

# Debonair Magazine 2012 Pdf Free

TREATMENT OF BIPOLAR DISORDER 2004

## HOW IS BIPOLAR DISORDER TREATED?

### Stages of Treatment

- **Acute phase:** treatment is aimed at ending the current manic, hypomanic, depressive, or mixed episode.
- **Preventive or maintenance phase:** treatment is continued on a long-term basis to prevent future episodes.

### Components of Treatment

- **Medication** is necessary for nearly all patients during acute and preventive phases.
- **Education** is crucial in helping patients and families learn how to manage bipolar disorder and prevent complications.
- **Psychotherapy** helps patients and families deal with disturbing thoughts, feelings, and behaviors in a constructive manner. It emphasizes early detection of and treatment for mood episodes; managing activity and stress levels; and training in problem-solving skills.
- **Support groups** provide help and understanding that can be useful in promoting longer-term mood stability. Participants say support groups help them feel safe and accepted, motivate them to follow their treatment plans, and give them a chance to share experiences with others who have "been there."

### TYPES OF MEDICATION

The most important medications used to treat bipolar disorder are mood stabilizing agents (including lithium, anticonvulsants, and atypical antipsychotics) and antidepressants. Your doctor may also prescribe other medications for insomnia, anxiety, or restlessness. While we do not understand exactly how these medications work, they all affect chemicals in the brain called neurotransmitters that are involved in the functioning of nerve cells.

#### What are mood stabilizers?

Medications are considered mood stabilizers if 1) they provide relief from acute episodes of mania and depression and help prevent such episodes from occurring; and 2) they do not make depression or mania worse or lead to increased mood cycling. Medications that are generally considered mood stabilizers are lithium, divalproex, carbamazepine, and the atypical antipsychotics. Lithium was the first mood stabilizer that was introduced and has been used for many years. Divalproex and carbamazepine were originally developed as anticonvulsants to control epilepsy, another brain disorder, but were also found effective for bipolar disorder. Atypical antipsychotics have also been found to be effective in stabilizing mood. Medications that have been approved by the Food and Drug Administration (FDA) for the treatment of different phases of bipolar disorder are shown in Table 1. Electroconvulsive therapy (ECT) is also considered a mood stabilizing treatment and may be used for severe depression or mania.

#### Lithium (brand names Ekalith, Lithobid)

The first known mood stabilizer, lithium, is an element rather than a compound (a substance synthesized by a laboratory).

**Table 1. Medications with FDA indications for treatment of bipolar disorder as of November 1, 2004 (updated 8/1/2010 by Dr. Aiken)**

Medication Generic (Product)	Acute bipolar depression	Acute bipolar mania	Maintenance treatment of bipolar I disorder
Aripiprazole (Abilify)		●	●
Chlorpromazine (Thorazine)		●	●
Divalproex (Depakote)	+/-	●	+
Lamotrigine (Lamictal)	+/-		●
Lithium (Ekalith)	+	●	●
Olanzapine (Zyprexa)		●	●
Quetiapine (Seroquel)	●	●	●
Risperidone (Risperdal)		●	+
Ziprasidone (Geodon)		●	●
Olanzapine/fluoxetine combination (Symbyax)	●		

Carbamazepine (Equetro), lurasidone and Saphris were FDA-approved to treat mania after 2004.

Lithium was first found to have effects on behavior in the 1950s and has been used as a mood stabilizer in the United States for 30 years. Lithium appears most effective for "pure" or euphoric mania (little depression mixed with the elevated mood). It is also helpful for depression, especially when added to other medications.

Lithium appears less effective for mixed manic episodes and rapid-cycling bipolar disorder. The doctor must monitor lithium blood levels to reduce the risk of side effects and ensure an adequate dose to produce the best response. Common side effects of lithium include weight gain, tremor, nausea, and increased urination. Lithium may affect the thyroid gland and kidneys, so that periodic blood tests are needed to be sure they are functioning properly.

#### Divalproex (brand name Depakote)

Divalproex has been used as an anticonvulsant to treat seizures for several decades. It has also been extensively studied as a mood stabilizer in bipolar illness. Divalproex is equally effective for both euphoric and mixed manic episodes. It is also effective in rapid-cycling bipolar disorder and bipolar illness complicated by substance abuse or anxiety disorders. Unlike other mood stabilizers, divalproex can be given in relatively large initial doses which may produce a more rapid response in acute mania. Common side effects of divalproex are sedation, weight gain, tremor, and gastrointestinal problems. Blood level monitoring and dose adjustments may help minimize side effects. Divalproex may cause mild liver inflammation and may affect production of a type of blood cell called platelets. Although it is quite rare for there to be any serious complications from these possible effects, it is important to monitor liver function tests and platelet counts periodically.

#### Other anticonvulsants used as mood stabilizers

- **Carbamazepine** (Tegretol). Although fewer studies support the use of carbamazepine, its effects appear similar to divalproex. It has also been available for many years and is effective in a broad range of bipolar subtypes and in both euphoric and mixed manic episodes. Carbamazepine commonly causes sedation and gastrointestinal side effects. Because of a rare risk of bone marrow suppression and liver inflammation, periodic blood testing is also needed during carbamazepine treatment. Carbamazepine can interact in complicated ways with many other medications, so

Non-FDA  
options with  
scientific  
studies for  
bipolar...

Depression:

Mirapex  
Prozac  
NAC  
Omega-3  
Insitol  
Psychotherapy

Mania:

Tiludat  
Ca-channel-  
blockers  
Alprazolam

●+ means scientific studies show likely benefit but not FDA approved  
● means scientific studies show clear benefit but not FDA approved

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