

Carbamazepine

Carbamazepine (Equetro) is a mood stabilizer that helps depression, mania, agitation and irritability. It is particularly helpful manic or mixed states, which can make people feel agitated, impulsive, irritable, anxious, restless, and distracted. Carbamazepine usually takes 2-4 weeks to work. People who respond well to it often report that it improves racing thoughts and emotional reactivity so that they can think before they act.

Carbamazepine is also FDA-approved for seizures and trigeminal neuralgia. It has small studies suggesting it may be beneficial in migraines, restless legs, and alcohol withdrawal.

How it works

Carbamazepine can break cycles of mood swings by stabilizing the electrical firing of brain cells. The brain can become locked in repetitive mood cycles through a process called *kindling*. The same cycles are seen in the brains of people with repetitive seizures, which is why many seizure medications like carbamazepine are helpful for mood swings. Carbamazepine can also protect brain cells from toxicity and injury.

How should I take it?

Carbamazepine can be taken once or twice a day depending on how high your dose is (the XR form can be taken once per day; do not break or chew the XR form). Doses of 600mg or less can often be taken all at once. Most people prefer to take it at night, as it can cause drowsiness, but it is fine to take in the morning if that works better for you.

You can take it with or without food, but should take it after a meal if it upsets your stomach. Carbamazepine is absorbed faster after a high fat meal. Grapefruit juice can raise

blood levels of carbamazepine; this effect is usually not dangerous but can increase the risk of side effects on the medicine.

Key Points

1. Carbamazepine has many drug interactions and can lower levels of birth control pills.
2. Stop the medicine and contact me if you get any kind of rash within the first 3 months of starting it.
3. We will check labs while on it to prevent rare but serious drops in blood count.

What if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. Do not take more than the prescribed daily amount in 24 hours.

How long do I need to take it?

Whether or not you can safely come off carbamazepine depends on your diagnosis and which other medications you are taking. Most people with bipolar disorder need to stay on at least one mood stabilizer for the long term in order to prevent mood swings. If carbamazepine helped, it is best to stay on it for at least 6 months before considering going off it. That gives the brain time to build up habits of stability.

What happens if I stop it?

Carbamazepine is not addictive and does not cause withdrawal symptoms. You may read that stopping carbamazepine can cause seizures; this warning only applies to people who take it for seizures. If you plan to come off carbamazepine, it is best to do so slowly as that will lower the chance of sudden mood swings returning.

Checking labs

You will need to have labs checked a 1-2 times per year while on carbamazepine to monitor the level of the medicine and ensure it is not impacting your blood count. If you take the medicine during the day, make sure to get the labs drawn before taking your daytime dose.

People of Asian descent should have a genetic test before starting carbamazepine. This test looks for the HLA-B*1502 gene, which is common in China and increases the risk of allergic reactions to carbamazepine.

The blood level of carbamazepine usually drops a few weeks or months after starting it. This only happens once during treatment with the medicine and can be adjusted by checking levels and raising the dose.

Side effects

These side effects tend to improve with time or by lowering the dose:

Tiredness, concentration problems, stomach upset (nausea, constipation, and abdominal pain), dizziness, double vision (diplopia), jerky eye movements (nystagmus), and impaired coordination or clumsiness when walking (ataxia).

As you are starting the medicine, use caution when driving or performing tasks that require alertness. This should not be a problem once you have adjusted to the medicine and know how it affects you.

Rare but serious side effects:

Decreased blood cells: Very rarely it can make your blood count drop, including the blood cells that fight infection and prevent bleeding (occurs approximately 5-10 in 100,000 people). We will monitor for this with regular labs.

Rash: Very rarely it can cause a severe, life-threatening rash (Stevens Johnson Syndrome). This risk is greater Asians (see lab testing).

Decreased sodium (hyponatremia): Symptoms of hyponatremia include flu-like feelings, excessive thirst, loss of appetite, nausea and vomiting, confusion, lethargy, and headache. The risk of hyponatremia is greater in people over age 60 and those taking thiazide diuretics (for blood pressure).

Pregnancy: Carbamazepine can cause birth defects and should not be taken during pregnancy (it will not affect future pregnancies after you stop taking it and will not affect fertility in men).

Birth Control: Carbamazepine can interfere with birth control pills.

Contact me if you have... Signs of infection such as fever or sore throat. Frequent bruising, frequent or prolonged bleeding. New rashes while starting the medicine

Interactions

Recreational drugs: Alcohol can increase the dizziness and dyscoordination of carbamazepine. Alcohol and recreational drugs can also prevent carbamazepine from working.

Prescription medicines: Carbamazepine can significantly lower the levels of several medications; check with your pharmacist and make sure your doctor knows you are taking carbamazepine.

Psychiatric medications which interact with carbamazepine include lamotrigine, valproate, topiramate, oxcarbamazepine, atypical antipsychotics, SSRI antidepressants, bupropion, mirtazapine, tricyclic antidepressants, MAOI antidepressants (these should be avoided with it), nefazodone, trazodone, methadone, benzodiazepines (eg,

alprazolam, clonazepam, diazepam, lorazepam, midazolam, triazolam), buspirone, zonisamide, and zolpidem.

Over the counter: Nonsteroidal anti-inflammatory drugs (eg, ibuprofen, alleve) and omeprazole (prilosec) may raise carbamazepine levels. This is unlikely to be dangerous but may increase the risk of side effects.

Grapefruit juice can raise carbamazepine levels.

Birth control: Carbamazepine decreases the effectiveness of oral contraceptives. It is best to use two forms of protection or speak with your physician about changing your form of birth control.

Other medications: These web sites help you check for drug interactions. You should talk with us about the information you find as many drug interactions have only a mild effect:

reference.medscape.com/drug-interactionchecker

Overdose

An overdose of carbamazepine should be assessed and treated in the emergency room. A toxic overdose can cause difficulty breathing, seizures, irregular heart rhythms, shock, coma and death.

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with a little water and inedible trash (such as coffee grounds or kitty litter) and throw in the trash.

Cost and insurance coverage

Carbamazepine is available in generic form. If you are paying out-of-pocket, the lowest cost is usually found at GoodRx.com or Costco (you do not need to be a member to use their pharmacy).

Quick facts

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| Brand name | Tegretol, equetro (ER form), carbatrol (ER form), epitol |
| Dose range | 400-1,600 mg/day |
| Sizes | > Tabs: 100, 200mg > Chewable tabs: 100mg > Liquid: 100 mg/5ml > ER Tabs*: 100, 200, 300, 400mg *You can sprinkle XR tabs on food but do not crush or chew them |
| Release date | 3/11/1968 |
| FDA-approval | Bipolar disorder, epilepsy (seizures), trigeminal neuralgia |

—Chris Aiken, MD, updated 6/22/2025