

# Lithium and Mood Stabilizers

## vs. Antipsychotics

Families navigating psychiatric medication decisions deserve clear, evidence-based information. Too often, antipsychotic medications are prescribed as a first-line treatment when the research points to mood stabilizers, particularly lithium, as the more appropriate and durable choice.

Lithium is one of the most studied medications in all of psychiatry. Research suggests that rather than simply treating symptoms, lithium may be what is called a mood modifying treatment. This means that lithium may actually modify the course of illness, providing neuroprotective benefits, supporting long-term brain health, and promoting positive outcomes across the life span.

**Lithium will not be the answer for every person. Asking for lithium may not be the best way to advocate for your child's well-being. The goal is to help you ask the right questions and be a true partner in your child's care.**

Dr. Demetri Papolos, a pioneering child psychiatrist, author of *The Bipolar Child*, and director of research for the Juvenile Bipolar Research Foundation, established a treatment paradigm for children with bipolar disorder that centers on lithium for mood stabilization. He noted that when properly monitored, children with severe symptoms of bipolar disorder can achieve significant improvements, including attending regular school, resolving family conflicts, and resuming age-appropriate development.

The ultimate decision about medication choice belongs to your family and your child's provider. CMHRC's role is not to prescribe or advise on individual treatment plans, but to provide education on how medications work, what the research shows, and what questions are worth asking, so that families can engage as fully informed partners in the decisions that matter most.

## A Guide to *Mood Stabilizers* in Treating Bipolar Disorder

When a child or teen is diagnosed with a mood disorder such as bipolar disorder, medication decisions are among the most significant a family will face. Understanding the differences between medication classes, especially between mood stabilizers and antipsychotics, is essential to making informed choices.

This brochure offers research-backed information on lithium and mood stabilizers, how they differ from antipsychotic medications, and what families and providers need to know. What it won't offer is false reassurance. It contains an honest representation of what the correct treatment can do, and why understanding the kinds of medication prescribed is the first step toward genuine stability.

**Rx** "Lithium is not only about getting patients better, but about keeping them better. Getting lithium in early and often matters enormously." (Dr. Robert Post, NIMH)

Being informed means being equipped, not being alarmed. As a caregiver or patient you should never be pressured into accepting a medication that does not feel right to you, that you do not understand, or that you are uncomfortable taking or giving to your child. You have the right to know the potential risks, benefits, and to be prepared for possible side effects.

Medication classes can be confusing. Sometimes medications are prescribed "off label" meaning they treat conditions they were not originally developed for. If you are unsure ask questions, seek information, and make decisions that are right for your family.

*You are your child's voice when talking to a prescriber. Don't be afraid to persist until you fully understand why a medication has been prescribed, what it's intended to treat, and how you can know if it is working or not.*

ON ADVOCATING FOR YOUR CHILD



*Are antipsychotic medications the same as mood stabilizers?*

**NO** Antipsychotics and mood stabilizers are different medication classes. Mood stabilizers such as lithium and antiseizure meds are the only medications specifically designed to prevent mood episode cycling over the long term.

*Is lithium safe to use in children and teens?*

**YES** Lithium has been studied exhaustively and used safely in children for many years. Lithium is a natural element. When used as a prescribed medication under medical supervision, it is a safe and effective treatment that has helped millions of people, including children.

*Can lithium toxicity be prevented?*

**YES** Lithium toxicity is entirely preventable with adequate hydration, sufficient sodium intake, and regular blood level monitoring. With attention to these factors, toxicity need never occur.

*Do antipsychotic medications stabilize mood over the long term on their own?*

**NO** Research shows antipsychotics may help treat acute mania or psychosis, but they are not shown to stabilize mood over long-term periods on their own. They are most effective as adjunctive treatments alongside mood stabilizers.

*Is lithium considered the gold standard for bipolar disorder?*

**YES** Lithium carbonate is considered the gold standard treatment for bipolar disorder with patients of any age. It is the most studied psychiatric medication with the longest track record of effectiveness. When tolerated, lithium carbonate can make the difference between suffering painful symptoms and mood stability.

*Should I be concerned about antipsychotics and my child's metabolism?*

**YES** Second-generation antipsychotics are associated with significant metabolic changes including weight gain, elevated blood sugar, and increased risk of metabolic syndrome. Regular monitoring is essential. They receive a strong warning with high levels of evidence on the Pediatric Pharmacy Association's list of medications requiring special caution or avoidance in children.

*So many providers seem reluctant to prescribe lithium to children. Should they be?*

**NO** Reluctance is not supported by the evidence. Lithium has decades of research behind it and a well-established safety profile when monitored properly. The reluctance often reflects unfamiliarity or outdated concerns, not the science. Antipsychotics are frequently prescribed instead, despite carrying more serious long-term risks. Families are entitled to ask why lithium has not been considered, and to expect a substantive, evidence-based answer.

