

🧪 Pharmacokinetics and Dosing Considerations

AGENT	HALF-LIFE	THERAPEUTIC LEVELS	DOSING STRATEGY	FORMULATIONS
🔵 Lithium (Chokhawala et al., 2024)	• 18-24 hours • Increased in elderly • Decreased in pregnancy	• Acute mania: 0.8-1.2 mEq/L • Maintenance: 0.6-0.8 mEq/L • Elderly: 0.4-0.6 mEq/L	• Start: 300mg BID/ TID • Titrate based on levels • Check levels 12h post-dose • Steady state: 5-7 days	• Immediate release • Extended release • Liquid (citrate)
⬜ Valproate (Rahman et al., 2023)	• 8-16 hours • Shorter with enzyme inducers • Dose-dependent kinetics	• 50-125 µg/mL • Acute mania: aim for >85 µg/mL • Free fraction varies with albumin	• Start: 250-500mg BID/TID • Loading: 20-30mg/ kg/day possible • Titrate based on response and levels	• Immediate release • Extended release (Depakote ER) • Sprinkle capsules • IV formulation
⬜ Lamotrigine (Betchel & Saadabadi, 2023)	• 25-30 hours • Reduced to 15h with enzyme inducers • Doubled with valproate	• Not established • Clinical response guides dosing • Monitoring not routinely recommended	• Start: 25mg daily • Slow titration essential • With valproate: start 25mg every other day • Target: 100-200mg/day	• Immediate release • Chewable/ dispersible • Extended release (XR)
⬜ Carbamazepine	• Initial: 25-65 hours • Chronic: 12-17 hours (autoinduction) • Active epoxide metabolite	• 4-12 µg/mL • Lower end often sufficient • Free fraction varies with albumin	• Start: 100-200mg BID • Slow titration reduces side effects • Autoinduction requires dose increases • Target: 800-1200mg/day	• Immediate release • Extended release (Tegretol XR) • Suspension • Chewable tablets
⬜ Oxcarbazepine (Preuss et al., 2021)	• 8-10 hours • Active metabolite: 9-11 hours	• Not routinely monitored • MHD metabolite can be measured • Clinical response guides dosing	• Start: 150-300mg BID • Titrate every 3-7 days • Target: 1200-2400mg/day • Reduce in renal impairment	• Immediate release • Extended release (Oxtellar XR) • Oral suspension

Laboratory Monitoring and Safety Considerations

AGENT	BASELINE ASSESSMENTS	FOLLOW-UP MONITORING	SPECIAL POPULATIONS	DISCONTINUATION
Lithium	• CBC, electrolytes, BUN/Cr • TSH, calcium • ECG (>40y or cardiac history) • Pregnancy test • Weight/BMI	• Lithium level: 5-7 days after changes, then q3-6mo • Renal/thyroid function: q6-12mo • Calcium/PTH: annually • Weight: each visit	• Pregnancy: ↑ risk of Ebstein's anomaly (0.05-0.1%) • Elderly: ↓ starting dose, ↑ monitoring • Renal impairment: ↓ dose, ↑ monitoring • Avoid NSAIDs, ACEIs, ARBs, diuretics	• Gradual taper (2-4 weeks) • High relapse risk with rapid discontinuation • Monitor closely during taper • Consider cross titration
Valproate	• LFTs, CBC with platelets • Weight/BMI • Pregnancy test • Consider ammonia level	• LFTs: baseline, 1mo, then q3-6mo • CBC: baseline, 1mo, then annually • Weight: each visit • Valproate level: as clinically indicated	• Pregnancy: contraindicated (neural tube defects, autism risk) • Women of childbearing age: use effective contraception • Elderly: ↑ risk of sedation, tremor • Hepatic impairment: ↓ dose, ↑ monitoring	• Gradual taper (2-4 weeks) • Seizure risk with abrupt discontinuation • Monitor for withdrawal symptoms • Consider cross titration
Lamotrigine (Betchel & Saadabadi, 2023)	• CBC, LFTs • Pregnancy test • Detailed skin examination	• No routine lab monitoring required • Monitor closely for rash in first 8 weeks • Reassess if new medications added	• Pregnancy: relatively safe, registry data reassuring • Hepatic impairment: ↓ dose • With valproate: ↓ starting dose and titration rate by 50% • With enzyme inducers: ↑ dose may be needed	• Gradual taper (2-4 weeks) • Seizure risk with abrupt discontinuation • Restart titration if stopped >5 days • Consider cross titration

