



Lithium and other mood stabilisers

Explains how lithium and other mood stabilising drugs work, how they might help you, whether to take them if you're pregnant or breastfeeding, and what alternative treatments are available.

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What are mood stabilisers?

Mood stabilisers are a type of [psychiatric drug](#). They are licensed to be used as part of the treatment for:

- [bipolar disorder](#)
- [mania and hypomania](#)
- recurrent, severe [depression](#) and [schizoaffective disorder](#), in some cases.

Some of the individual drugs we call mood stabilisers are actually very different chemical substances from each other. But healthcare professionals often group them together, because they can all help to stabilise your mood if you experience problems with extreme highs or extreme lows. They can also help if you have mood swings between extreme highs and lows.

What are the different types of mood stabiliser?

Lithium, anticonvulsants and antipsychotics are the three main types of drug which are used as mood stabilisers. There are several types of individual drug within each of these groups.

Each of these individual drugs may be known by several different names, some of which we have listed in these pages. See our page on [drug names](#) for more information.

Lithium

[Lithium](#) is a mood stabilising medication commonly used to treat bipolar disorder. It can be prescribed as:

- lithium carbonate (Camcolit, Priadel, Liskonum)
- lithium citrate (Li-liquid, Priadel).

"Lithium carbonate is the mood stabiliser that I'm on... Apart from the side effect of it making me really thirsty, I've found it has really evened me out, brought up my lows and made them not last as long and balanced the highs out, too."

Anticonvulsants

Some anticonvulsant medication can be used to help stabilise mood. You may also hear these drugs referred to as anti-epileptic medication.

Anticonvulsants which are used as mood stabilisers include:

- [carbamazepine](#) (Tegretol)
- [lamotrigine](#) (Lamictal)
- [valproate](#) (Depakote, Epilim).

Valproate pregnancy warning

If you take valproate while you are pregnant, there is a higher risk of your child being born with birth defects and learning disabilities.

The regulators of this medicine say that **you should not take valproate if you are pregnant.**

They also say you should not be prescribed valproate if you are able to become pregnant, unless you have a pregnancy prevention programme in place.

See our page on [valproate](#) for more information about this.

Antipsychotics

Some antipsychotic medications can be used as mood stabilisers, as part of the treatment for bipolar disorder.

The [National Institute for Health and Care Excellence \(NICE\)](#), the organisation that produces guidelines on best practice in healthcare, has [guidelines for treating bipolar disorder](#). These guidelines recommend using the following antipsychotics as mood stabilisers:

- [haloperidol](#) (Dozic, Haldol, Haldol decanoate, Serenace)
- [olanzapine](#) (Zalasta, Zyprexa, ZypAdhera)
- [quetiapine](#) (Atrolak, Biquelle, Ebesque, Seroquel, Tenprolide, Zaluron)
- [risperidone](#) (Risperdal, Risperdal Consta).

The antipsychotic [asenapine](#) is also sometimes used as a mood stabiliser, as a treatment for mania.

Are antidepressants mood stabilisers?

Some people assume that antidepressant drugs are also mood stabilisers. This may be because they can help to lift your mood if you're experiencing depression.

But **antidepressants are not included** in the group of drugs we call mood stabilisers. They are a separate type of psychiatric medication. See our pages on [antidepressants](#) for more information.

How mood stabilisers can help

This section covers:

- [Why might I be offered a mood stabiliser?](#)
- [Which mood stabiliser is right for me?](#)
- [Will I need to take other medication as well as a mood stabiliser?](#)

- [Could a mood stabiliser make me feel worse?](#)

Why might I be offered a mood stabiliser?

The decision to offer you a mood stabiliser is likely to depend on:

- **your diagnosis and the symptoms you experience**
- **your past experiences of taking medication**, including what's worked for you and what hasn't. For example, if you've tried lithium and had lots of problems with it, you may be offered a different mood stabiliser instead
- **your medical circumstances**. For example, if you are [pregnant or breastfeeding](#), or have a history of kidney or thyroid problems
- **what you want from your treatment**. See our pages on [seeking help for a mental health problem](#) and [advocacy](#) for information on having your say in decisions about your treatment, and making yourself heard.

Who can prescribe mood stabilisers?

There are a few different healthcare professionals who can prescribe mood stabilisers to you. It may depend on which type of mood stabiliser you are being offered. It may also depend on whether you are just starting to take it or being given ongoing prescriptions.

