



“She’s got herself worked out with her meds and she’s raring to go!”

(Quote from Husband Michael Douglas)
—Catherine Zeta-Jones, Actress
Diagnosed with Bipolar Disorder

Chapter 6

Optimize Your Medication

“Up there, we gotta push it. That’s our job.”

Tom Skerritt, Call Sign Viper, Top Gun

This chapter explains how to determine the best medications and corresponding dosages to effectively battle your bipolar illness and achieve optimal mental and physical health.

Like heart disease or diabetes, bipolar disorder is a biological illness (Legg, 2020), (Mayo Clinic, 2020) and most often, medication is required to treat it (Mayo Clinic, 2018). Medication can bring your mania and depression under control and prevent relapses once your mood has stabilized. Bipolar disorder has a number of different symptoms, reflecting difficulties in several different areas or systems of the brain. Different medicines target separate brain functions. You may need medicines to help stabilize your mood, curb manic symptoms, relieve depressive symptoms, help you sleep, manage anxiety, control psychosis, improve information processing, or compensate for side effects (Mayo Clinic, 2020), (University of Texas Health Science Center, 2017), (Clark, 2008), (Hibar D. 2017).

It takes skill, finesse, and guts galore to determine the specific medications that will effectively combat your bipolar disorder. Just as it takes time and practice to learn golf or a new language, learning how to use the powerful pharmaceutical medications to effectively treat your bipolar illness is a skill that improves with experience. It is your job to push the limits of your medications in order to find the sweet spot where you are mentally sharp and focused; have plenty of get up and go; a positive attitude; no bipolar symptoms; and are happy with yourself and your life.

Unfortunately, this process is far from easy. It would be awesome if the first time you are prescribed medication to treat your bipolar illness, the medicine(s) worked wonderfully, suppressed your symptoms, and kept you from having future bipolar episodes. However, this is rarely the case, and it is more likely that adjustments will need to be made to your medications as time goes on. Do not be afraid to take calculated risks in making changes with buy-in from your psychiatrist. You do not want medications to make you feel mediocre; you want them to make you feel great!

Bipolar Heal Thyself

You are the General of your own individual bipolar battle plan. Your psychiatrist will prescribe your medications, but you are the only one who can tell if they are working effectively. You must become an expert at treating your own disease. Live by the motto, *Bipolar Heal Thyself*.

Strive to find the best combination of medicines to treat your illness, just as heart patients or cancer patients search for the right medicines to treat their disease. Learn to monitor yourself closely and keep an eye out for bipolar symptoms. Collaborate with your psychiatrist regarding the medications you are taking. Learn how to rate your medications and tweak the dosages based on how you feel both mentally and physically.

While medication is typically the foundation behind bipolar disorder treatment, therapy and self-help strategies also play important roles. You can help control your bipolar symptoms by exercising regularly, getting enough sleep, eating a healthy diet, monitoring your moods, keeping stress to a minimum, and surrounding yourself with supportive people and influences. Living with bipolar disorder is challenging. With medication, healthy coping skills, and a solid support system you can live fully while managing your symptoms (HelpGuide, 2020).

Scott relates some of the actions he takes to avoid bipolar episodes:

To help me avoid bipolar episodes, I take my medications, exercise, eat fairly healthy, and take vitamins. I make sure to go out of my house and talk to someone at least once a day, even if it is just at a Starbucks. I also have appointments with my psychiatrist every two months, spend time with my kids and friends, and don't drink alcohol more than once or twice a week.

Become Your Own Mental Detector

Many diseases can be detected by some kind of medical test—for example, blood tests for diabetes and kidney function, or CT scans for brain tumors, but there is no test to specifically detect bipolar disorder. The telltale signs are bipolar symptoms, major mood changes, and bipolar episodes. This is why it is vital that you stay vigilant in monitoring and assessing your own moods and energy levels (Krans, 2017).