Carbamazepine	• CBC, LFTs, electrolytes • Pregnancy test • Consider HLA B*1502 in Asian patients • Consider HLA A3101 in European ancestry	• CBC, LFTs: baseline, 1mo, then q3-6mo • Sodium: baseline, 1mo, then q3-6mo • Carbamazepine level: 2-4wks after changes, then q6-12mo	• Pregnancy: ↑ risk of neural tube defects (0.5-1%) • Asian ancestry: screen for HLA B*1502 (SJS/TEN risk) • Significant drug interactions due to CYP induction • Autoinduction requires dose adjustments	• Significant drug withdrawal symptoms • Gradual taper (2-4 weeks) • Seizure risk with abrupt discontinuation • Monitor for withdrawal symptoms • Consider cross titration
Oxcarbazepine (Preuss et al., 2021)	• Sodium, BUN/Cr • CBC, LFTs • Pregnancy test • Consider HLA B*1502 in Asian patients	• Sodium: baseline, 1mo, then periodically • No routine drug level monitoring • LFTs: baseline, then as needed	• Pregnancy: limited data, possibly safer than carbamazepine • Asian ancestry: consider HLA B*1502 screening • Fewer drug interactions than carbamazepine • Hyponatremia risk, especially in elderly	• Gradual taper (2-4 weeks) • Seizure risk with abrupt discontinuation • Monitor for withdrawal symptoms • Consider cross titration

Adverse Effects and Management Strategies

AGENT	COMMON ADVERSE EFFECTS	SERIOUS ADVERSE EFFECTS	MANAGEMENT STRATEGIES	CONTRAINDICATIONS

☐ Lithium (Chokhawala et al., 2024)	• Tremor • Polyuria/ polydipsia • Nausea/ diarrhea • Weight gain • Cognitive dulling	• Toxicity: ataxia, confusion, seizures • Nephrogenic diabetes insipidus • Hypothyroidism • Hyperparathyroidism • Sinus node dysfunction	• Tremor: β blockers, dose reduction • GI effects: take with food, ER formulation • Polyuria: amiloride, dose reduction • Cognitive: lower dose, divided dosing • Hypothyroidism: levothyroxine	• Significant renal impairment • Severe cardiovascular disease • Severe dehydration • Sodium-depleting diuretics • First trimester pregnancy (relative)
☐ Valproate • Sedation • Tremor • Weight gain • Hair loss • GI distress • Hepatotoxicity • Pancreatitis	• Hyperammonemia • Thrombocytopenia • Teratogenicity		• Sedation: divided dosing, ER formulation • Tremor: dose reduction, β blockers • Hair loss: biotin, zinc supplementation • Pregnancy/women of childbearing potential without contraception • Hepatic disease •	Urea cycle disorders • Mitochondrial disorders • Pancreatitis

AGENT	COMMON ADVERSE EFFECTS	SERIOUS ADVERSE EFFECTS	MANAGEMENT STRATEGIES	CONTRAINDICATIONS
			• Weight gain: dietary counseling, exercise • GI effects: take with food	

Lamotrigine (Betchel & Saadabadi, 2023)	• Headache • Nausea • Dizziness • Diplopia • Insomnia	• Serious rash (SJS/TEN) • Drug reaction with eosinophilia and systemic symptoms (DRESS) • Aseptic meningitis (rare)	• Rash: immediate discontinuation if serious • Headache: divided dosing, analgesics • GI effects: take with food • Insomnia: morning dosing • Proper titration prevents many side effects	• Previous hypersensitivity reaction • Concurrent valproate without dose adjustment • Abrupt discontinuation in epilepsy patients
Carbamazepine (Maan & Saadabadi, 2023)	• Dizziness • Ataxia • Nausea • Diplopia • Hyponatremia	• Agranulocytosis • Aplastic anemia • SJS/TEN • DRESS • Hepatotoxicity	• Neurological effects: divided dosing, ER formulation • Hyponatremia: fluid restriction, salt supplementation • GI effects: take with food • Proper titration prevents many side effects • HLA testing prevents serious reactions	• Bone marrow suppression • HLA-B*1502 positive (Asian ancestry) • History of serious hematological reaction • MAOIs within 14 days • AV block
Oxcarbazepine	• Dizziness • Somnolence • Headache • Nausea • Hyponatremia • Serious rash (less common than carbamazepine) • Hyponatremia (more common than carbamazepine) • Cross-sensitivity with carbamazepine		• Neurological effects: divided dosing, ER formulation • Hyponatremia: fluid restriction, salt supplementation • GI effects: take with food	• Severe hyponatremia • HLA-B*1502 positive (Asian ancestry) • Hypersensitivity to oxcarbazepine or carbamazepine

