

# 55 - References

## References

322 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 2 Summary of drug choice The combination of olanzapine + fluoxetine is probably the most effective treatment available for bipolar depression but its use is constrained by the well-known adverse effect profile of olanzapine. SSRIs other than fluoxetine may be effective but should probably be avoided unless clear individual benefit is obvious.<sup>54</sup> Alternative first-line choices are quetiapine, olanzapine, lurasidone, lamotrigine and cariprazine (and lumateperone in North America). These drugs differ substantially in adverse effect profile, tolerability and cost, each of which needs to be considered when prescribing for an individual. Lithium is also effective but supporting evidence is relatively weak. Second-line drugs include ketamine and, increasingly, modafinil. Aripiprazole, risperidone, ziprasidone, tricyclics (with the exception of imipramine) and MAOIs (with the exception of tranylcypromine) are probably not effective and should not be used routinely.<sup>114</sup> References

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8. National Institute for Health and Care Excellence. Bipolar disorder: assessment and management. Clinical guideline [CG185]. 2014 (last updated December 2023, last accessed October 2024); <https://www.nice.org.uk/guidance/cg185>. Table 2.11 Other possible treatments (seek specialist advice before using). Drug/regimen Comments  
Aripiprazole<sup>99-102</sup> Limited support from open studies as add-on treatment. One RCT was negative. Possibly not effective.<sup>98</sup>  
Carbamazepine<sup>1,17,103</sup> Occasionally recommended but database is poor and effect modest. May have useful activity when added to other mood stabilisers.  
Gabapentin<sup>1,104,105</sup> Open studies suggest modest effect when added to mood stabilisers or antipsychotics. Doses average around 1750mg/day. Anxiolytic effect may account for apparent effect in bipolar depression.  
Inositol<sup>106</sup> Small,

randomised, pilot study suggests that 12g/day inositol is effective in bipolar depression. Mifepristone<sup>107,108</sup> Some evidence of mood-elevating properties in bipolar depression although this was not replicated in a larger trial. Improved cognitive function in both trials. Dose used was 600mg/day. Modafinil<sup>109</sup> Meta-analysis of five studies of modafinil/armodafinil suggests robust benefit on response and remission with good tolerability and no evidence of increased risk of switching. Some evidence of safety from a later study.<sup>110</sup> Omega-3 fatty acids<sup>111–113</sup> One positive RCT (1g/2g a day) and one negative (6g a day). The ratio of omega-6 may determine efficacy.<sup>113</sup> RCT, randomised controlled trial.

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