
How to Medicate Manic Episodes

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Introduction

This sheet guides you in how to use medications to rapidly treat patients with severe mania. Many of these patients have bipolar disorder; others may have schizoaffective disorder, bipolar type, while others may have arrived on your unit with a murky psychiatric history but with agitation, racing thoughts and other hallmarks of mania.

Identify target symptoms and goals

Typical therapeutic goals include: Slow down racing thoughts and flight of ideas; normalize excessively euphoric or irritable mood; improve insight and reality testing if there are psychotic delusions; improve sleep; slow down hyperactivity; and decrease impulsivity and intrusiveness.

Medication treatment

- Start with both a mood stabilizer and an antipsychotic, since generally the combination is more effective than either one alone. You can also start a benzodiazepine, or add one later to augment response if needed.
- Mood stabilizer (MS) choices
 - May start with either lithium or valproic acid
 - Lithium: Start with 600 mg-900 mg daily (either BID or HS) and increase to achieve level of 0.8-1.2, which will often require about 1200-1500 mg daily.
 - Valproic acid (Depakote): Start with a loading dose of 20 mg/kg, titrate based on clinical response and serum levels, aiming for 50-125 µg/mL. Can also start with 750 mg once a day, in divided doses if using immediate release, and increase dose every 2-3 days as tolerated up to 1500-3000 mg daily.
 - Second line: Carbamazepine (Tegretol): Start with 200 mg twice daily, titrate based on clinical response.
- Antipsychotic (AP) choices
 - There is no definitive data showing that any particular AP is superior for mania.
 - Anecdotal experience is that the “biggest guns” for rapid control of mania are olanzapine, quetiapine, or haloperidol—but each has a high side effect burden.
 - A reasonable philosophy is to start with a medication that will be most tolerable for long term treatment
 - Common antipsychotics
 - Aripiprazole, 10-15 mg daily.
 - Olanzapine, 10-15 mg HS.
 - Quetiapine, 50-100 HS and increase rapidly up to 600-800 mg daily
- Benzodiazepine choices
 - Lorazepam (start 1 mg TID up to 3 mg TID) or clonazepam (start 1 mg BID, up to 3 mg BID)
- If first combination doesn't work within several days, increase doses, or switch to other MS/AP/benzo as needed
- Treatment resistant mania options
 - Clozapine, either alone or in combination with MS
 - Other meds with less evidence of efficacy in mania but sometimes tried: Allopurinol, tamoxifen, Lamictal, Neurontin, Topamax, zonisamide, tiagabine, Trileptal, verapamil.
 - Blue-blocking glasses, orange tinted glasses, from 6 pm to 8 am

- ECT (though it is difficult to get consent in manic patients)
- Tips on choosing meds for specific patients
 - Renal disease? Avoid Lithium
 - Liver disease? Avoid valproic acid or carbamazepine
 - Obesity? Avoid olanzapine, quetiapine, clozapine
 - History of EPS? Avoid aripiprazole and risperidone
 - Women of childbearing age? Avoid valproic acid
 - Pregnant women? Avoid valproic acid, avoid lithium in first trimester
 - Ask about response of family members to specific drugs
- Tips on convincing patients to take meds
 - Many manic patients have poor insight into symptoms and will challenge you to explain why they need to take medications. Avoid directly challenging delusions or feelings, and try to acknowledge their perspectives, while still gently guiding them toward treatment.
 - “You have a lot on your mind and a lot to share, but you’re talking so quickly that it’s hard for us to understand you. This medication can calm your mind and make it easier to connect with people.”
 - “You’re feeling on top of the world but that can make it challenging to make safe choices. This medication can help balance things out and make you feel calmer and more grounded.”
 - “You have a lot energy, which feels great but is also exhausting. This medication can help you channel that energy so that you’ll feel better, and will get more sleep.”
 - “I see that things feel intense for you right now. I want to help and ensure you’re safe. This medication can help you feel calmer and less overwhelmed.”
 - “You have interesting ideas and lofty goals. These meds won’t take away your beliefs but will help you think about them more clearly.”