

Bipolar Depression

A handy chart to help you compare the medicines to help the symptoms of bipolar depression

You might also want to look at the Handy Charts for bipolar mood disorder and bipolar mania

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to start to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **bipolar depression**, and a few others that are sometimes used.

- Only quetiapine has been shown to help bipolar depression and only lamotrigine to help stop bipolar depression coming back
- We have listed them as their “generic name” (the name of the actual medicine).
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much. Dopamine, serotonin, noradrenaline and GABA are some of the brain's chemical messengers. Dopamine has many effects but too much can lead to psychosis. Serotonin helps control mood, emotions, feeding and sleep. Noradrenaline helps control drive, motivation, alertness and sleep. GABA calms the brain.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

Drowsiness – feeling sleepy or doped up

Weight gain – feeling more hungry and putting on weight

Nausea – feeling sick, but not usually being sick

Postural hypotension – feeling dizzy when you stand up

Sexual problems – lack of desire or pleasure

There are many other possible side effects. Please see our website for more details.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer. Don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of bipolar depression

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Postural hypotension	Sexual problems		
Main medicines (licensed or which are proven to help)										
Quetiapine (Seroquel XL®) <i>Can help bipolar depression when it happens</i>	300mg a day	We don't really know, but it blocks dopamine	Probably up to about 4 weeks	●●●	●	●	●●●	0	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Lamotrigine <i>Can help stop bipolar depression coming back</i>	50-200mg a day	We don't really know	May take many weeks, and must be started slowly	●●	●	●●	0	0	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Other medicines (usually only where main medicines have not worked or as an add-on)										
Antidepressants § e.g. SSRIs	Fluoxetine, citalopram and paroxetine 20mg a day	Boosts serotonin	May take at least 4 weeks for the full effect but you may feel a bit better after a few weeks	●	●●	●●●	0	●●●	Best stopped slowly after a few months when the depression has gone	It is best if all antidepressants are stopped slowly. Paroxetine should be stopped gradually over several weeks
Mirtazapine §	30mg a day	Boosts serotonin and noradrenaline		●●●	●●●	0	0	0		
Lithium (e.g. Camcolit®, Priadel®)	Around 400-1000mg a day, depending on your blood level	We don't really know, but it does a lot of different things in the brain	May take several months	●	●●	●	0	0	Often many years, two years is a minimum	Must be done slowly over at least 4 weeks, if not over a longer time
Olanzapine	Around 10mg a day	We don't really know, although it blocks dopamine	May take several months	●●●	●●●	●	0	0	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Valproate (e.g. Depakote®)	Around 400-1000mg a day	Boosts GABA and other messengers	May take several months	●	●	●	0	0	As long as you want, probably for several years	

§ Antidepressants may help "bipolar depression" in the short-term but may not be a good idea if taken for a long time. Please see our website for more help.