AGENT	COMMON ADVERSE EFFECTS	SERIOUS ADVERSE EFFECTS	MANAGEMENT STRATEGIES	CONTRAINDICATIONS
			• Proper titration prevents many side effects	

Drug Interactions and Combination Strategies

AGENT	SIGNIFICANT INTERACTIONS	EFFECT ON OTHER DRUGS	COMBINATION STRATEGIES	PREGNANCY CONSIDERATIONS
Lithium (Chokhawala et al., 2024)	• NSAIDs: ↑ lithium levels • Diuretics: ↑ lithium levels • ACEIs/ARBs: ↑ lithium levels • Antipsychotics: ↑ risk of neurotoxicity • Methyldopa: ↑ risk of toxicity	• Minimal effect on other drugs • No significant CYP interactions • No protein binding displacement	• With antipsychotics: monitor for neurotoxicity • With antidepressants: monitor for serotonin syndrome • With anticonvulsants: generally safe combinations	• Category D • First trimester: ↑ risk of Ebstein's anomaly (0.05-0.1%) • Third trimester: "floppy baby syndrome" • Breastfeeding: generally compatible with monitoring • Pregnancy registry available
Valproate (Rahman et al., 2023)	• Lamotrigine: ↑ lamotrigine levels • Carbamazepine: ↓ valproate levels • Aspirin: ↑ free valproate • Warfarin: ↑ bleeding risk • Topiramate: ↑ ammonia levels	• Inhibits multiple UGTs • Weak CYP2C9 inhibitor • Displaces protein-bound drugs	• With lamotrigine: reduce lamotrigine dose by 50% • With antipsychotics: monitor for sedation • With carbamazepine: monitor levels of both	• Category X • Neural tube defects (1-2%) • Autism spectrum disorders • Decreased IQ • Contraindicated in women of childbearing potential unless essential

Lamotrigine	• Valproate: ↑ lamotrigine levels • Carbamazepine: ↓ lamotrigine levels • Oral contraceptives: ↓ lamotrigine levels • Folate: possible ↓ efficacy	• Minimal effect on other drugs • No significant CYP interactions • Weak UGT inducer	• With valproate: reduce lamotrigine dose by 50% • With enzyme inducers: may need ↑ lamotrigine dose • With antidepressants: generally safe combinations	• Category C • Registry data reassuring • No clear association with major malformations • Dose may need to be increased during pregnancy • Breastfeeding generally considered safe

AGENT	SIGNIFICANT INTERACTIONS	EFFECT ON OTHER DRUGS	COMBINATION STRATEGIES	PREGNANCY CONSIDERATIONS
Carbamazepine (Maan & Saadabadi, 2023)	• Oral contraceptives: ↓ efficacy • Warfarin: ↓ efficacy • Antipsychotics: ↓ levels • Antidepressants: ↓ levels • HIV medications: multiple interactions	• Strong CYP3A4 inducer • Induces CYP1A2, 2B6, 2C9, 2C19 • Induces UGTs • Induces P glycoprotein	• With other anticonvulsants: monitor levels • With antipsychotics: may need ↑ antipsychotic dose • Alternative contraception recommended	• Category D • Neural tube defects (0.5-1%) • Craniofacial defects • Developmental delay • Vitamin K supplementation recommended at birth • Pregnancy registry available
Oxcarbazepine (Preuss et al., 2021)	• Oral contraceptives: ↓ efficacy • Phenytoin: ↑ phenytoin levels • Fewer interactions than carbamazepine	• Moderate CYP3A4/5 inducer • Inhibits CYP2C19 • Less enzyme induction than carbamazepine	• With other anticonvulsants: fewer interactions than carbamazepine • Alternative contraception recommended • Generally better tolerated in combinations	• Category C • Limited data, possibly safer than carbamazepine • Monitor closely if used during pregnancy • Vitamin K supplementation recommended at birth • Pregnancy registry available

