

Guidance on the management of drugs requiring monitoring during COVID-19

Adapted from information published on SPS website

Lithium drug monitoring during COVID-19 for stable adult patients

General guidance on the management of medicines to treat mental health conditions during COVID-19 is available from the [Royal College of Psychiatrists](#)

For non-stable patients the standard monitoring applies as per the current shared care guidelines available on the [SWYAPC website](#)

During the COVID-19 pandemic, recommendations are:

- If patients are not in the at-risk category (defined below) then monitoring intervals can be extended by up to 3 months; however, patients must keep in good physical health and maintain good fluid intake and should resume normal monitoring intervals as soon as possible and safe to do so
- If patients are in the at-risk category (defined below) then their normal monitoring interval should be continued and extension is in most circumstances inappropriate

At-risk patients are defined as:

- Elderly (> 65 years)
- Have received less than 12 months treatment
- Renal impairment (eGFR < 60ml/min)
- Impaired thyroid function at last test
- Raised calcium levels at last test
- Poor symptom control or suspected poor adherence
- Last serum lithium > 0.8mmol/L

- Recent (i.e. since last blood test) introduction or removal of interacting medications (See BNF for exhaustive list. Key interacting medications include, NSAIDs, ACEi, ARB and thiazide diuretics). Regular testing until level is stable.
- Recent (i.e. since last blood test) change of dose. Regular testing until level is stable.

For patients with COVID-19 symptoms, recommendations are:

- If patient does not have symptoms of lithium toxicity, continue lithium but take lithium serum level and U&Es
- If patient has symptoms of lithium toxicity WITHOLD lithium, take URGENT lithium serum level and U&Es
- Symptoms of lithium toxicity include: diarrhoea, vomiting, tremor, mental state changes, or falls
- Advise patients to maintain their fluid intake and not to take over-the-counter NSAIDs (e.g. ibuprofen), but to take paracetamol instead.