

Recommended Dosage Range for the Treatment of Bipolar I Disorder

Medication	Dosage	Dosage Comments
Lithium	Start at 900 mg in healthy subjects, and adjust the dose to bring serum lithium levels between 0.8 and 1.2 meq/L	<p>Check lithium levels 5 days after initiation and 5 days after each dose change (steady-state levels are likely to be reached approximately 5 days after a dosage adjustment).</p> <p>Check serum levels more frequently if symptoms of toxicity are suspected.</p> <p>The optimal maintenance level may vary from patient to patient. Some patients require the level used to treat acute mania, others can be satisfactorily maintained at lower levels, but not below 0.6 meq/L</p> <p>Elderly patients may respond to lower lithium levels. The elderly should be started on a lower lithium dose, titrate the dose more slowly, and require lower serum lithium levels</p>
Second Generation Antipsychotic (SGA)	Aripiprazole: 15 -30 mg/day Olanzapine: 10-30 mg/day Quetiapine: 300 to 800 mg/day Risperidone: 2 - 6 mg/day Ziprasidone: 80- 160 mg/day Clozapine: 200 – 400 mg/day	<p>Ziprasidone should be taken with food.</p> <p>The initial target dose of quetiapine for bipolar depression is 300 mg daily. For mania it is 500-800 mg daily.</p> <p>Monitor weight and BMI at each visit, and laboratory metabolic indices at baseline, 3 months and yearly thereafter.</p>
Valproate	20 to 30 mg/kg per day Average dose ranges from 750 mg to 1500 mg/day	Serum levels can be checked 48 hours after initiation and the dose adjusted to bring serum levels between 50 µg/ml to 125 µg/ml
Carbamazepine	300 – 1,600 mg/day	Serum levels decrease after 2 weeks due to autoinduction of hepatic enzymes, and may require dose increase to maintain efficacy. Therapeutic serum levels are generally between 8-12 µg/ml and this is at the upper end of recommended serum level for seizure control.
Lamotrigine	100 – 500 mg/day	Commence at 25 mg/day if monotherapy or 12.5mg/day if given in combination with valproate. Increase the dose by 12.5 to 25 mg weekly until 3 weeks and the dose increment may be greater after this. The slow titration is required to reduce the risk of dangerous rashes such as Stevens-Johnson syndrome. Target dose is usually 200 mg/day for acute bipolar depression and upto 400 mg/day for prevention of depressive episodes.
Antidepressants	Citalopram 20-60 mg/day Escitalopram 10-30 mg/day Sertraline 100-200 mg/day Bupropion 100-450 mg/day	Antidepressants are used in combination with mood stabilizers in the treatment of bipolar depression. They should not be prescribed as monotherapy due to the risk of manic switch. Antidepressants other than SSRIs and bupropion (eg SNRIs, TCAs, MAOIs) are associated with a greater risk of manic switch.