## Not the Same as *Mood Stabilizers*

### A CRITICAL DISTINCTION

Antipsychotic medications are often called "mood stabilizers" by providers, but this is not accurate. They may reduce acute mania or agitation quickly, but research does not support their use as long-term mood stabilizers on their own. One 8-year longitudinal study found reductions in mania but increases in depression with long-term antipsychotic use.

Antipsychotics are designed to reduce symptoms of psychosis, such as hallucinations, delusions, and severe agitation. This class of medications include Seroquel (Quetiapine), Abilify (Aripiprazole), Risperdal (Risperidone), and Zyprexa (Olanzapine).

They may be appropriate to use alongside a mood stabilizer, as a PRN, meaning they are used during acute episodes of mania or psychosis as adjunctive treatment to help quickly end the manic or psychotic symptoms.

### SERIOUS METABOLIC RISKS TO MONITOR

The second-generation antipsychotics mentioned above are associated with significant effects: weight gain, elevated blood sugar, high cholesterol and triglycerides, fatty liver, insulin resistance, and increased risk of type 2 diabetes. These are serious long-term health concerns.

Regular blood work and physician check-ins are not optional when a child is taking these medications.

When stopped quickly, they can cause significant withdrawal. This withdrawal can mimic the mood disruptions they were given to treat, and can give a false impression that they need to be continued. It can take up to a year or more to wean off antipsychotic medications safely.

*If a provider calls an antipsychotic a "mood stabilizer," it is okay to ask: why is this being prescribed, and how will we measure whether it is working?*

### ON ADVOCATING FOR YOUR CHILD

## Lithium and *Anticonvulsants*

Mood stabilizers are medications specifically designed to prevent mood episode cycling, both highs and lows, over the long term. There are two main categories: lithium and anticonvulsant (anti-seizure) medications.

Common mood stabilizers and their roles:

- **Lithium:** Gold standard. Primary mood stabilizer for Bipolar I. Checking of blood serum levels is required. Extended release tablets prevent abrupt troughing of serum blood levels. During titration it is recommended to increase no more than 150mg every 6 to 11 days.
- **Trileptal (Oxcarbazepine):** Anti-seizure medication that can be used as a secondary mood stabilizer alongside lithium. Especially useful for patients with predominantly manic, hypomanic, or aggressive symptoms. Blood serum levels should be checked regularly.
- **Lamictal (Lamotrigine):** Anti-seizure medication that can be used as a secondary mood stabilizer alongside lithium. Has antidepressant properties. Can be used alone in the treatment of Bipolar II or as a secondary mood stabilizer alongside lithium in Bipolar I for those with more frequent and severe depressive episodes. Used alone in Bipolar I lamotrigine shows little effect in modifying symptoms. Must be titrated very slowly due to risk of serious skin reactions.
- **Tegretol (Carbamazepine):** Used less frequently than oxcarbazepine due to more side effects and higher risk of serious adverse reactions.

*"The numbers on the lab work report are important for safety, but providers need to titrate to clinical response, meaning that symptoms have been reduced or eliminated."*

### ON WHAT THE NUMBERS MEAN

**Start low, go slow, and use the lowest effective dose. Regular monitoring over time is essential for safety and fine-tuning regardless of which medication is being used in treatment.**

## The *Gold Standard* for Bipolar Disorder

Lithium carbonate is recognized by the research and academic communities as the gold standard treatment for bipolar disorder at any age. It is **safe, effective, and disease-modifying**, meaning it may actually alter the course of the illness rather than simply suppressing symptoms.

### NEUROPROTECTIVE BENEFITS

Research suggests lithium may protect against brain cell death, promote brain cell growth, reduce brain inflammation, and help people maintain more gray matter over time. A 2025 study described lithium as acting like a disease-modifying drug because of its effects at the cellular level and on brain structure and function. Sustained lithium exposure also significantly lowers risk of all-cause mortality.

Dr. Robert Post, who spent 20 years as the chief of the biological psychiatry branch at the National Institute of Mental Health, emphasizes that lithium is not only about getting patients better, but about **keeping them better**. He cautions that more mood episodes lead to more cognitive dysfunction and confirms that getting lithium in early and consistently is critical to positive short and long term outcomes.

Common concerns addressed:

1. **Titration:** A low and slow approach minimizes side effects. Peer-reviewed literature identifies therapeutic levels of lithium are typically 1.0 to 1.2 mEq/l in the pediatric population. Titration to clinical response, not to a predetermined number alone, is critical for individual success.
2. **Blood draws:** As stability improves, blood draws become more tolerable. Quarterly monitoring is the goal once therapeutic levels are reached.
3. **Common side effects:** Shaky hands, frequent urination, thirst, nausea, diarrhea, dizziness, thyroid problems.
4. **Toxicity:** Preventable with adequate hydration, sodium intake, and blood level monitoring. With attention to these factors, toxicity need never occur.