

## How to Use Oxcarbazepine in Bipolar Disorder

<b>Dose in bipolar II</b>	<i>For hypomania or mild mixed features.</i> Start ½ of 150 mg qhs, raise by 75 mg every 4–7 days, target: 300–600 mg qhs
<b>Dose in bipolar I</b>	<i>For mania or mixed states as an adjunct to a traditional mood stabilizer (especially lithium).</i> Start 150–300 mg qhs, raise by 150–300 mg every 4–7 days, target 600–2100 mg (usual 900–1200 mg; give part of dose in morning if ≥ 1200 mg/day)
<b>XR form (Oxtellar)</b>	Expensive (monthly cost of \$1,100 vs. \$20 for instant release). May improve side effects due to lower peak levels, but usually unnecessary for mood disorders. Raise dose by 20% when converting from IR to XR at levels of ≥ 1200 mg/day; otherwise the conversion is 1:1
<b>Half-life</b>	9 hours
<b>Common side effects</b>	Headache, dizziness, somnolence, and nausea
<b>Major risks</b>	Hyponatremia, severe allergic rash
<b>Drug interactions</b>	Potent CYP3A4 inducer at doses ≥ 1200 mg/day, which can lower levels of birth control pills and multiple psychiatric medications (antipsychotics, mirtazapine, trazodone, vilazodone, vortioxetine, modafinil, zaleplon, zolpidem, alprazolam and other benzos)

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