The onset of a bipolar episode is not readily apparent. Episodes start slowly, oftentimes unnoticeably, and they pick up speed as the days go on. You must be astute enough to recognize that you are experiencing bipolar symptoms and strong enough to take appropriate action. Because no one else knows your thoughts, feelings, and inherent behavior patterns like you do, it is crucial that you become your own “mental detector.”

Monitor your thoughts, moods, and energy levels on a regular basis. Ask yourself the following questions:

1. Have I laughed today?

2. Do I feel like myself?
3. Do I have a good libido?
4. Am I looking forward to something coming up in the future?
5. Did I barely drag through the day?
6. Am I having any psychotic thoughts?
7. Am I possibly displaying depressive or manic behaviors? If so, how can I best explain to my psychiatrist or to a loved one how my behaviors are ‘out of the norm?’

As soon as you notice bipolar symptoms, take action ASAP! Allow no delays—there is no time to lose. This may mean launching your contingency plan, making an appointment with your psychiatrist, and increasing your medication per the previously arranged plan with your psychiatrist. Also remember there are people on your side and readily willing to help you in any way, shape, or form, as long as you take the necessary step of opening up to them and sharing the way you feel.

Accept You Need to Take Medication

People with bipolar disorder are often times reluctant to admit there is a problem. It takes most of us more than one bipolar episode before we are convinced that we actually have a mental illness. The more pain, agony, and disruption to our lives that is caused by a bipolar episode, the sooner we are able to become *believers*. It is a landmark event when you accept that you are bipolar and need to take medication to treat your illness. When you accept that medicine is necessary to minimize symptoms and avoid future episodes, you can reallocate the energy you have been expending rejecting the medicine and channel it into finding the medications that work best.

You must be your own judge and jury to determine whether you need to take medication—no one else is in a fitting position to do so. Make the decision based on the ramifications of having another bipolar episode and also on optimizing your health, happiness, and life. You may also want to consider whether trying medications to treat your illness could additionally benefit those around you – the people you love and care for. Sometimes we are apt to make positive life changes when considering others rather than ourselves.

Substitute Medicine for Alcohol and Drugs

An important statistic to keep in mind is that more than 40 percent of bipolar individuals abuse alcohol or drugs (Cerullo, 2007). For many of us, it is in an attempt to self-medicate. Instead of seeking health care, we use drugs or alcohol to mask uncomfortable feelings. There’s a cultural bias that makes us think, “I should be able to fix this myself, so I’ll use the chemicals that I have available to me to help do that.”

The fact of the matter is that you are using depressants to treat your disease. Numbing or masking serious symptoms will only make it worse.

Do not underestimate the negative effects of alcohol and drugs on your mind and body. Why abuse illegal drugs and alcohol when you have some of the strongest pharmaceutical drugs at your disposal? Take the responsibility to not abuse alcohol or drugs and to go from drinking or partying too much to a manner better suited to benefit your overall sense of well-being. Too much can be detrimental to your mind and body. A wise person knows that the key to anything in life is balance.

Ruth gives the following advice:

I love to smoke pot and drink martinis like they are going out of style. My problem is I abuse them. I used to get high as a kite, drink too much, and have a hangover the next day that hurt all day long. I still take a puff off of a joint and drink now and then, but I use them in moderation and don't abuse them. Instead, I use my medications to make me feel good. In fact, I believe my medications give me more mental and physical prowess than many people who are not bipolar. I have been taking the same meds for two years and I know I am at the top of my game.

Dial-In Your Medications

Dialing-in your medications to the optimal dosage is one of the most valuable skills to master. This is where the rubber meets the road. Most bipolar individuals take more than one medicine at a time, and determining the “medication cocktail” that works best takes time, patience, and skill. It’s important to work closely with your psychiatrist and reevaluate your medication regularly, because the perfect dosage may change over time. Self-reflection, in addition to writing in a journal, can be very helpful to track your mood shifts from day to day.

