

Antimanic Medicines

Medicines for People
With Mood Problems

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About Project MED

“Project MED” stands for **M**edication **E**Ducation. The Project MED Group has written a series of eight education booklets about medicines. These booklets will help you if you have learning problems, reading problems, or problems understanding why you are taking medicine. These booklets will also be useful to you if English is not your main language. Parents, guardians, and other care givers might like to read these booklets too.

Our goal was to write the information in plain words. When we cannot avoid using a hard-to-read word, we give you help in pronouncing (pronoun'-sing) the word. We also describe what the hard-to-read word means in parentheses ().

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With Mood Problems

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Recommended Citation:

Aman, M.G., Benson, B.A., Campbell, K.M., & Griswold-Rhymer, H.M. (1999). Antimanic medicines (Medicines for people with mood problems). Columbus, OH: The Ohio State University.

Project MED is supported by a grant from the U.S. Administration on
Developmental Disabilities
(Grant No. 90DD0446)

to the Ohio State University Nisonger Center,
A University Center for Excellence in Developmental Disabilities.

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The Ohio State University

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Antimanic (an-tie-MAN'-ik) Medicines

Antimanic (an-tie-MAN'-ik) medicines are used for people with mood problems. The person may feel too happy, or too grouchy, too excited or too sad. We will talk a lot about this later. Sometimes antimanic medicines are used to help people who get mad too easily. When they are mad, they may try to hurt other people. This book is for people with mood problems (too excited or too sad) or with anger problems.

Sometimes these medicines are used to help people with epilepsy (EP'-ih-lep-see). People with epilepsy may have times when they lose consciousness (KON'-shus-ness). They may suddenly not be able to stay awake. They may fall down. They may be "spaced out" for short times or they may have strange movements that they cannot stop. If this happens again and again, the person may have epilepsy or seizures (SEE'-zurs).



There is a special booklet for people with epilepsy or seizures. It is called *Anticonvulsant* (an-tie-kun-VUL'-sent) *Medicines* (*Medicines for People with Epilepsy*). Try to get that booklet if you have epilepsy (see the back of this booklet; it is booklet #2).

Most medicines have two names – a *brand* name and a *generic* (je-NAIR'-ik) name. Brand names are names given to the medicines by the company that makes them. A medicine may have more than one brand name. Generic names describe the chemicals (KEM'-i-kuls) used to make the medicine. A medicine can have only one generic name.

Examples: A common antimanic medicine has the brand name of *Tegretol* (TEG'-reh-tall) and the generic name carbamazepine (KAR'-ba-MAZ'-uh-peen).

Now we will talk about the kinds of antimanic medicines. It might be a good time to look at your own bottle of medicine. You need to know which medicine you are taking. Match the name on your bottle with one of the names in the table below. You may want to circle the name in this booklet.

Kinds of Antimanic Medicines

We have listed some of the antimanic medicines. We give *both* the brand names and the generic name of each medicine, since your medicine may have only one name on the bottle.

Antimanic Medicines	
Generic Name	Brand Name(s)
carbamazepine	Tegretol, Atretol
clonazepam	Klonopin
lithium	{ Cibalith - S
	Eskalith
	Lithonate
	Lithobid
	Lithane
Lithotabs	{ Depakene
Depakote	
valproic acid or sodium	
valproate (they are the same)}	

For many years, lithium (LITH'-ee-um) was the main antimanic medicine. But lately carbamazepine and valproate (VAL'-pro-ate) have become popular (POP'-yoo-ler).

What's New?

Some medicines are being tried at the time we are writing this booklet

Generic Name	Brand Name(s)
lamotragine	Lamictal
gabapentin	Neurontin

Because these are new, we do not know if they work as well as other medicines for mood problems.

Uses for Antimanic Medicines

1. Proven Uses

These medicines have two main uses.

a) Mania (MAY'-nee-uh).

One is to reduce manic (MAN'-ik) behavior. People with manic behavior often feel very excited or "high." They feel like they can do almost anything they want to do. Sometimes they may feel grouchy or irritable (EER'-it-a-bull). These are extreme (ek-STREEM') feelings – they are too strong and they last too long. If you have mania, you may have the following problems:

- You might feel very good about yourself – almost super!
- Your need for sleep may go way, way down.



