

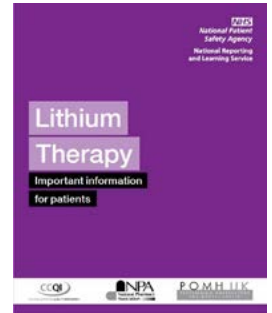
Safe use of Lithium

Quick reference tool for primary care healthcare professionals

PHARMACY / PATIENT ADVICE

High Risk Medication, steps to ensure safe & effective therapy: (use clinical judgement at all times)

- **Lithium Treatment Pack** provided on initiation – from the specialist or via NHS Forms
Patient should be advised to carry the **Lithium Alert Card** on their person.
- **SAME brand** of Lithium should be prescribed as preparations vary in bioavailability.
- Taken **regularly**, avoid missing doses, abrupt discontinuation is associated with relapse risk.
- Maintain sufficient **WATER** intake throughout day to prevent dehydration.
- **OTC non-steroidal anti-inflammatory drugs**, should be avoided as alters plasma Lithium levels.
- Any concerns with **non-adherence, low Lithium levels, side effects, drug interactions etc.** – contact prescriber.



ROUTINE LITHIUM MONITORING

Level taken 12 hours post last dose (Ref. range: 0.4-1.0mmol/L)

Document results in Electronic Patient Record and in Lithium Therapy booklet or Lithium App

- **4-7 days** after initiation; interacting medicines; dose changes; until therapeutically stable
- **Every 3 months** for the first year; and for at risk groups as recommended by NICE:
 - older adults (>65 years)
 - poor adherence/symptom control
 - last lithium level > 0.8mmol/L
 - Impaired renal or thyroid function
 - those taking interacting medicines
 - raised calcium level at last test
- **Every 6 months** thereafter if stable, to **include** TFTs, renal and cardiac function, serum calcium
- **Monitoring during Covid-19** for stable adult patients, sps.nhs.uk – Lithium

COMMON FACTORS/MEDICINE INTERACTIONS AFFECTING LITHIUM LEVELS

See **BNF Appendix 1** for **FULL list of interactions** or **manufacturers' SPC**:

Drug interactions/Factors that can increase Lithium concentrations		Drug Interactions/Factors that may decrease Lithium concentrations
<ul style="list-style-type: none"> • ACE Inhibitors • Angiotensin-II Receptor Antagonists • Diuretics: Loop diuretics safer than other diuretics 	<ul style="list-style-type: none"> • NSAIDs (OTC; prescribed) • Dehydration (inc nausea, vomiting, excessive sweating) • Sudden reduced sodium intake 	<ul style="list-style-type: none"> • Caffeine • Theophylline • Acetazolamide • Sudden increased sodium intake e.g. sodium bicarbonate; sodium chloride

SIGNS of LITHIUM TOXICITY

If patient experiences any of the symptoms listed below, (list is not exhaustive, consult product literature) they should be advised to contact their doctor immediately or ring NHS helpline on 111.

Early signs of lithium toxicity	Moderately severe lithium toxicity	Severe lithium toxicity
<ul style="list-style-type: none"> • Dehydration/Dry mouth • Lack of appetite • Diarrhoea • Blurred vision • Fine resting tremor 	<ul style="list-style-type: none"> • A marked tremor • Unsteadiness • Slurred speech • Drowsiness • Confusion 	<ul style="list-style-type: none"> • Muscle twitches • Very severe drowsiness and confusion • Fits • Unconsciousness

For more information on the safe use of Lithium consult brand specific Summary of Product Characteristics (SPC) or the Lithium app available free to download – NHS Health Monitor for Lithium ([Apple](#) and [Android](#)).

Disclaimer - This tool does not provide medical advice. It is intended for informational purposes, accurate at time of writing. It is not a substitute for professional medical advice, diagnosis or treatment. (May 2021)