In order to dial-in the optimal dosages of your medications, you must become proficient at researching the medicine, rating your medications, ramping the medicines up or down as needed, and mixing the perfect medication cocktail.

Research Your Medications

Being aware of the pros and cons of any new medication is very important. Research each medication using online resources, the expertise of your psychiatrist, and talking to other bipolar people who are taking the same medication.

Answer the following questions:

1. How will I know if the medicine is working?
2. What are the expected results (pros) of the medicine?
3. What are the side effects and risks (cons) of the medicine?

4. What is the target dosage and therapeutic range for this medication?
 5. What time of day should I take the medicine?
 6. Are there any foods or other substances I will need to avoid?
 7. How will this drug interact with my other medication?
 8. Is there someone I trust to help me rate or evaluate the effectiveness of my new medication?
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Rate Your Medications

It is very helpful to have a methodology to use to determine if your medicine is dialed-in to the optimum dosage. Answer these questions to rate how well your medication is working:

1. Are you sleeping well?
2. Are your moods generally positive?
3. Does the medicine provide benefits? If so, what are they?
4. Do you have any bipolar symptoms? If symptoms persist, do they seem different or downplayed in any way?
5. How is your energy level?
6. Are you experiencing any side effects?
7. Are you being sociable?
8. Do you feel good physically?
9. Are you thinking clearly and logically?
10. What does your heart and intuition tell you?
11. Do you have sexual awareness and drive?
12. Do you feel stable?
13. Do you feel angry?
14. Do you feel like a robot?

15. Are you overly anxious?

16. Are you depressed?

17. Are you manic?

Journaling your thoughts regarding any of these reflective questions can be quite helpful in determining the effectiveness of any medication. It is uncommon, if not impossible, for any medication to immediately change your life. Be patient!

Ramping Up a Medicine

The beginning stage of dialing-in a medication is the ramp up stage, in which you start with a low dosage and increase it until you reach the “therapeutic range.” The therapeutic range is reached when the concentration of the medication in the blood is great enough to provide the required therapeutic response, but small enough to restrict the possibility of side effects (Cooney, 2017). Learning how to ramp up a medicine to the optimum dosage is a skill that must be mastered to treat your bipolar illness effectively.

John describes dialing-in a medication called Lamictal:

I told my psychiatrist that I wasn't happy with the medications I was taking and asked him if he had any recommendations. He said that several of his patients were having positive results with Lamictal, so I decided to give it a try. My psychiatrist told me his patients take a range of dosage of Lamictal from 200 milligrams to 600 milligrams a day. He warned me that a very serious side effect to watch out for is a rash. He told me if I get a rash to stop taking Lamictal immediately because it could actually kill me! His instructions for ramping up the medicine was to start at 100 milligrams for a week, then advance to 200 milligrams the next week, and continue increasing by 100 milligrams every week until I judged the medication was working optimally. He instructed me to not go over a dosage of 400 milligrams a day until we talked again. I am currently taking 300 milligrams of Lamictal a day and feel great, have lots of energy, and a positive attitude.

Ramping Down a Medicine

You have to be smart enough to know when you have given a medicine a fair chance and when it is time to try a different choice. It is ultimately your decision because your doctor has no way to fully understand your inner feelings, moods, or thoughts. If the medicine is not working, and you have given it a fair chance, it is time to make a change. Make an appointment with your psychiatrist and tell them what your reasons are for wanting to make a change in your medications. Be as specific as possible about why you think your current medication regimen is not working. If you decide you are going to stop taking a particular medicine, it is a very risky and irresponsible idea to stop taking it all at once. Without ramping down your medications, you run the chance of skyrocketing into mania or cliff diving into depression.