The person who prescribes it may be your doctor (GP). Or it could be another specialist healthcare professional, such as a psychiatrist.

Before you take any medication

Before you decide to take any medication, you should **make sure you have all the facts** you need to feel confident about your decision. For guidance on the basic information you might want to know about any drug before you take it, see our pages on:

- [what you should know before taking any psychiatric drug](#)
- [receiving the right medication for you](#)
- [your right to refuse medication](#).

Which mood stabiliser is right for me?

Different mood stabilisers can be offered to treat different types of mental health problem:

- [lithium](#) is most likely to be offered as a long-term treatment for [bipolar disorder](#). It is also sometimes also used as a short-term treatment for [mania](#).

- [valproate](#) (Depakote, Epilim) may be prescribed to treat mania if you haven't responded well to lithium. But you should not be prescribed it if you are pregnant or could become pregnant. See our page on [taking mood stabilisers during pregnancy or breastfeeding](#) to find out more.
- [carbamazepine](#) (Tegretol) is an anticonvulsant medication used to treat episodes of mania and mixed states.
- [lamotrigine](#) (Lamictal) has antidepressant effects and is licensed to treat severe depression in bipolar disorder.
- the antipsychotic drugs [haloperidol](#), [olanzapine](#), [quetiapine](#) and [risperidone](#) may be offered as mood stabilisers, as part of the treatment of bipolar disorder. The antipsychotic [asenapine](#) is also offered as a mood stabiliser, to treat mania.

"I have a form of bipolar which cycles very quickly, but I'm not psychotic. I was prescribed valproate in a controlled release tablet... It's changed my life."

Will I need to take other medication as well as a mood stabiliser?

A combination of a mood stabiliser and another drug might be the best way to manage your symptoms. This depends on your diagnosis and the problems you experience. The other kinds of medication that you may be offered include:

- certain [antidepressants](#)
- certain [benzodiazepine tranquillisers](#).

See our pages on [treatments for bipolar disorder](#), [treatments for mania and hypomania](#), and [treatments for depression](#) to find out more about other treatments you may be offered alongside mood stabilisers.

Could a mood stabiliser make me feel worse?

It's important to remember that **all drugs can affect people differently**.

Although many people find that the benefits of taking a mood stabiliser outweigh the negatives, not everybody does. Your experience will be personal to you. For ideas to help manage your mood without drugs, see our page on [alternatives to mood stabilisers](#).

Mood stabilisers also have the potential to cause unwanted side effects. They may also cause withdrawal effects if you choose to stop taking them.

See our pages on [lithium](#), [valproate](#), [carbamazepine](#), [lamotrigine](#) and our [A-Z list of antipsychotic drugs](#). These pages have links to information about the side effects and withdrawal effects of these drugs.

"I have a total distrust of mood stabilisers ... I can't be doing with the side effects – they flatten my personality and prevent me doing the creative things I love."

Can I take mood stabilisers during pregnancy or while breastfeeding?

If you are pregnant or breastfeeding, you may want to think about how different mood stabilisers can affect you and your baby. You may also want to think about this if you might get pregnant in the future.

This section covers:

- [What are my choices?](#)
- [What can I do to feel more in control?](#)
- [Lithium during pregnancy and breastfeeding](#)
- [Anticonvulsants during pregnancy and breastfeeding](#)
- [Antipsychotics during pregnancy and breastfeeding](#)
- [Further support during pregnancy and breastfeeding](#)

Valproate pregnancy warning

[Valproate](#) carries the highest risk of danger to your baby out of all mood stabilisers.

The regulators of this medicine say that **you should not take valproate if you are pregnant.**

They also say you should not be prescribed valproate if you are able to become pregnant, unless you have a pregnancy prevention programme in place.

See our information on [anticonvulsants during pregnancy and breastfeeding](#) to find out more.

What are my choices?

Mood stabilising drugs may carry risks of harm to your baby. You might need to think about your options if you take mood stabilisers and:

- you become pregnant
- you're planning to become pregnant
- you're breastfeeding.

If you become pregnant, you will probably be asked to consider one of these options:

- **Switch to an alternative drug which carries fewer risks**, such as a low dose of an [antipsychotic](#).
- **Come off your medication**. This should be done gradually, ideally with your doctor's guidance.
- If you are taking [lithium](#), you might decide that you really need to continue with your lithium treatment. In this case your doctor should help you take careful steps to [manage the risks of lithium to you and your baby](#).

You will need to think about any possible risks to your baby from continuing with your medication. But also consider any possible harm from changing or coming off your medication.

