First-Line Medications for Bipolar Depression			
	Dose	**Pros**	**Cons**
Lamotrigine (Lamictal)	Effective dose: 50–200 mg qam Start: 25 mg qam x14 days, 50 mg qam x14 days then 100 mg qd	Best tolerated; good preventative effects for depression	Slow to work (6–12 weeks) Stevens-Johnson syndrome (1 in 3,000) Does not treat mania
Lithium	Optimal level: 0.6–0.8 mmol/L Start: ER 300 mg 1 po qhs x4–7 days, 2 po qhs x4–7 days then 3 po qhs Lower levels (0.4–0.6 mmol/L) work in elderly; higher levels may be needed in mania	Best preventative effects against mania, depression, suicide, and hospitalization; may prevent dementia, stroke, and cardiac disease	Nephrotoxicity (lessened by keeping level ≤ 0.8 mmol/L), hypothyroidism (10%–20%), arrhythmias, toxicity (especially with drug interactions), diabetes insipidus (10%–15%) Tremor, imbalance, nausea, thirst, acne, affective flattening
Second-generation antipsychotics			
Cariprazine (Vraylar, brand only)	Effective dose: 1.5 mg qd Start: 1.5 mg qod x7–14 days then 1.5 mg qd	Effective in mania (3–6 mg qd) and depression	Worse for akathisia; better for fatigue and metabolic effects[1] Lower effect size in depression than other second-generation antipsychotics
Lurasidone (Latuda, brand only)	Effective dose: 20–120 mg qd (usual range 40–80 mg) Start: 20 mg 1/2 qd x4–7 days, 1 qd x4–7 days then 40 mg qd (take with ≥ 350 cal meal)	Among the atypicals, best balance of efficacy and tolerability Approved in pediatrics (13–17 for schizophrenia, 10–17 for bipolar depression) May improve cognition	Worse for akathisia; better for fatigue and metabolic effects[1]
Quetiapine (Seroquel)	Effective dose: 300 mg qhs Start: 50 mg qhs x 1–4 days, 100 mg qhs x 1–4 days, 200 mg qhs x 1–4 days, then 300 mg qhs	Best acute efficacy in depression; good preventative effects Best evidence in bipolar II, insomnia, & anxiety Effective in mania (400–800 mg qd) and depression	Worse for metabolic and cardiac/QTc risks, fatigue, and orthostasis; better for akathisia[1] The XR version has less orthostasis but more next-day sedation

[1]Second-generation antipsychotics share common risks of tardive dyskinesia, metabolic syndrome, akathisia, orthostasis, anticholinergic effects, QT interval prolongation, temperature dysregulation, neuroleptic malignant syndrome, and increased mortality in dementia. Only relative differences in those risks are noted above.

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