Mood Stabilizers - Anticonvulsants

Specific medications:
- Carbamazepine (Tegretol)
- Oxcarbazepine (Trileptal)
- Divalproex (Depakote)
- Pregabalin (Lyrica)
- Lamotrigine (Lamictal)
- Topiramate (Topamax)
- Gabapentin (Neurontin)
- Valproic acid (Depakene)

Use:
- Decrease mood swings
- Decrease agitation, irritability, and insomnia due to manic mood

Risks and side effects:
- Sedation, fatigue, drowsiness
- Dizziness, unsteady gait, poor coordination
- Slurred speech
- Change in appetite and weight
- Rashes and allergic reactions
- Liver damage or pancreatitis
- Decreased blood cell counts
- Upset stomach, nausea
- Blurred or double vision
- Depressed mood or suicidal feelings

Though most medication side effects are not dangerous, they can rarely be medically serious or even life threatening. Let your doctor know if you notice any changes in your health.

Expected onset of action: Anticonvulsants generally must be increased gradually to a therapeutic dosage. This can take several weeks, and your doctor may ask you to have blood tests to determine the level of the medication in your blood. Once the medication is therapeutic, it may take 2-4 weeks before you see the full benefit of the medication in reducing mood swings.

Use in pregnancy: Some of these medications have been shown to cause birth defects. Use birth control while taking these medications and let your doctor know if you may be or wish to become pregnant.

Interactions with other drugs and food: Street drugs and alcohol should be avoided while taking these medications.

Laboratory monitoring: Most of these medications require monitoring of blood levels, liver functions, and/or blood cell counts every 3-6 months.

Discontinuation effects: If these medications are stopped suddenly, you may experience anxiety, restlessness, insomnia, or seizures. This can be avoided by tapering the medication slowly.

I acknowledge that I have discussed this information with my doctor and have received a copy of this form for my records.

Individual Served: __________________________________________ Date: ___________________

Physician: ________________________________________________ Date: ___________________

[ ] Copy given for guardian