- You may talk very fast or find it hard to stop talking.
- You may feel like your mind is going very, very fast.
- You may find it hard to pay attention (uh-TEN'-shun).
- You may have lots more energy than in the past – you may believe that you are super good at your job, hobbies, or other things. Or you may feel real nervous and jittery.
- You may take chances you usually would not take. You may have dangerous sex (not protected or too many partners). Or you may buy things you cannot afford, or take other risks.

If you have mania, you may have problems with some of these things but not all of them.

b) Depression (de-PREH'-shun).

The other use for these medicines is to help treat depression.

Antidepressant (an-tie-dee-PRESS'-ent) medicines are given to lessen depression. If they don't stop the depression, antimanic medicines may help them work better. Sometimes antimanic medicines are used alone. You may have depression if you:

- feel sad or "blue" most of the time
- don't feel like eating too much most of the time
- feel tired most of the time or real nervous and shaky
- sleep too little or too much
- can't do your work as well as usual
- think about dying or hurting yourself
- feel there is no hope
- feel worthless

If you are taking another medicine for depression, you may want to get our booklet called *Antidepressant Medicines* (see the back of this booklet; it is Booklet #4).

2. Other Uses (Not Proven)

Sometimes antimanic medicines are used to help people who have behavior problems. The patient may get mad very easily. He or she may try to hurt other people for no good reason. These medicines seem to work best for people who get very angry without really thinking about it. They may just fly off the handle.

Side Effects

Side effects are unplanned changes that sometimes happen when you take a medicine. Sometimes side effects are a problem. Antimanic medicines – especially lithium – can cause lots of side effects.

1. Some Common Side effects

Most antimanic medicines can:

- make you feel tired
- make it hard to walk well (you may feel kind of “drunk”)
- give you stomach (STUM'-ik) aches or make you feel sick to your stomach.
Taking medicine with food or a snack can help this problem.



Often, these side effects will go away with time, or your doctor may have to make the dose (amount of medicine you take) smaller. If you have any of these side effects, tell your doctor.

2. Side Effects for Each Medicine

The side effects listed above could happen with most of the antimanic medicines. There are other side effects that may happen with only one or two of the medicines. Look at your medicine below to see the side effects that could happen. Most people do not get all of these side effects:

a) lithium (Cibalith, Eskalith, etc.) can:

- make your hands or fingers shake
- make you feel spaced out or confused (kun-FEWZD')
- make you thirsty and want to drink a lot more



- make you urinate (YURR'-in-ate) or pee more often
- make you go to the bathroom [because of diarrhea (DY'-uh-ree-uh)]
- make it hard to talk clearly

If you notice any of these problems, tell your doctor.

b) Tegretol (carbamazepine) can:

- give you a skin rash (spots or colors on the skin). Limit your time in the sun. Use sunscreen. Wear long sleeves.
- make you feel dizzy (light headed)
- make you see things double (one thing looks like two)
- make it hard to do some movements [coordination (ko-ORD'-in-EH'-shun) may be worse]
- cause liver problems. Signs of liver problems may be a change in color in the eyes (somewhat gray) or the skin (somewhat yellow).

If you notice any of these problems, tell your doctor.

c) Depakene or Depakote [valproate (VAL'-pro-ate)] can:

- make you feel like throwing up (vomiting)
- cause other problems in the stomach (STUM'-ik), like nausea (NAW'-zee-uh)

- make you lose some hair (the hair will grow back when you stop taking the medicine)
- make you gain weight
- make your fingers or hands shake



If you notice any of these problems, be sure to tell your doctor.

d) Klonopin (KLON'-a-pin)[clonazepam (klon-AZZ'-uh-pam)] can:

- make you feel rowdy or a little wild
- make your muscles too relaxed
- cause drooling

If you notice any of these problems, tell your doctor.



Doses

The “dose” is the amount of medicine you are taking. The amount of medicine you take usually is printed on your medicine bottle as a number with the letters *mgs*. *Mgs* stands for “milligrams” (MILL'-ih-grams). Medicines are usually measured in milligrams.

