

Comparison of Mood Stabilizers in Older Adults

Medication	Initial Dose	Dose Range	Reference Range	Quality of Evidence	Considerations for Older Adults
<b>Carbamazepine</b>	100 mg either daily or BID	400–800 mg daily	4–12 mcg/mL	Very low	<ul style="list-style-type: none"> <li>• Many drug-drug interactions from CYP3A induction</li> <li>• Common adverse drug reactions (ADRs): ataxia, blurred vision, dizziness, fatigue, headache, nausea, sedation, vomiting</li> <li>• Serious ADRs: agranulocytosis, aplastic anemia, atrioventricular conduction delays, hyponatremia, rashes, urinary retention</li> </ul>
<b>Divalproex</b>	250 mg PO QHS	500–1000 mg daily	65–90 mcg/mL	Low	<ul style="list-style-type: none"> <li>• Superior in rapid-cycling bipolar disorder</li> <li>• Divalproex products preferred over valproic acid due to better tolerability</li> <li>• Common ADRs: nausea, sedation, weight gain</li> <li>• Serious ADRs: hepatotoxicity, hyperammonemia, pancreatitis, Parkinsonism, thrombocytopenia</li> </ul>
<b>Lamotrigine</b>	25 mg daily (12.5 mg daily in patients taking VPA)	100–200 mg daily	N/A	Low	<ul style="list-style-type: none"> <li>• Superior to lithium in preventing bipolar depression</li> <li>• Common ADRs: back pain, insomnia, nausea, rash, sedation</li> <li>• Serious ADRs: Stevens-Johnson syndrome (rare)</li> </ul>
<b>Lithium</b>	150–300 mg PO QHS	300–900 mg PO QHS	0.4–0.8 mEq/L	Low	<ul style="list-style-type: none"> <li>• Antisuicide effect</li> <li>• May protect against dementia</li> <li>• Potential for drug-drug interactions</li> <li>• Superior to divalproex in mania</li> <li>• Common ADRs: ataxia, cognitive impairment, edema, hypothyroidism, tremor, weight gain</li> <li>• Serious ADRs: nephrogenic diabetes insipidus, nephrotoxicity, sick sinus syndrome, toxicity</li> </ul>

From the Article:  
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