What can I do to feel more in control?

Being pregnant can sometimes feel like you're giving up control of your own body. This can be stressful, but there are lots of positive steps you can take:

- Planning your pregnancy gives you more options early on. But it is also a common experience to find out you're pregnant without planning it. Whatever your situation is, it's important to **remember that you have the same rights as everyone else**. This includes the right to [choose whether or not to take medication](#), and to [have your say in decisions about your treatment](#).
- **Talk to a healthcare professional as early as you can**. This could be with your doctor or midwife, or a mental health specialist. The earlier you start talking to someone about your options, the more in control you're likely to feel. For planned pregnancies, you should do this as soon as you decide you want to start trying to get pregnant. For unplanned pregnancies, you should speak to them as soon as you think you might be pregnant.
- **Make sure you know the risks with each drug**, so you can make an informed decision. Information on the risks with different types of mood stabiliser is included below.
- [Seek extra support](#), to talk through your options and decide what's right for you.
- **If you decide to come off your medication, make sure you do it safely**. See our pages on [coming off medication](#) for more information.

Lithium during pregnancy and breastfeeding

The risks to your baby with taking lithium during pregnancy are:

- **Heart defects**. Taking lithium in early pregnancy can increase the risk that your baby's heart might not develop properly. Your doctor or midwife should monitor your baby's heart using ultrasound scans.
- **Increased risk of serious side effects and overdose**. Being pregnant causes changes in your hormone levels, fluid levels and kidney function. All of these can affect the amount of lithium in your blood. You might not always realise when these changes happen. You may

also have less control over your body as it changes during pregnancy. This can mean it's harder to make sure your lithium level stays within safe limits.

- **When you go into labour, both your lithium levels and your baby's lithium levels could become dangerously high.** This is because the way your body clears lithium changes very suddenly during childbirth.
- **If you breastfeed, there is a very high risk of passing on lithium to your baby through your breast milk.** This could be dangerous to your baby's health.

The Royal College of Psychiatrists has more information about [taking lithium while pregnant or breastfeeding](#).

Managing the risks with lithium

If you decide it's best to continue with your lithium treatment, you and your doctor should take these steps to manage the risks:

- **Regular lithium level monitoring.** Your doctor will need to monitor your blood lithium level very carefully throughout your pregnancy to make sure it stays within a safe range. As a guideline, they should check your levels **at least every 4 weeks**, then **weekly from the 36th week of pregnancy**.
- **Your doctor may need to adjust your dose.** This is because your kidneys clear lithium from your body differently when you're pregnant.
- **You should give birth in hospital.** This is because your obstetric team will need to monitor your lithium levels. Your obstetric team is the medical team who help to deliver your baby.
- The doctor who prescribes you lithium should **speak regularly with your obstetrician** about your treatment. Your obstetrician is the doctor responsible for delivering your baby.
- **You should stop taking lithium as soon as you go into labour.** Your obstetrician will need to carefully check your fluid and salt balance and the level of lithium in your blood throughout your labour.

Your risk of postpartum psychosis

If you've ever had a bipolar episode in the past, you have a much higher risk of developing [postpartum psychosis](#) in the weeks after you give birth.

Because of this, your doctor might make these suggestions:

- You could continue taking lithium as long as possible during your pregnancy. This is to lower your risk of postpartum psychosis.
- If you've decided to stop lithium treatment during your pregnancy, you could start taking lithium again a few days after giving birth.

You should discuss what feels right for you with your doctor.

Anticonvulsants during pregnancy and breastfeeding

Anticonvulsant mood stabilisers carry the following risks to your baby:

- Anticonvulsant drugs may cause your baby to develop **foetal anticonvulsant syndrome**, if you take them while you are pregnant. Children who develop this syndrome can have physical defects and delayed development. They may need special educational support. The Organisation for Anticonvulsant Syndrome (OACS) has more [information about foetal anticonvulsant syndrome](#) on its website.
- **If you breastfeed, anticonvulsant drugs could be passed to your baby through your breast milk.** It's possible that your baby could experience some side effects from the medication. You should talk to your doctor about what feels right for you, before you decide to breastfeed.