The anitmanic medicines differ in strength. If you are an adult taking one of these medicines for a mood problem, the doses may be as follows:

Medicine

lithium

carbamazepine
(Tegretol)

valproate (Depakene
or Depakote)

clonazepam
(Klonopin)

Dose

900 to 1,500 mgs
a day total

600 to 2,400 mgs
a day total

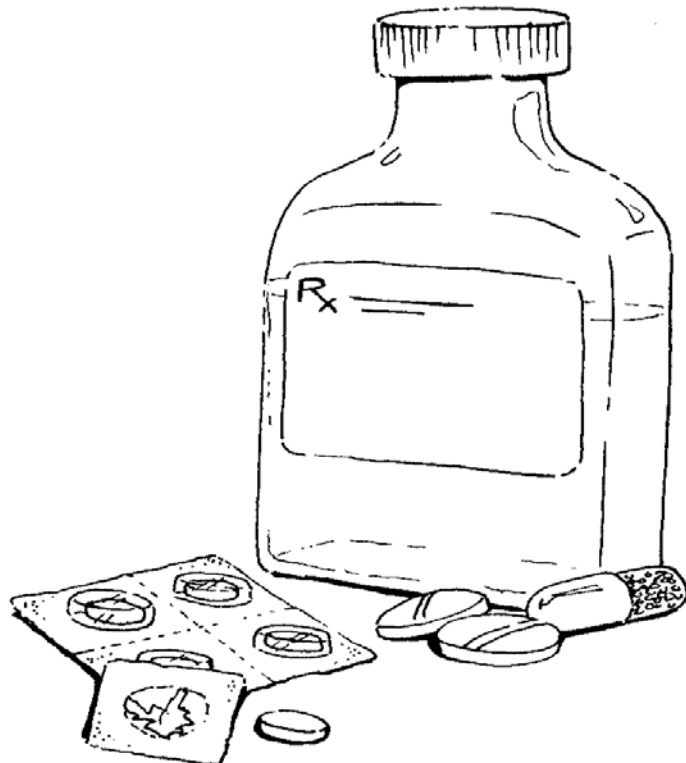
750 to 4,000 mgs
a day total

3 to 6 mgs
a day total

The doses may differ a lot from one person to another. Sometimes bigger doses are needed when you start taking the medicine. Smaller doses may be given later. Your doctor will try to find the right dose for you.

What Will the Medicine Look Like?

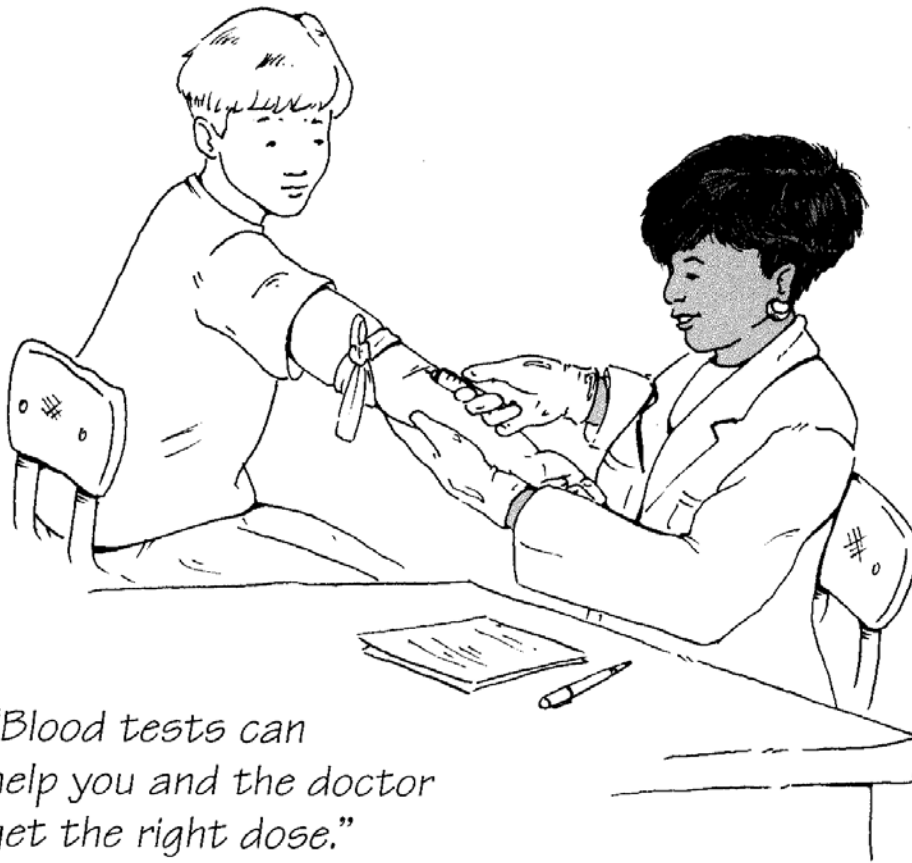
Antimanic medicines come in many forms. Some are pills. Some are liquid (LIK'-wed). Some are capsules (KAP'-sulz). If you have trouble taking pills or capsules, your doctor may be able to give you a liquid form.



