

Bipolar Drugs

Benefits, Risks, and Limitations

Summary of gold-standard evidence of *attributable* benefit and harm¹

BIG Picture Trade-offs

CRISIS USE

Bipolar drugs can sedate during suicidality and dangerous behavior.

LOW RECOVERY

On drugs alone, people rarely recover⁶ and have symptoms half the year.⁷

PARTIAL RELIEF

Bipolar drugs offer *partial* but *inconsistent* symptom relief that varies by person.

STABILIZATION

Drugs can reduce the frequency of severe mania and depressive episodes.

NON-CURATIVE

Bipolar drugs can reduce *symptoms* but don't cure or address *causes*.

DRUG LOAD

2-5 drug combos are prescribed for bipolar.² High drug load is linked to higher suicide rates and worse outcomes.³

UNCERTAINTY

Bipolar drug combo testing is "practically nonexistent".⁴ Prescribing is largely trial and error.⁵

SIDE EFFECTS

Sexual dysfunction, organ damage, diabetes, cognitive impairment, tremors, and addiction may occur.



5
Bipolar
Drugs
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DRUG Pros-Cons



01 Lithium

For mania, 16% of people substantially reduce mania symptoms due to lithium.⁸
For relapse, 21% of people avoid mood relapse in a year due to lithium.⁸
Suicide. Studies suggest a 14% risk reduction due to lithium.¹⁰
Dementia. May reduce risk when normal or micro-dose used > 1 year.¹¹

Risks. Kidney impact with long-term use.¹⁴
Limitations. Little secure evidence it helps acute bipolar depression.⁸
Side effects (frequency).¹² Weight gain (75%), excessive urination (70%), tremors (42%), sexual dysfunction (37%), chronic kidney disease (33%),¹⁴ hypothyroidism (14%).¹³
FDA black box warning.¹⁵ Dosages are near toxic levels.

02 Anticonvulsants (e.g. Lamictal, Depakote, Tegretol, Carbatrol)

How well do the top 3 anticonvulsants work?¹⁶

Drug	Acute Mania	Acute Depression	Mood Relapse
Lamotrigine			17%
Valproate	20%		13%
Carbamazepine	25%		

% of people who substantially improve due to drug.
For depression, reduces frequency of severe depressive episodes.

Limitations. Little secure evidence they help acute bipolar depression.
Fetal risks (valproate). Autism (5X), birth defects (4X), development delay (35%).¹⁸
Suicide. Use increases risk.¹⁸
Side effects (frequency).¹⁸ Elevated liver enzymes (11%), tremors (10%), rash (10%).
FDA black box warnings for lethal rash, liver damage, pancreatitis, fetal risk, and anemia.¹⁷

03 Antipsychotics (e.g. Abilify, Clozaril, Latuda, Seroquel, Risperdal)

For mania, 12-24% of people improve substantially due to antipsychotics.¹⁹
For depression, 8-20% of people improve substantially due to antipsychotics.¹⁹
For relapse, yearly rate is decreased by 17-33% due to antipsychotics.¹⁹

Risks. Dose-proportional brain shrinkage, diabetes (3X). Use associated with worse cognitive performance and lower long-term recovery in schizophrenia.²⁰
Side effects (frequency).²⁰ Weight gain (90%+), sexual dysfunction (66%), fatigue (35%), tremors (17%), sedation (13%), metabolic syndrome (13%).
FDA black box warning for elevated risk of death in elderly.²¹

04 Benzodiazepines (e.g. Valium, Xanax, Ativan, Klonopin, Librium)

Benefits. Reduces agitation, anxiety, restlessness, and acute mania.²²
Prescribing. Fast acting. Very short-term use. Guidelines limit to 1-28 days.²²
Long term. 20% use it long-term despite evidence it worsens symptoms and increases mood relapse risk.²³

Side effects (frequency).²³ Fatigue (50%), sexual dysfunction (33%). Raises risk of dementia and mental decline.²⁵ Withdrawal syndrome (30%) may last months/years.²⁶
Suicide. Use increases risk.²⁴
Use is controversial.²⁵ DEA controlled drug. May be addictive as prescribed.
FDA black box warning for abuse, misuse, addiction, and withdrawal. Fatality risk if taken with opioids.²⁷

05 Antidepressants (e.g. Prozac, Celexa, Paxil, Zoloft, Lexapro)

For depression, 17% of people improve substantially due to taking one in an FDA-approved combo with an antipsychotic...
 ... but 35% see large weight gain.²⁸
Ineffective when used with lithium and anticonvulsants.²⁹ Widely considered over-prescribed. None are FDA-approved stand-alone for bipolar (weak evidence).

Side effects (frequency).³⁰ Sexual dysfunction (58%), withdrawal difficulties (56%),³⁵ fatigue (21%), weight gain (15%).
Risks. Diabetes,³³ mania (2.6X),³² rapid cycling (3.8X),³¹ and adult suicide (2X).³⁴
Use is controversial.³⁸ Prescribed 30-81% of time³⁶ despite studies and expert consensus offering little support.²⁹
FDA black box warning for INCREASED suicide risk in young people.³⁷

Conventional Bipolar Care

VS

Integrative Mental Health

Bipolar drugs reduce symptoms, frequency of relapse, and may be vital in crisis. Some find them essential for stability but...

A paradigm shift is available today, embraced by many practitioners...

75-85% of the time people don't see substantial benefit due to drugs they take.³⁸
 2 of 5 drugs are controversial to use.³⁹
 3 of 5 drugs increase risks of suicide.⁴⁰
 5 of 5 carry FDA black box warnings.⁴¹
 Drugs are poorly tested in combination.
 Drug risks are usually dose-proportional, so long-term use is of greatest concern.

It uses the best of drug therapy and evidence-based nondrug options. It reduces symptoms so drug dosages and their side effects can be reduced. It often targets causative factors.⁴² It often supports sustainable wellness. Not a panacea, but nondrug options have few side effects⁴³ and are crucial to long-term recovery.⁴⁴

Drugs aren't the savior nor the enemy. They are one option with pros & cons. Integrative practitioners offer many others.

Choose Wisely.