Switching and Cross-Titration Protocols

FROM	TO LITHIUM	TO VALPROATE	TO LAMOTRIGINE	TO CARBAMAZEPINE

Lithium	—	• Start valproate 250-500mg BID • Titrate to 1000-1500mg/day over 1-2 weeks • Begin lithium taper when valproate therapeutic • Reduce lithium by 300mg every 3-4 days	• Start lamotrigine 25mg daily • Follow standard titration schedule • Begin lithium taper when lamotrigine reaches 100mg/day • Reduce lithium by 300mg every week	• Start carbamazepine 100-200mg BID • Titrate to 400-800mg/day over 2 weeks • Begin lithium taper when carbamazepine therapeutic • Reduce lithium by 300mg every 3-4 days
Valproate • Start lithium 300mg BID • Titrate based on levels over 1-2 weeks • Begin valproate	—		25mg every other day • Follow slow titration schedule (valproate inhibits • Start carbamazepine 100-200mg BID • Titrate to	400-800mg/day over 2 weeks • Begin valproate

FROM	TO LITHIUM	TO VALPROATE	TO LAMOTRIGINE	TO CARBAMAZEPINE
	taper when lithium therapeutic • Reduce valproate by 250mg every 3-4 days	• Start lamotrigine	lamotrigine metabolism) • Begin valproate taper when lamotrigine reaches 100mg/day • Reduce valproate by 250mg every week	taper when carbamazepine therapeutic • Reduce valproate by 250mg every 3-4 days

Lamotrigine (Betchel & Saadabadi, 2023)	• Start lithium 300mg BID • Titrate based on levels over 1-2 weeks • Begin lamotrigine taper when lithium therapeutic • Reduce lamotrigine by 25-50mg every week	• Start valproate 250-500mg BID • Titrate to 1000-1500mg/day over 1-2 weeks • Begin lamotrigine taper when valproate therapeutic • Reduce lamotrigine by 25-50mg every week • Note: valproate doubles lamotrigine levels	—	• Start carbamazepine 100-200mg BID • Titrate to 400-800mg/day over 2 weeks • Begin lamotrigine taper when carbamazepine therapeutic • Reduce lamotrigine by 25-50mg every week • Note: carbamazepine may reduce lamotrigine levels
Carbamazepine (Maan & Saadabadi, 2023)	• Start lithium 300mg BID • Titrate based on levels over 1-2 weeks • Begin carbamazepine taper when lithium therapeutic • Reduce carbamazepine by 200mg every week	• Start valproate 250-500mg BID • Titrate to 1000-1500mg/day over 1-2 weeks • Begin carbamazepine taper when valproate therapeutic • Reduce carbamazepine by 200mg every week	• Start lamotrigine 50mg daily (higher initial dose due to enzyme induction) • Titrate to 200-400mg/day over 6-8 weeks • Begin carbamazepine taper when lamotrigine reaches 200mg/day • Reduce carbamazepine by 200mg every 1-2 weeks	—

Neuropsychiatric Effects and Cognitive Impact

AGENT	COGNITIVE EFFECTS	NEUROPSYCHIATRIC EFFECTS	LONG-TERM CONSIDERATIONS	PATIENT SELECTION FACTORS

☐ Lithium	• Mild word-finding difficulties • Subjective cognitive dulling • Mental slowing • Memory effects at higher levels	• Tremor (dose-related) • Rare EPS/movement disorders • Rare encephalopathy at toxic levels • Possible neuroprotective effects	• Stable cognitive profile over time • Possible neuroprotection against dementia • Minimal tolerance development • Possible neurotrophic effects	• Better for "classic" bipolar I • Preferred in patients with suicide risk • Caution in cognitive complaints • Avoid in significant renal disease
☐ Valproate (Rahman et al., 2023)	• Minimal cognitive effects at therapeutic doses • Dose-related sedation • Rare encephalopathy (with hyperammonemia)	• Tremor (dose-related) • Parkinsonism (rare) • Sedation/somnolence • Rare encephalopathy	• Generally stable cognitive profile • Tolerance to sedation develops • Weight gain may worsen over time • Possible hair thinning over time	• Better for mixed states, rapid cycling • Good for agitated/manic presentations • Caution in women of childbearing potential • Avoid in liver disease
☐ Lamotrigine	• Minimal cognitive effects • May improve cognitive function in some patients • Rare word-finding difficulties	• Minimal neuropsychiatric effects • Possible activation/ insomnia • Rare aseptic meningitis • Possible mood elevation	• Excellent cognitive profile long-term • Minimal tolerance development • Weight neutral • Sustained antidepressant effects	• Better for bipolar depression • Good for patients with cognitive concerns • Preferred in women of childbearing potential • Good for patients with medication sensitivity
☐ Carbamazepine • Moderate cognitive dulling • Memory effects •	Psychomotor slowing • Dizziness/ataxia • Diplopia • Sedation	• Rare paradoxical agitation	may persist • Autoinduction may require dose adjustments • Consider for	treatment resistant cases • Good for patients with