Each individual anticonvulsant drug also has its own risks. These risks are outlined below:

Valproate

Valproate carries the highest risk of danger to your baby out of all mood stabilisers. It can cause a number of different defects and symptoms in your baby. Together, these are known as 'foetal valproate syndrome'. They include:

- heart defects
- spinal defects, such as spina bifida
- face and skull malformation, including cleft lip
- malformed sexual organs
- extra, or deformed, fingers or toes
- bleeding and liver disease
- a higher likelihood that your child might be diagnosed with autism and learning difficulties. There is also some evidence that children may have a higher risk of developing symptoms of attention deficit hyperactivity disorder (ADHD).

The regulators of this medicine say that **you should not take valproate if you are pregnant.**

They also say you should not be prescribed valproate if you are able to become pregnant, unless you have a pregnancy prevention programme in place. See our page on [valproate](#) for more information about this.

If you are prescribed valproate, you should receive [a patient booklet and patient alert card](#) with your prescription. These will give you more information about the risks of taking valproate.

Carbamazepine

There is evidence that taking [carbamazepine](#) during the first three months of pregnancy increases the risk of your baby developing:

- heart defects
- a cleft lip
- a malformed penis
- spinal defects, such as spina bifida.

Lamotrigine

Evidence on the safety of taking [lamotrigine](#) while pregnant is mixed. The NHS has information on [taking lamotrigine while pregnant or breastfeeding](#).

"[While] I was on Epilim (sodium valproate)... I had a child born with various defects and she also has learning difficulties and GDD [global developmental delay] due to this drug. I was not told of the severe effects it can cause."

Antipsychotics during pregnancy and breastfeeding

See our page on [the risks of taking antipsychotics during pregnancy](#). This includes information on the antipsychotics that you may be offered as mood stabilisers.

Further support during pregnancy and breastfeeding

Coming to a decision you feel comfortable with about what's right for you and your baby can be difficult. It's understandable if you feel conflicted or unsure about what to do.

As well as talking to your doctor or a psychiatrist, you might find these support options helpful:

- **Talk to someone you trust.** If you feel able, it can help to talk through your feelings with someone you trust, such as a partner or close friend.
- **Midwife appointments.** You can talk to your midwife about how you're feeling throughout your pregnancy. They can also help make sure you receive plenty of support from your health visitor after you give birth.
- **Perinatal mental health services.** These services offer support to help you stay well during your pregnancy. You can be referred to these services by other professionals involved in your care, such as your doctor.
- **Online peer support.** It can be helpful to talk to other people who've had similar experiences to yours. [Netmums](#) has a supportive online network for all parents and parents-to-be. [Bipolar UK](#) has an online community for people with experience of bipolar disorder. See our pages on [online mental health](#) for information on using the internet if you're feeling vulnerable.

- **Specialist websites.** Websites such as [Action on Postpartum Psychosis](#), [NCT](#) and the [Breastfeeding Network](#) provide information and support on pregnancy, breastfeeding and mental health. The [Independent Fetal Anti-Convulsant Trust \(In-FACT\)](#) and the [Organisation for Anti-Convulsant Syndrome \(OACS\)](#) offer support if you've been affected by taking anticonvulsant medication during pregnancy.

You might also find it helpful to read our pages on [parenting with a mental health problem](#). These pages include information on taking care of yourself, looking after your children, and other kinds of support available to parents.

Coming off mood stabilisers

If you are taking mood stabilisers, you may think about how long to keep taking them for, and when to stop. If you decide to stop taking them, you may want to know how to do this in a safe way.

This section covers:

- [How long is it recommended to keep taking mood stabilisers?](#)
- [How can I come off mood stabilisers safely?](#)

How long should I keep taking mood stabilisers?

If you speak to your doctor about this, their advice is likely to follow the [National Institute for Health and Care Excellence \(NICE\)](#)'s guidelines. These recommends the following:

- If you have had an episode of [bipolar disorder](#) and take mood stabilisers as a long-term treatment, you should continue with your medication for at least two years. This is to reduce the risk of relapse. If you have a history of frequent relapses, you may need to continue with your medication for longer.
- If you are just starting [lithium](#) treatment, it is recommended that you stay on it for at least 6–12 months. This is to help find out whether it will be an effective treatment for you. If you've been completely free of relapses after taking lithium for 3–5 years, you may be able to see if you can manage without it.

In the longer term, it will depend on how much you feel your medication helps you, and what you and your doctor agree is best.

You might prefer to take medication for many years, if it helps you to remain stable and get on with your life. Or you might take medication to start with, but then develop other ways of coping without medication. You may also already have views on how long you will need to take medication for, based on your past experiences.