Blood Tests

If you are taking these medicines for mood problems, your doctor will probably want you to have blood tests. These are very important. First, blood tests help the doctor decide what the *right amount* of medicine is for you. Second, blood tests may help your doctor know if the dose is likely to cause side effects. He or she can make sure that the dose is not too high. *Blood tests are very, very important with most of these medicines.*

But if you are taking only clonazepine (Klonopin), you will probably not need blood test.



“Blood tests can help you and the doctor get the right dose.”

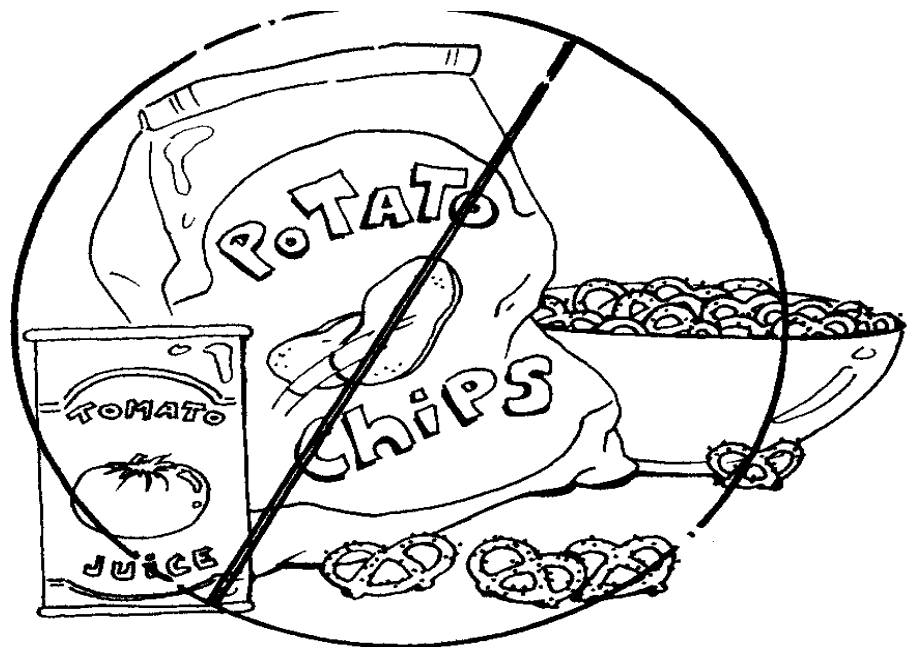
Common Interactions (in-ter-AKT'-shuns)

“Interaction” means that when one medicine (or food) is added to another medicine, some effect is made stronger or weaker. We will describe just a few interactions here. They are different for each of the antimanic medicines. So we talk about each medicine by itself. You only need to read about the medicine(s) that you are taking.

1. Lithium.

Lithium can interact with the following:

- **Salt.** If you change the amount of salt you eat, that can change the amount of lithium your body gets. Never go on a low salt diet without talking with your doctor first. Also, try not to eat a big amount of foods or snacks with a lot of salt. Example: snacks like potato chips and pretzels (PRET'-s-is),



*Do not suddenly change
the amount of salt you eat.*

and meals like box macaroni and cheese, most TV dinners, hot dogs, and canned soups.

- Some diuretics (di-yoo-RET'-iks). These are medicines that make you urinate (YURR'-in-ate) or pee a lot. They can increase side effects from lithium.
- There are a lot of medicines that can increase lithium's good effects or its side effects. We list some of them here:

- aspirin
- fluoxetine (Prozac)
- metronidazole (Flagyl)
- tetracycline
- Ibuprofen (like Motrin)
- naproxen (Anaprox) and some other medicines given to stop swelling and pain
- clonazepam (Klonopin)
- some medicines for Parkinson's disease (like methyldopa)
- carbamazepine (Tegretol)

- There are some medicines (and foods) that can *decrease* lithium's effects.