Psychiatric medications are extremely powerful, and it takes your mind time to adjust when you are making changes in the dosage. That is why it is so important to gently and slowly ramp down the dosage of medications. A large number of episodes could be avoided if people weaned themselves off of a medication in a controlled fashion rather than stop taking the medicine all at once. Even if you wean yourself off the medicine slowly, it is undoubtedly still going to be a challenge. Count on some unpleasantness, and be prepared to ride out uncomfortable feelings and sensations until the medicine is out of your system completely.

If one of your medications is not working for you, meet with your psychiatrist as soon as possible to figure out the next step(s) to take. Since that medicine didn't work, talk with your doctor about what other medications they recommend.

The Perfect Medication Cocktail

You may have to try a number of different medicines before you zero in on the right medication cocktail that works best to treat your bipolar illness. Keep in mind that the pharmaceutical-grade medicines used to treat bipolar disorder are extremely powerful and that each medicine has its own effects. Finding the right combination and dosages of medicines to effectively treat your bipolar disorder is a trial-and-error process that will most likely take a while. The perfect medication cocktail is different for every individual. The medications or mixture of medicines your doctor recommends based on experience with other patients, or that you read about being so helpful to someone else with the disorder, may not match your specific needs. To attain peace of mind, optimal brain functioning, good energy levels, and overall well-being, you have to keep experimenting with different medicine combinations and dosages until the results meet or exceed your expectations and criteria.

Just getting by is not good enough; settling for less than happiness is a cop-out. Life is short. The right combination of medicines can make you strong, happy, and whole again. Your heart will know when you have found the Holy Grail of medicines that make you glad you are alive!

As time goes by and you experiment with different medicines, you will become more proficient at dialing-in the medications to the optimum dosages for treating your disease. The biggest thing to remember is not to lose hope. You are working toward a better life, and your diligence and patience will pay off.

If all indications are that the medicine or combination of medications is a go, congratulations! You have successfully dialed-in your medications.

Beware of Side Effects

Any time you start taking a new medication, you must be on the lookout for side effects. A side effect is any unwanted, non-therapeutic effect caused by a drug. Most psychiatric medicines have side effects of one kind or another. Some people are prone to experience side effects from a particular medicine, while others do not experience any side effects at all from the exact same medicine (Mayo Clinic, 2020), (University of Texas Health Science Center, 2017). It is vital to watch out for side effects. Be wary because some side effects are more serious than others. Some

side effects can actually kill you! Any psychiatrist worth their salt will inform you of the possible side effects when prescribing a medication. If they don't warn you of the possible side effects of the medicine, then consider getting a new psychiatrist. You can also make a habit of automatically asking your doctor how the medication can negatively change or alter your state of being or for warning signs to look out for.

Side effects lie in wait like a lion stalking its prey until the medicine reaches a certain threshold in your bloodstream. Side effects may happen quickly or may occur several days after you begin taking the medicine, while some may not show up until much later. Take heed because this could be weeks or months after you start taking the medication. Everything may be going along smoothly, and then BAM! Things take a very drastic turn, and not in a good way.

If something is going wrong physically or mentally, always look to one of your medications as the possible culprit. The following examples describe extremely undesirable side effects that two individuals experienced due to two medicines: Risperdal and Wellbutrin.

These scenarios should not deter you from the idea of trying one of these medications since everyone experiences ranging effects.

Gary tells about the side effect he experienced with Risperdal:

Gary started taking Risperdal in place of a medicine he had been taking named Neurontin because he didn't think it was working for him. He started taking 2 milligrams a day of Risperdal for two weeks, upped it to 4 milligrams for two more weeks, and then increased it to 5 milligrams and stabilized at this dosage. Risperdal definitely was beneficial. He had good energy, concentration, and a positive mental attitude, so Gary made the decision to stay on it. Everything was going great for eight weeks or so, until one night he and his wife started fooling around and he didn't get aroused. He and his wife hadn't been getting along so he thought that was the cause. This went on for several weeks, and Gary didn't attribute it to the medicine since he had been taking the same dosage for the last two months. Just like any other guy would feel, Gary knew this was serious business and not acceptable. He ordered some Viagra over the counter from Canada and finally got back into action. During his next scheduled visit with his psychiatrist, Gary told him what was going on. His doctor pulled out a medical reference book about six inches thick and looked up Risperdal. He told Gary that the percentage of people who suffer the side effect of impotence due to Risperdal is up to 13 percent. Gary told his psychiatrist, "I'm going off this fucking medicine." Once he stopped taking Risperdal, he no longer needed the Viagra.