"When I am taking lamotrigine, things are generally more stable. I feel calmer and less at the mercy of unpredictable and extreme mood changes. I find it hard to commit to taking medication on a long-term basis, but I know that I would find things easier if I did."

How can I come off mood stabilisers safely?

If you decide you want to come off your medication, it's important to do this safely. If you are comfortable speaking to your doctor about this, they can help you develop a personal plan for coming off. This should include ways to spot and manage relapses. Our pages on [coming off medication](#) have more information about this.

It's very helpful if you monitor your mood carefully when coming off mood stabilisers. You could try using a mood diary to help manage this. See our page of [useful contacts](#) for links to mood diaries online.

Coming off lithium

The [NICE guidelines for bipolar disorder](#) recommend that you gradually reduce your dose of lithium over at least four weeks. Ideally, you would reduce it over a period of up to three months. This is to lower your risk of relapse.

While you are reducing your dose, your doctor should monitor you closely for early signs of mania and depression. They should also do this for three months after you stop your lithium treatment.

There do not appear to be any physical withdrawal symptoms with lithium.

Coming off anticonvulsants

The [NICE guidelines for bipolar disorder](#) recommend that you gradually reduce your dose of anticonvulsants over at least four weeks. This is to lower your risk of relapse.

Some of the withdrawal symptoms of anticonvulsants may include:

- mood swings, anxiety and irritability, which may feel very similar to the symptoms of bipolar disorder
- headaches
- dizziness
- stomach and gut problems
- coughs and colds
- liver problems
- anaemia
- pancreatitis
- difficulties with memory, learning and thinking
- eye and sight problems
- sensory disturbances

- abnormal menstrual periods
- difficulty sleeping and fatigue
- weight gain
- muscle spasms, twitches and shaking
- fits, even if you have never had one before.

Coming off antipsychotics

The [NICE guidelines for bipolar disorder](#) recommend that you gradually reduce your dose of antipsychotics over at least four weeks. This is to lower your risk of relapse.

See our page on [coming off antipsychotic medication](#) for more information, including some of the possible withdrawal symptoms.

Are there any alternatives to mood stabilisers?

Managing a condition like [bipolar disorder](#) without mood stabilisers can be challenging. But medication isn't right for everyone. You might find that you want to explore other ways to manage your mood. This could be alongside taking medication, or instead of it.

These are some of the common alternatives to taking mood stabilisers:

- [Talking therapies](#)
- [Keep a mood diary](#)
- [Try peer support](#)
- [Look after your physical health](#)

Talking therapies

The [National Institute for Health and Care Excellence \(NICE\) guidelines for bipolar disorder](#) recommend the following kinds of [talking therapy](#) for managing bipolar disorder:

- **Cognitive behavioural therapy (CBT).** This looks at how your feelings, thoughts and behaviour influence each other, and how you can change them. See our pages on [CBT](#) for more information.
- **Interpersonal therapy.** This focuses on your relationships with other people. It looks at how your thoughts, feelings and behaviour are affected by your relationships, and how they affect your relationships.

- **Behavioural couples therapy.** This focuses on recognising and trying to resolve the emotional problems that can happen between partners.
- **Family intervention.** This involves talking therapy between the person experiencing mental health problems and their family members. See our page on [treatments for schizophrenia](#) for more information.

"I'd taken mood stabilisers for many years and they just stopped me feeling anything. That's not the way forward [for me]. I have been off them for some years now and with the help of a therapist I'm having to learn to feel again!"

Keep a mood diary

You could try keeping a diary of how you feel from day to day, to help spot patterns in your mood swings over time. This could help you learn how to avoid situations which you know might trigger an episode of depression or mania in future.

See our page of [useful contacts](#) for links to mood diaries online.

Try peer support

Peer support allows you to make connections with people who have similar or shared experiences to yours. If you'd like to try peer support, you could:

- contact [Mind's Infoline](#) or a [local Mind](#) to see what support there is in your area
- try an online peer support community, such as Mind's supportive community [Elefriends](#) and [Bipolar UK's eCommunity](#)
- find a local support group through an organisation such as [Bipolar UK](#).

See our pages on [peer support](#) for more information.

