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BIPOLAR DISORDERS Factsheet

November 2021

How are medications related to relapse?

Bipolar disorder is a disabling condition characterised by episodes of mania or hypomania and depression. Adherence to pharmacological treatment is critical for effective control of symptoms and to prevent relapse.

What is the evidence for pharmaceutical treatments for relapse prevention?

Moderate to high quality evidence finds maintaining antipsychotic or mood stabiliser treatment is associated with fewer relapses overall than discontinuing antipsychotic or mood stabiliser treatment.

Medications compared to placebo

Moderate quality evidence finds the following medications reduced overall relapse rates more than placebo (in descending order of effectiveness); asenapine, aripiprazole + valproate, lithium + oxcarbazepine, olanzapine, aripiprazole once monthly, lithium + valproate, quetiapine, aripiprazole + lamotrigine, aripiprazole, lithium, valproate, risperidone long-acting injectable, and lamotrigine. Carbamazepine and paliperidone performed no better than placebo.

Compared to placebo plus mood stabilisers, there were fewer relapses after six months of treatment with second-generation antipsychotics plus mood stabilisers (mostly lithium or valproate). Aripiprazole + mood stabilisers and quetiapine + mood stabilisers prevented both depression and mania relapses, while lurasidone + mood stabilisers was more effective for preventing relapse to depression, and ziprasidone + mood stabilisers was more effective for preventing relapse to mania.

For side effects, moderate to low quality evidence finds placebo was better tolerated than carbamazepine, lithium, or lithium + valproate. There was greater incidence of prolactin-related adverse events with long-acting injectable risperidone, more weight gain with olanzapine, risperidone, quetiapine and aripiprazole, more tremor with aripiprazole and risperidone, more restlessness with aripiprazole, and more sedation with olanzapine and quetiapine.

Medications compared to other medications

Moderate quality evidence finds fewer relapses with olanzapine than with imipramine, paliperidone, or lamotrigine; fewer relapses with quetiapine than with imipramine or lamotrigine; fewer relapses with lithium or lithium + valproate than with imipramine; and fewer relapses with aripiprazole + valproate than with imipramine or paliperidone. There were fewer relapses, particularly to mania, with long-acting injectable risperidone or flupenthixol decanoate than with any oral medication.

For side effects, moderate to low quality evidence finds lamotrigine was better tolerated than carbamazepine, lithium, or lithium + valproate. Long-acting injectable risperidone was associated with more prolactin-related adverse events than any oral medications.

For more information see the technical table

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorders or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au**.

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