



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 002-F

ATTACHMENT F – PARAMETERS FOR THE USE OF MOOD STABILIZING MEDICATIONS

A. General Parameters

1. Mood stabilizing medications in this parameter include: lithium; specific anticonvulsants (carbamazepine, valproic acid, divalproex, lamotrigine, oxcarbazepine, and topiramate); clozapine; and specific newer antipsychotic medications (aripiprazole, quetiapine, and olanzapine). Gabapentin is not included due to lack of evidence for efficacy of this medication.
2. Mood stabilizing medications should be tried during clinically significant manic or mixed mood episodes in individuals with a diagnosis of bipolar I disorder or schizoaffective disorder, bipolar type.
3. Mood stabilizing medications should be tried for clinically significant hypomanic episodes in individuals with bipolar II disorder.
4. Mood stabilizing medications should be tried for prophylaxis against emergent manic episodes in individuals with bipolar mood disorders who are receiving antidepressant medication.
5. Mood stabilizing medications may be tried in individuals with substance induced mood disorders with manic or mixed features when detoxification from the responsible substance alone does not adequately resolve symptomatology or is not possible.
6. Mood stabilizing medications should be tried in individuals with mood disorders with manic or mixed features due to a general medical condition when treatment of the responsible general medical condition alone does not adequately resolve symptomatology or is not possible.
7. Mood stabilizing medications may be continued for prophylaxis for indefinite periods in individuals with a diagnosis of bipolar mood disorders in partial or complete remission.
8. Mood stabilizing medications may be used for other disorders characterized by mood disturbances only with appropriate additional justification in the medical record.
9. Lithium may be used during depressive episodes to augment the therapeutic response to antidepressant medication when antidepressant medications alone are not effective.

B. Multiple Concurrent Mood Stabilizing Medications

1. Initially, only one mood stabilizing medication should be used.
2. Two mood stabilizing medications may be prescribed concurrently when at least one single agent has proven to be ineffective after an adequate trial of monotherapy.
3. More than two mood stabilizing medications may be prescribed concurrently only with additional appropriate justification in the medical record.

C. Use of Lithium, Divalproex, Lamotrigine, Newer Antipsychotics, and Other Anticonvulsants for Bipolar Disorders

1. Lithium, divalproex, lamotrigine, or a newer antipsychotic should be tried initially for treatment of bipolar mood disorders, when no contraindications exist for their use.
2. Initial treatment should be monotherapy with a mood stabilizing medication, but an antipsychotic with an indication as a mood stabilizing medication may be used adjunctively to treat acute psychosis or agitation when the selected mood stabilizing medication is not a different antipsychotic.
3. Determination of which of the preceding medications should be used first is based upon clinical judgment, presence of comorbid general medical conditions, client preference, and likelihood of adequate compliance.
4. When lithium, divalproex, lamotrigine or a newer antipsychotic is ineffective after an adequate clinical trial, combined treatment with another mood stabilizing medication may be tried if no contraindications exist, or the individual may be switched to another first choice mood stabilizing medication for a second trial of monotherapy.
5. Certain other anticonvulsants (e.g., carbamazepine) may be tried for treatment of bipolar mood disorders if the previous medications are ineffective or are contraindicated.
6. Gabapentin should not be used to treat bipolar disorder, as it has been shown to be ineffective and carries the risk of significant untoward effects.

D. Use of Adjunctive Medications with Mood Stabilizing Medications

1. Benzodiazepines

- a. Benzodiazepines (e.g., lorazepam) may be used in conjunction with mood stabilizing medications for treatment of manic episodes during bipolar mood disorders, substance-induced mood disorders, and mood disorders due to general medical conditions when symptoms of anxiety or agitation are prominent. They should be tapered as soon as clinically appropriate.

2. Antipsychotic Medications

- a. Antipsychotic medications may be used in conjunction with mood stabilizing medications for acute treatment of manic episodes during bipolar mood disorders,

substance-induced mood disorders, and mood disorders due to general medical conditions.

- b. Antipsychotic medications may be used in conjunction with mood stabilizing medications for treatment of schizoaffective disorder, bipolar type.

3. Antidepressant Medications

- a. Antidepressant medications may be used in conjunction with mood stabilizing medications when treating depressive symptoms in bipolar mood disorders.
- b. Antidepressants should be used only during depressive episodes in bipolar I disorder; as longer-term use is associated with increased risk of rapid cycling.

E. Mood Stabilizing Medication Dosages

1. Clinical presentation and laboratory monitoring of medication blood levels should determine dosage schedules of mood stabilizing medications.
2. Topiramate dose should not exceed 400 mg daily; as clinical response has not been correlated with plasma levels.
3. Newer antipsychotics should be used at the lowest effective dose, and should not exceed the dose range indicated for use in schizophrenia.

F. Laboratory Monitoring

1. General laboratory monitoring of individuals taking mood stabilizing medications should be determined by clinical situation, including type of medication, health risk factors, duration of treatment, concurrent general medical condition, and concurrent medications, and should be consistent with parameters in Attachment H – Parameters for General Health-related Monitoring and Interventions in Adults of this Policy.
2. **Lithium**
 - a. Prior to initiation of lithium, the following baseline laboratory data should be assessed: CBC, electrolytes, BUN and creatinine, pregnancy status, and thyroid function (e.g., TSH).
 - b. EKG should be assessed in individuals with history of cardiac abnormalities or syncope, or in individuals over the age of 40.
 - c. A baseline weight should be measured when initiating lithium, and then measured at least annually.
 - d. Plasma lithium level should be closely monitored during initiation of lithium to ensure therapeutic levels and avoid dose-related toxicity.

- e. Plasma lithium levels should be monitored at least annually in individuals stabilized on lithium.
- f. Plasma electrolytes, BUN and creatinine, thyroxine, and TSH level should be monitored at least annually in individuals stabilized on lithium.

3. Divalproex

- a. Prior to initiation of divalproex, the following baseline laboratory data should be assessed: CBC, LFTs, and pregnancy status.
- b. A baseline weight should be measured when initiating divalproex, and then measured at least annually.
- c. Plasma divalproex levels should be monitored at least annually in individuals stabilized on divalproex.
- d. CBC and LFTs should be monitored at least annually in individuals stabilized on divalproex.

4. Carbamazepine

- a. Prior to initiation of carbamazepine, the following baseline laboratory data should be assessed: CBC and LFTs.
- b. A baseline weight should be measured when initiating carbamazepine, and then measure at least annually.
- c. Plasma carbamazepine levels should be monitored at least annually in individuals stabilized on carbamazepine.
- d. CBC, LFTs, and electrolytes (if necessary), should be monitored at least annually in individuals stabilized on carbamazepine.

5. Newer Antipsychotics

- a. Laboratory monitoring should be consistent with parameters in Attachment H – Parameters for General Health-related Monitoring and Interventions in Adults of this Policy.