Look after your physical health

- **Get enough sleep.** For lots of people with bipolar disorder, disturbed sleep can be both a trigger and a symptom of episodes. Getting enough sleep can help you keep your mood stable or shorten an episode. See our pages on [sleep problems](#) for more information.
- **Think about what you eat and drink.** Eating a balanced and nutritious diet can help you feel well, think clearly and calm your mood. See our pages on [food and mood](#) for more tips. If you have a difficult relationship with food and eating, our pages on [eating problems](#) may help.
- **Exercise regularly.** Exercise can help by using up energy when you're feeling high and releasing endorphins ('feel-good' chemicals in the brain) when you're feeling low. Gentle exercise, like yoga or swimming, can also help you relax and manage stress. See our pages on [physical activity and your mental health](#) for more information.

lithium

This section has information on:

- [Key facts about lithium](#)
- [Taking lithium safely](#)

Key facts about lithium

Lithium is a mineral that occurs naturally in the environment. It can be prescribed in these forms, to be used as a [mood stabiliser](#):

- lithium carbonate (Camcolit, Liskonum, Priadel) in tablet form.
- lithium citrate (Li-liquid, Priadel) in liquid form.

When you are first prescribed lithium, you should be given a purple lithium treatment pack. This pack should include:

- [a lithium information booklet](#)
- [a lithium alert card](#). You should always carry this card with you and show it to any health professional before they treat you for any condition (including your dentist)
- [a lithium record book](#). This is to help you and your doctor keep track of your blood test results and other details of your health.

You can find more detailed information about this drug in the official Patient Information Leaflet (PIL), including what it's for, how to take it, possible side effects and important safety information. This leaflet should come with your medication (usually inside the box). You can also access it online as a PDF via these links:

- [lithium carbonate – 250mg tablets](#)
- [lithium carbonate – 400mg tablets](#)
- [lithium carbonate – 450mg tablets](#)
- [lithium carbonate – 200mg and 400mg prolonged-release tablets](#)
- [lithium citrate – 509mg/5ml oral syrup](#) (liquid)
- [lithium citrate – 1018mg/5ml oral syrup](#) (liquid)

If a drug can come in different forms (such as tablets or liquid), there may be a separate PIL for each one. You should look at the PIL for the particular form and dose you've been prescribed. Many PILs are available online on the [MHRA Products](#) website.

If you have any questions about your medication you can:

- talk to your doctor, or the healthcare professional who prescribes your medication

- speak to someone at your pharmacy
- contact [NHS 111](#) if you live in England
- contact [NHS 111 or NHS Direct \(0845 46 47\)](#) if you live in Wales.

Taking lithium safely

When you are prescribed lithium, the healthcare professional who prescribes it should explain how to take it safely. This includes letting you know its benefits, risks and side effects. They should also explain what the signs are if you take too much.

This information explains some things that you can do to make sure that the level of lithium in your blood remains steady, within a certain range. If your lithium level drops too low, then the treatment probably won't work for you. If it rises too high it can become very dangerous, and could potentially be fatal.

The information below explains how to:

- manage your dose
- manage your fluid and salt levels
- have regular blood tests

It's also important that you:

- know the possible side effects and signs of lithium overdose, and know what to do if you experience any serious side effects. It may help to let your family, friends or carer know the signs of taking too much lithium, if you are comfortable doing this
- understand if any other drugs may interact with lithium, including over-the-counter drugs such as ibuprofen. If you have questions about this, speak to your doctor or pharmacist
- keep your lithium information booklet and record book somewhere safe, and always carry your lithium alert card with you
- understand the [risks with taking lithium if you are pregnant or breastfeeding](#)
- understand the [risks of stopping taking lithium too suddenly](#).

Manage your dose

The dose of lithium that you are prescribed will be personal to you, depending on several factors. These include:

- whether you are prescribed lithium citrate or lithium carbonate
- whether you have just started your treatment, or if you have been taking lithium for some time
- whether you are taking any other medication

- your age and general physical health.

If you have questions about your dose, speak to your doctor or the healthcare professional who prescribes you lithium. This includes questions about what to do if you miss a dose.

Manage your fluid and salt levels

The amount of salt and water in your body can affect your lithium level, so you'll need to manage your salt and liquid levels carefully.

These are some ways to keep your fluid levels steady:

- **Water** – try to drink about the same amount of water every day. If you feel thirsty, have some water to avoid becoming dehydrated. The important thing is not to drink too much or too little compared to how much you would usually have.
- **Caffeine** – avoid sudden changes in how much you drink coffee, tea, cola or other caffeinated drinks. Caffeine makes you lose water, which can affect your lithium level.
- **Other medication and alcohol** – you should check with your doctor or pharmacist before you take any other medication or drink alcohol. This is because they may interact with the lithium in your body and affect your lithium level.

