

Lamotrigine

Lamictal · confirm whether you have IR, ODT or XR

For mood stability or certain seizures. The dose is raised slowly to reduce the risk of a serious rash.

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

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

INCREASE SLOWLY AS DIRECTED

NEW RASH? STOP AND SEEK CARE

Your schedule depends on your other medicines. Do not borrow someone else's dosing plan.

What it is used for

It helps prevent mood episodes in bipolar I disorder, often with particular value for depressive episodes.

Your team may also use it for bipolar depression or bipolar II disorder. It treats certain seizures too. It is not a treatment for acute mania.

How it works

It reduces overactive electrical firing and can reduce release of glutamate, a signaling chemical. Its full mood effect is not completely understood.

It is not a fast rescue medicine. If depression, mania or seizures worsen, contact your team rather than waiting for the next dose increase.

What to expect over time

FIRST WEEKS

Follow each dose step exactly. Do not increase early, even if you feel well.

OVER SEVERAL WEEKS

Benefit is assessed as the dose builds. Your schedule may differ from another person's.

LONGER TERM

Track mood, sleep or seizures. Keep reporting new rashes, even after months of treatment.

Taking your medication

Take it on schedule, with or without food. Do not change the dose, formulation or timing without advice.

XR tablets stay whole: do not crush, chew or split them. ODT dissolves on the tongue; dispersible/chewable tablets have their own instructions.

After several missed days, call before restarting. You may need to begin again at a low dose. Do not take your old full dose automatically.

When to get help

Any new rash: stop and seek medical advice immediately. Blisters, peeling, mouth/eye sores or fever need urgent care. Do not restart on your own.

Urgent assessment: fever, swollen glands, unusual bruising, yellow eyes/skin or severe headache with stiff neck, even without a rash.

Emergency help: breathing trouble, collapse, seizure or immediate danger from suicidal thoughts. Other new suicidal thoughts need prompt help.

Early side effects

Headache, nausea, dizziness, double vision, poor balance, insomnia or sleepiness can occur. Avoid driving until you know your response. Report marked unsteadiness, fainting or worsening symptoms.

Other effects to discuss

Many people tolerate it well, often with less weight gain than some alternatives. Side effects are still possible. Report persistent fogginess, word-finding trouble or sexual concerns.

What to keep track of

Routine blood-level testing is not needed for everyone. Tests can help with symptoms, interactions or pregnancy. Watch for rash and fever throughout treatment; slow dosing lowers risk but cannot remove it.

Before you start

Tell your team about previous drug rashes, lamotrigine-related meningitis, known genetic rash-risk results, heart rhythm problems, family cardiac history, liver/kidney disease and pregnancy plans. Show all medicines and supplements, including birth control, hormones and CBD.

Medicines & interactions

Valproate / Depakote

Raises lamotrigine exposure and rash risk. The combination may be prescribed deliberately, but needs its own lower-dose schedule.

Seizure medicines & other prescriptions

Carbamazepine, phenytoin and several others lower levels. Adding or stopping them changes the plan. Check every new prescription, including heart-rhythm medicines.

Estrogen & birth control

Estrogen can lower levels; stopping it or a pill-free week can raise them. Talk before any change and report breakthrough bleeding. Do not adjust doses yourself.

Supplements, CBD & alcohol

Review CBD and supplements; do not stop prescribed folic acid or swap folate forms on your own. Alcohol can add impairment. Your pharmacist can check your exact products.

Everyday tips

Use a written dose calendar and reminders.

Arrange refills before you run out; report every interruption.

Track sleep, mood, daily function or seizure frequency.

Keep appointments and an agreed plan for worsening symptoms.

Your questions, answered

What if I miss one dose?

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

Can I stop when I feel better?

Not on your own. Planned stopping is usually gradual to reduce seizure or mood-relapse risk. A new rash needs immediate stop-and-assess advice instead.

Will it change who I am?

The goal is steadier health, not flattening your personality. If you feel unlike yourself, foggy or persistently tired, tell your team so the cause can be assessed.

What about pregnancy or nursing?

Plan with your team; do not stop on your own. Doses may need review during pregnancy and after birth. A nursing baby needs monitoring for rash, sleepiness, poor feeding or breathing pauses.

Storage & safety

Keep securely at room temperature, away from children; do not share. Check the medicine name and formulation with each refill. For overdose, call Poison Control at 1-800-222-1222 immediately. Call 911 for collapse, seizure, trouble breathing or inability to wake.

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.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d7e3572d-56fe-4727-2bb4-013ccca22678>
 2. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=3e2c9a35-6a39-41d7-ad84-3c0bb8894b09>
 3. <https://www.aan.com/PressRoom/Home/PressRelease/5170>
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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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