Here are some of them:

- caffeine (like coffee, tea, chocolate, Coke, Pepsi, NoDoz pills)
- theophylline (thee-OFF'-uh-leen), sometimes used for asthma (AZ'-muh).

You can see that a lot of medicines can interact with lithium. If you have to take a new medicine with lithium, ask your doctor or pharmacist (FAR'-ma-sist) if it will affect the way your lithium works.

2. Tegretol (carbamazepine).

Tegretol can interact with the following:

- fluoxetine (Prozac) may increase its effects
- Tegretol may make the effects of other medicines smaller. Here are some of the medicines:
 - phenytoin (Dilantin)
 - phenobarbital
 - ethosuximide (Zarontin)
 - haloperidol (Haldol)
 - primidone (Mysoline)
 - valproate (Depakene or Depakote)
 - medicines to help people relax, like diazepam (Valium) and lorazepam (Ativan)

3. Depakene or Depakote (valproate).

These can interact with the following medicines:

- They may increase the effect of phenytoin (Dilantin) and lamotrigine (Lamictal).
- Alcohol (like beer, wine, and gin) may make Depakene/Depakote's effects smaller.

- Aspirin may make the effects of Depakene/Depakote bigger.

4. Klonopin (clonazepam).

clonazepam can interact with the following:

- It may increase the effects of:
 - lithium
 - valproate (Depakene or Depakote)
 - antidepressants (medicines used to treat depression, like we talked about earlier). Examples are imipramine (Tolfranil) and amitriptyline (Elavil).
- It may decrease the effects of carbamazepine (Tegretol).
- Its side effects can be increased by alcohol (ALK'-uh-haul), like beer and wine.
- fluoxetine (Prozac) may increase the effects of Klonopin.

If you have to take another medicine with Klonopin, ask your doctor or pharmacist if there are any interactions.

How Long Will I Take This Medicine?

Each person has his or her own medicine needs. Different people take these medicines for different amounts of time. **Mania** can last a long time – maybe most of your life. You should take the medicine for as long as you have the mania. This could be many years. *Do not stop the medicine without talking with your doctor first.*

If you are taking the medicine **for anger**, you may have to keep taking it as long as anger is a big problem. That may be only a few months, or it may be years. Ask your doctor how long you will need to take it.

If you are taking the medicine **for depression**, you *may* be able to stop it after a year or two. Check with your doctor. You may feel better, but the medicine may be *helping* you to feel better. If you just stop the medicine, you may feel OK at first, but you may feel worse later.

Many people learn that if they keep working with their doctor, they find the right medicine and the right dose for them. If you have questions about how long you will need to take your medicine, ask your doctor.

Source

Much of the information in this booklet was taken from the following book:

Reiss, S. & Aman, M.G. (1998) (Eds.). Psychotropic medicines and developmental disabilities: The international consensus handbook. Columbus, OH: The Ohio State University Nisonger Center. ISBN 0-9658966-0-9.

About the Series

“Project MED” (Medication **ED**ucation for Consumers) was created with funding from the U.S. Administration on Developmental Disabilities. The goal of Project MED is to provide patients with information, in a manner that they can understand, about the medications that they are taking. The booklets are designed for a broad group of people taking medications: people with mental retardation, autism, reading difficulties, severe mental illness, child and adolescent patients, and people whose first language is not English. By providing this information, we hope to increase each patient’s participation in his or her own health care.

The series consists of eight booklets. The booklets were written to provide basic information about patients’ rights and about medications in easily understood words. There are few medical or legal words, and difficult words are defined.

The eight booklets are:

1. Patients’ Rights and Responsibilities
2. Anticonvulsant Medicines (Medicines for People With Epilepsy)
3. Antipsychotic Medicines
4. Antidepressant Medicines
5. Antimanic Medicines (Medicines for People With Mood Problems)
6. Antianxiety Medicines
7. Stimulant Medicines
8. Other Medicines (Blood Pressure Medicines, Naltrexone, and Over the Counter).

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