These are some ways to keep your salt level steady:

- **Eating** – don't make sudden changes in the amount of salt you normally eat, and avoid fasting. You should speak to your doctor if you plan to start a new diet, especially if it is a low-salt diet.
- **Sweating** – try not to get into situations where you are likely to sweat heavily. For example, avoid saunas and sudden bursts of heavy exercise, and take it easy in hot weather.
- **Sickness** – you should tell your doctor if you have a high temperature, you are vomiting or you have diarrhoea. They might ask you to stop taking lithium temporarily, until you're better.
- **Exercising** – it's good to exercise regularly, provided that you're getting enough fluids and salt. But you should try to avoid taking your lithium dose just before doing vigorous exercise.

Have regular blood tests

Regular blood tests are important because they monitor the amount of lithium in your blood. This helps to make sure your dose is low enough to be safe, but also high enough that the treatment works.

You might hear this test called:

- a lithium level test
- a serum lithium level test
- a plasma lithium level test.

You should wait 12 hours after a dose before having a blood test, otherwise the reading might not be accurate. If you aren't sure whether this is possible, for example if you take lithium twice a day, speak to your doctor about managing your doses.

How often you should have a blood test depends upon where you are in your treatment:

- If you're in the early stages of treatment or your dosage is being adjusted, you should have a blood test once a week.
- If your lithium levels have recently steadied after starting to take lithium or having your dosage adjusted, you should have a blood test once a month.
- If you've been taking a steady dose of lithium for a while and are confident with how to manage your lithium level safely, you should have a blood test once every six months.

Your doctor may also ask for a blood level check if there are signs that your [bipolar disorder](#) is returning. This is to check if your lithium level is too low. Or they may ask for a blood level check if you start experiencing more unpleasant side effects. This is to check if your lithium level is too high.

carbamazepine

Carbamazepine (Carbagen, Tegretol) is an anticonvulsant used as a [mood stabiliser](#).

You can find detailed information about this drug in the official Patient Information Leaflet (PIL), including what it's for, how to take it, possible side effects and safety information. This leaflet should come with your medication (usually inside the box). You can also access it online as a PDF via these links:

- [100mg, 200mg & 400mg tablets](#)
- [100mg/5ml oral suspension](#) (liquid)

If a drug can come in different forms (such as tablets or liquid), there may be a separate PIL for each one. You should look at the PIL for the particular form and dose you've been prescribed. Many PILs are available online on the [MHRA Products](#) website.

If you have any questions about your medication you can:

- talk to your doctor, or the healthcare professional who prescribes your medication
- speak to someone at your pharmacy
- contact [NHS 111](#) if you live in England
- contact [NHS 111 or NHS Direct \(0845 46 47\)](#) if you live in Wales.

lamotrigine

Lamotrigine (Lamictal) is an anticonvulsant used as a [mood stabiliser](#).

You can find detailed information about this drug in the official Patient Information Leaflet (PIL), including what it's for, how to take it, possible side effects and safety information. This leaflet should come with your medication (usually inside the box). You can also access it online as a PDF via these links:

- [25mg, 50mg, 100mg tablets](#)
- [200mg tablets](#)
- [2mg, 5mg, 25mg & 100mg dispersible tablets](#) (these are tablets which will disintegrate quickly in the mouth or can be mixed with water)

If a drug can come in different forms (such as tablets or liquid), there may be a separate PIL for each one. You should look at the PIL for the particular form and dose you've been prescribed. Many PILs are available online on the [MHRA Products](#) website.

If you have any questions about your medication you can:

- talk to your doctor, or the healthcare professional who prescribes your medication
- speak to someone at your pharmacy
- contact [NHS 111](#) if you live in England
- contact [NHS 111 or NHS Direct \(0845 46 47\)](#) if you live in Wales.

valproate

This section has information on:

- [Key facts about valproate](#)
- [Valproate pregnancy warning](#)

Key facts about valproate

Valproate (Epilim, Depakote) is an anticonvulsant used as a [mood stabiliser](#).

You can find detailed information about this drug in the official Patient Information Leaflet (PIL), including what it's for, how to take it, possible side effects and safety information. This leaflet should come with your medication (usually inside the box). You can also access it online as a PDF by clicking the links here:

- [200mg & 500mg tablets](#)
- [40mg/ml oral solution](#) (liquid)

If a drug can come in different forms (such as tablets or liquid), there may be a separate PIL for each one. You should look at the PIL for the particular form and dose you've been prescribed. All PILs are available online on the [MHRA Products](#) website.

