

# Carbamazepine

Equetro / Tegretol · check your exact formulation

A medicine for mania, certain seizures or nerve pain. Regular blood tests and a careful medication list are part of treatment.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

## FOLLOW YOUR DOSE SCHEDULE

## BLOOD TESTS · CHECK EVERY NEW MEDICINE

The number of daily doses depends on your product and reason for treatment.

## What it is used for

Equetro treats manic or mixed episodes of bipolar I disorder. Your team may also use carbamazepine to help prevent future episodes.

Other uses include certain seizures and severe facial nerve pain. It is not a medicine for everyday aches.

## How it works

It reduces overactive electrical firing in nerve cells. Its full mood-stabilizing mechanism is not settled.

It also changes how the body breaks down many medicines, including itself. That is why interactions and blood levels matter.

## What to expect over time

### FIRST DAYS

Start and increase as prescribed. Report troublesome dizziness, nausea or unsteadiness.

### FIRST WEEKS

Benefits and blood levels are reviewed. Dose changes are individualized, not automatic.

### ONGOING

Keep appointments and lab checks. New symptoms still matter between blood tests.

## Taking your medication

Follow your label. Tegretol is taken with meals; Equetro can be taken with or without food.

Do not crush or chew XR/ER products. XR tablets stay whole. Equetro capsules may be opened onto applesauce; swallow the beads without chewing.

Keep a current medicine list and your blood-test schedule. Do not change formulation, dose or timing without advice.

## When to get help

New rash: stop and contact your prescriber immediately. Blisters, peeling, mouth/eye sores or fever need urgent care. Breathing trouble or throat swelling is an emergency.

Same-day advice: fever, sore throat, bruising, bleeding, yellow eyes/skin, dark urine or worsening headache, weakness or confusion.

Emergency help: severe confusion, seizure, collapse or suicidal thoughts with immediate danger. For other new suicidal thoughts, seek prompt help.

## Early side effects

Sleepiness, dizziness, blurred or double vision, nausea and unsteadiness may occur. Do not drive until you know your response. Marked slowing or poor balance needs assessment, not simply more time.

## Other effects to discuss

Blood counts, sodium, liver function and sometimes thyroid function can change. Weight gain is possible. Testing and symptom checks help detect problems but cannot prevent every serious reaction.

## What to keep track of

Expect blood counts, sodium/liver tests and drug levels. Follow lab timing instructions: levels are often drawn before a dose. Pre-treatment genetic testing may be needed; a negative result does not rule out rash.

## Before you start

Tell your team about past medicine rashes, low blood counts, liver/kidney disease, low sodium, heart rhythm problems, glaucoma or porphyria. Discuss pregnancy plans, breastfeeding and contraception. Explain any difficulty obtaining blood tests so the plan is workable.

## Medicines & interactions

### Birth control

Pills, patches, rings and implants may be less effective. IUDs and the DMPA injection are not similarly affected. Plan a reliable method with your prescriber; do not assume yours is protected.

### Prescription medicines

Many psychiatric medicines, blood thinners and seizure medicines interact. Some antibiotics and antifungals can raise carbamazepine levels. Check every new prescription before taking it.

### Grapefruit, alcohol & sleep aids

Avoid grapefruit. Alcohol and sedating products add impairment; ask before combining them. Include herbs and nonprescription products in your list.

### Lithium & blood-count risks

Lithium can add confusion or coordination problems. Some medicines also lower blood counts. These combinations need review; one medicine does not cancel another's serious risks.

## Everyday tips

Keep a dose and lab calendar; use reminders if helpful.

Report warning symptoms between scheduled visits.

Track sleep, mood, seizures or pain, depending on your treatment goal.

Show your medicine list to every prescriber and pharmacist.

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## Your questions, answered

### What if I miss a dose?

Take it when remembered unless nearly time for the next. Skip then; never double. After several missed doses, ask before restarting.

### Can I stop when I feel better?

Not on your own. Sudden stopping can cause seizures or mood relapse, and other medicines may become stronger as it leaves your system.

### What if I feel foggy or unlike myself?

Tell your team. Dose effects, low sodium or other problems may need checking; you do not have to accept persistent slowing.

### What about pregnancy or nursing?

Contact your team early. Pregnancy carries medicine-related and illness-related risks. Discuss folate and treatment options; breastfeeding may be possible with infant monitoring.

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## Storage & safety

Store securely at room temperature, away from moisture and children; do not share. For overdose, call Poison Control at 1-800-222-1222 immediately; do not wait for symptoms. Call 911 for collapse, seizure, breathing trouble or inability to wake.

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### About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

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## Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8d409411-aa9f-4f3a-a52c-fbcb0c3ec053>
  2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=be478f3c-40f6-47cc-8ab9-f420a9372b1c>
  3. <https://www.cdc.gov/contraception/hcp/usmec/progestin-only-contraceptives.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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