Jane tells about the side effect she had with Wellbutrin:

Jane began taking a medicine called Wellbutrin to help treat her bipolar illness. After three days, she began vomiting almost instantaneously, without any warning. She puked inside her car and on her living room rug. She couldn't act quickly enough to stop the car or make it to the bathroom. She thought she had the stomach flu. A couple of days later, still puking out of the blue, she attributed it to the medicine and made an appointment with her psychiatrist. Her doctor told her it was more than likely caused by the Wellbutrin. He said that up to 20

percent of people who take Wellbutrin experience the side effect of nausea. Jane discontinued the medication and thought, "Why didn't this dipshit psychiatrist tell me about the possible side effects?" She decided to find a new psychiatrist.

You may be taking more than one medicine at the same time and are not sure which medicine is causing the side effect. Very likely the side effect is a result of the most recent medicine you added to your regimen or a change (typically an increase) in the dosage of a medication. However, this is not always the case. Take immediate action if something strange or unusual is going on mentally or physically.

Some medicines have side effects that will taper off as your body gets used to the dosage level. For example, you may feel dizzy when you reach a certain dosage, but the dizziness goes away once you take that dosage for a few days. You will have to judge the seriousness of the side effect. If it is tolerable, see whether the side effect subsides after a day or two.

The bottom line is that you must monitor yourself mentally and physically when you are taking any kind of medication. If anything unusual starts happening, immediately call your doctor and get an appointment.

Generic Side Effects of Bipolar Medications

A list of generic side effects to carefully watch out for when taking medication for bipolar disorder includes:

- Agitation
- Anxiety
- Blackouts
- Constipation
- Drowsiness
- Excessive thirst/dry mouth
- Hallucinations
- Headaches
- Increased urination
- Insomnia
- Loss of coordination

- Muscle stiffness/pain
 - Nausea/Vomiting
 - Rashes or itching
 - Sedation
 - Sensitivity to the sun
 - Sexual dysfunction or low libido
 - Stomach pain
 - Tremors
 - Weight gain/increased appetite
 - Weight loss (Huizen, 2019)
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Medicine Noncompliance

Caution: The top risk factor for relapse into a bipolar episode is going off your medications (Najafi-Vosough, 2016).

Gary tells about his challenges with bipolar medications:

I resisted taking medication for a number of years after my first bipolar episode. I would take the meds for a while but a few months later get disgruntled that they were not working and I was wasting my life away. I felt like a robot with no real feelings. There were a couple of episodes that wouldn't have ended so badly except I went off my medicines. My most recent episode began a week after I stopped taking Lithium. I ended up heavily medicated in a psychiatric hospital for several days. I have now accepted I need medication to avoid future bipolar episodes. I have been taking my medications on a daily basis and have not had an episode since.

There are a number of reasons why we who have bipolar disorder stop taking our medication:

- A manic episode begins and our thoughts go wild. We love the highs of being manic.
- We don't think the medication is helping.
- The medicine causes unwanted side effects.

- We plan to start taking the medicine again if we experience any bipolar symptoms.
- We want to be “ourselves.”
- We think we are smarter now that we have experienced a bipolar episode and can use our willpower to keep from having another.

In conclusion, when taking medication for your bipolar illness, persistently work with your psychiatrist to dial-in your medications so that you have good mental and physical health, no bipolar symptoms to speak of, and feel like a million bucks. Never give up.