If you have any questions about your medication you can:

- talk to your doctor, or the healthcare professional who prescribes your medication
- speak to someone at your pharmacy
- contact [NHS 111](#) if you live in England
- contact [NHS 111 or NHS Direct \(0845 46 47\)](#) if you live in Wales.

Valproate pregnancy warning

If you take valproate while you are pregnant, it can increase the risk of your child being born with birth defects and learning disabilities.

The regulators of this medicine say that you should not take valproate if you are pregnant.

They also say you should not be prescribed valproate if you are to become pregnant, unless you have a pregnancy prevention programme in place.

What is a pregnancy prevention programme?

A pregnancy prevention programme involves:

- using [effective contraception](#) to prevent you from becoming pregnant
- having regular pregnancy tests
- having an annual review to talk about your treatment.

You will also be asked to sign an Annual Risk Acknowledgement Form. This is something that your doctor will discuss with you. Signing the form means that you understand the risks with taking valproate during pregnancy. And you understand the need to avoid becoming pregnant while taking the medication.

The packaging for prescriptions of valproate may also include a visual warning showing that the medication can cause risks during pregnancy.

Should I stop taking valproate if I can become pregnant?

You should only be prescribed valproate if you can make sure that you won't become pregnant, through a pregnancy prevention programme. But if you're thinking of stopping your medication, it's really important to speak to your doctor about doing this safely. If you stop taking valproate suddenly, it can be very dangerous.

See our page on [coming off mood stabilisers](#) for more information. Our pages on [stopping or coming off psychiatric medication](#) may also help.

What if I'm already taking valproate and I'm pregnant?

If you are taking valproate and think you could be pregnant, visit your doctor as soon as you can. You can discuss your options with them, including other medications that might be available.

Where can I find more information about the risks of valproate?

The UK Government's website has a page of [information and updates on taking valproate and pregnancy](#).

Somebody I know is taking valproate and is able to get pregnant, or is currently pregnant. What should I do?

If you think this information affect someone you care about, it might be helpful to show them this information. You could also encourage them to visit their doctor to discuss their options. And if you are just there to listen, this can help them feel supported.

What else might I want to know?

- **About psychiatric medication.** For what you should know before taking any psychiatric drug, receiving the right medication for you, and your right to refuse medication, see our pages on [psychiatric medication](#).
- **About mood stabilisers.** For what they are, how they can help, what to know before taking them and alternatives you could try, see our pages on [mood stabilisers](#).
- **About side effects.** For what to do if you experience a side effect, see our page on [coping with side effects](#).
- **About coming off medication.** For information on making your decision, planning withdrawal and withdrawal symptoms, see our pages on [coming off psychiatric drugs](#).
- **About accessing treatment.** For information on this, see our pages on [seeking help for a mental health problem](#).
- **About interactions with recreational drugs and alcohol.** For information on this, see our page on [recreational drugs and medication](#).

Useful contacts

Mind's services

- [Helplines](#) – our Infolines provide information and support by phone, email and text.
- [Local Minds](#) – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- [Elefriends](#) – our supportive online community for anyone experiencing a mental health problem.

Other organisations

Action on Postpartum Psychosis (APP)

app-network.org

Information and support for anyone affected by postpartum psychosis.

Bipolar UK

[0333 323 3880](tel:03333233880)

bipolaruk.org

Information and support for people affected by bipolar disorder, hypomania and mania.

The Breastfeeding Network

[0300 100 0212](tel:03001000212)

breastfeedingnetwork.org.uk

Support and information about breastfeeding and perinatal mental health.

In-FACT (Independent Fetal Anti Convulsant Trust)

infactuk.com

Support for people affected by anticonvulsant medication in pregnancy.

Medicines and Healthcare Products Regulatory Agency (MHRA)

mhra.gov.uk

Regulates medicines in the UK and runs the Yellow Card scheme for reporting side effects.

Mood Diaries

medhelp.org/land/mood-tracker

moodscope.com

moodchart.org

moodpanda.com

Some examples of mood diaries – many more are available. Mind doesn't endorse any particular one.

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

NCT

[0300 330 0700](https://03003300700)

nct.org.uk

Provides information, support and classes for parents.

Netmums

netmums.com

Online community for parents, which also facilitates local meet-ups.

Organisation for Anti-Convulsant Syndrome (OACS)

[07904 200364](https://07904200364)

oacscharity.org

Supports people affected by fetal anticonvulsant syndrome.