AGENT	COGNITIVE EFFECTS	NEUROPSYCHIATRIC EFFECTS	LONG-TERM CONSIDERATIONS	PATIENT SELECTION FACTORS

	• Word-finding difficulties		• Drug interactions increase over time • Tolerance to sedation develops	comorbid pain • Caution with polypharmacy due to interactions • Avoid in Asian patients without HLA testing
Oxcarbazepine (Preuss et al., 2021)	• Milder cognitive effects than carbamazepine • Less psychomotor slowing • Dose-related cognitive effects	• Dizziness/ataxia • Diplopia • Sedation • Hyponatremia (more common than carbamazepine)	• Better cognitive profile than carbamazepine • Less autoinduction than carbamazepine • Fewer long-term drug interactions • Hyponatremia risk persists	• Alternative when carbamazepine effective but not tolerated • Better tolerated than carbamazepine • Caution in elderly (hyponatremia risk) • Fewer drug interactions than carbamazepine

Clinical Pearls and Practical Considerations

AGENT	UNIQUE ADVANTAGES	CLINICAL PEARLS	COMMON PITFALLS	PATIENT EDUCATION POINTS
Lithium (Chokhawala et al., 2024)	• Only agent with proven anti-suicide effects • Neuroprotective properties • Long history of use and safety data • May prevent dementia	• Therapeutic window narrows with age • Dehydration can precipitate toxicity • Once-daily dosing possible for maintenance • Slow onset (1-2 weeks) for antimanic effects	• Failure to adjust dose with age/renal function • Inadequate monitoring during acute illness • Concurrent medications affecting levels • Inadequate hydration	• Maintain consistent salt/fluid intake • Take with food to reduce GI effects • Report vomiting/diarrhea promptly • Avoid NSAIDs, limit alcohol • Regular monitoring is essential

Valproate	• Rapid onset of action • Multiple formulations available • Effective for mixed states • Less monitoring than lithium	• Loading dose possible for acute mania • Extended-release reduces side effects • Protein binding varies with dose • Hyperammonemia can occur without LFT elevation	• Failure to warn about teratogenic risk • Missing rare but serious adverse effects • Inadequate monitoring in combination therapy • Overlooking drug interactions	• Absolute contraindication in pregnancy • Take with food to reduce GI effects • Report unusual bruising/bleeding • Hair loss often improves with time • Multiple formulations available
Lamotrigine	• Excellent tolerability • Weight neutral • Minimal cognitive effects • Effective for bipolar depression	• Slow titration prevents rash • Restart titration if missed >5 days • Oral contraceptives may reduce levels • Pregnancy may reduce levels	• Titrating too rapidly • Failure to adjust dose with valproate • Missing early signs of serious rash • Inadequate dosing for maintenance	• Report any rash immediately • Follow exact titration schedule • May need dose adjustments with other medications • Relatively safe in pregnancy • Minimal weight/ cognitive effects

Carbamazepine (Maan & Saadabadi, 2023)	• Effective for treatment-resistant cases • Helpful for comorbid pain • Multiple formulations available • Long history of use	• Autoinduction requires dose adjustments • Extended-release improves tolerability • HLA testing prevents serious reactions • Significant drug interaction potential	• Overlooking serious drug interactions • Failure to adjust for autoinduction • Inadequate monitoring of sodium levels • Missing early signs of blood dyscrasias	• Take with food to reduce GI effects • Report unusual bruising/bleeding • Many drug interactions, including contraceptives • Avoid abrupt discontinuation • Report visual changes/dizziness
Oxcarbazepine (Preuss et al., 2021)	• Better tolerated than carbamazepine • Fewer drug interactions • Less enzyme autoinduction • Less cognitive impact	• Monitor sodium levels, especially in elderly • Extended-release improves tolerability • Cross-reactivity with carbamazepine possible • Less evidence for bipolar disorder	• Overlooking hyponatremia risk • Assuming complete cross efficacy with carbamazepine • Inadequate monitoring in elderly • Overlooking contraceptive interactions	• Monitor for symptoms of low sodium • Take with food to reduce GI effects • May affect hormonal contraceptives • Better tolerated than carbamazepine • Report visual changes/dizziness