South West Yorkshire Area Prescribing Committee

Lithium Shared Care Guideline

Introduction

General Statements	• The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between consultant and primary care prescriber. • The primary care prescriber must reply in writing to the request for shared care within two weeks if unwilling to participate. • The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and general practice notes. • Shared care should only be considered when the patient's clinical condition is stable or predictable. • Lithium salts should be initiated under specialist supervision. Stabilisation with lithium will normally take at least three months. Once the patient's mental state and medication have been stabilised the patient may be considered for shared care between the psychiatrist, GP and relevant community mental health teams. • **A full summary of product characteristics should be read before prescribing.** • **Agreement of the GP must be sought before seeking patient agreement for shared care.** **Service models vary across the area served by South West Yorkshire Area Prescribing Committee. Where responsibility for prescribing and/or monitoring is not formally shared, information on doses, serum levels and other results must be shared in a timely manner across the interface in line with these recommendations.**
Indication	Treatment and prophylaxis of mania, bipolar disorder and recurrent depression

Individuals Responsibilities

Hospital Specialist's Responsibilities	• Careful patient selection and discussion of risk, benefits and toxic effects with patient and carer. • Baseline monitoring and recording of cardiac, renal and thyroid function. • Prescribing (by brand name) until maintenance regimen established. • Monitoring and recording of results until maintenance regimen established. • Measure the person's plasma lithium level every 3 months for the first year • Provide advice on dosage adjustments if level falls out of recommended range or other medications are initiated or discontinued. • Communication to GP of established regimen, most recent monitoring details (including when and results), when to refer back. • Assessment of continued appropriateness and need for treatment with lithium. • Provision and completion of the NPSA pack and booklet or SWYPFT lithium card **Information to be received by the GP from the Consultant** • Diagnosis and target lithium range. • Brand of Lithium prescribed. • Dose of lithium prescribed. • Concurrent medication prescribed via secondary care. • Details of patient follow up including care plan and monitoring. • Details of any identified problems e.g. compliance with treatment. • Details of mental health key worker if appropriate. • Copy of Shared Care Guidance.
General Practitioner's Responsibilities	• Continued discussion of risks and benefits of medication with patients and carers as required. • Prescribing (by brand name) once maintenance regimen is established, including whilst monitoring of serum levels and physical health are being monitored by secondary care. • Dosage adjustments as advised by secondary care in response to changes in drug therapy or serum lithium

	levels, during the period that secondary care are monitoring serum levels and physical health • Continued monitoring including blood levels as per monitoring section after the first year, once transferred from secondary care. • Recording of results as agreed with secondary care, if there are any concerns regarding the level contact secondary care urgently. • Refer back to secondary care if patient stops medication without medical advice, if mental state starts to deteriorate or if there are concerns over patient compliance. • To respond to adverse reactions. • Maintain a practice lithium register. • To make entries in the NPSA booklet or SWYPFT lithium card as appropriate relating to dosage, preparation and blood results. **Information to be received by the consultant from the GP** • Details of concurrent medication • Details of any identified problems e.g. compliance with treatment.

Product Information

Monitoring Required

Parameter	Standard care	Special considerations
Serum lithium	Measure the person's plasma lithium level every 3 months for the first year. Then 6 monthly	• Older people (over 65s) • People taking drugs that interact with lithium (e.g. NSAIDS, diuretics, ACE inhibitors) • People who are at risk of impaired renal or thyroid function, raised calcium levels or other complications such as significant cardiac disease • People who have poor symptom control • People with poor adherence • People whose last plasma lithium level was 0.8 mmol per litre or higher **at least 3 monthly**
Serum creatinine and eGFR*	6 monthly	More frequently than 6 monthly if evidence of impaired renal function Eg. eGFR less than 60ml/min (do whenever a serum Lithium is done) or eGFR falls over 2 or more tests, and assess the rate of deterioration of renal function. Over 65s at least every 6 months
Serum calcium	6 monthly	Over 65yr or cardiac disorder; at least every 6 monthly More frequently if found that calcium level is raised.
Thyroid function test	6 monthly	More frequently than 6 monthly if there is evidence of impaired thyroid function or an increase in mood symptoms that might be related to impaired thyroid function. Over 65s at least every 6 months
U&Es	6 monthly	More frequently if urea levels and creatinine levels become elevated Over 65s at least every 6 months
BP	12 monthly	
ECG	Initially and if clinically indicated	
Weight	At start of therapy and every 6 months	
Where renal impairment is present, FBC is recommended. *if eGFR falls below 60ml/min, consider referring to Consultant Psychiatrist for review of the ongoing need for lithium		

When and How to Discontinue Treatment

Specialist advice should be sought. Gradual discontinuation is generally recommended over at least four weeks and preferably longer to reduce the risk of relapse*. The risk of relapse remains even after years of remission. Early relapse to mania is an early risk of abrupt lithium discontinuation.
*(3-4 months is recommended).

Information given to the patient by initial prescriber

- The patient will be involved in the choice of medication and verbal information given.
- The NPSA pack & booklet or SWYPFT Lithium card will be issued initially be secondary care.
- A lithium card and details of the brand will be provided.
- Signs and symptoms of toxicity will be emphasised.

Contact Details

Including telephone, bleep, email and fax numbers, out of hours and contact details of hospital medicines information department to be included in specialist's letter.