

LITHIUM - PRIMARY CARE ACTION PLAN

Following a serious patient safety incident involving lithium, a joint primary care and secondary care (HPFT) baseline study of lithium treatment and monitoring was conducted in 2021. The aim was to explore if patients prescribed lithium are managed safely and effectively through joint working.

The results highlighted that despite the known patient safety risks associated with lithium, many patients are not appropriately monitored, and documentation relating to treatment is incomplete in many cases.

This action plan has been developed to support primary care clinicians to manage their patients taking lithium.

A. ACTIONS FOR PRIMARY CARE PRESCRIBERS

1. Recommended monitoring schedule: (Please note, monitoring at baseline and during initiation, including plasma lithium level monitoring, is the responsibility of the specialist until shared care is in place)

Ongoing monitoring requirements to be undertaken by primary care	
Monitoring – all indications	Frequency
Plasma lithium level taken 10-14 hours post-dose. NB: samples should be taken as close to 12-hours post-dose as possible.	At least every 12 weeks for the first year, then every 6 months. More frequent long-term monitoring may be advised by the specialist team in some circumstances*, or if most recent plasma lithium level is at the threshold of target range. Consider additional monitoring whenever there is a change in the patient’s circumstances, e.g. intercurrent illness.
U&Es, including eGFR Calcium TFTs Height, weight, and BMI.	Every 6 months*.
Signs of toxicity Enquire about and document signs and symptoms which might indicate toxicity, e.g. paraesthesia, ataxia, tremor, cognitive impairment.	At every consultation with the prescriber regarding lithium treatment
Additional monitoring – bipolar disorder	Frequency
Diet, nutritional status and level of physical activity. Cardiovascular status including pulse and BP. Metabolic status including fasting blood glucose or HbA_{1c} and blood lipid profile. LFTs.	Annually as part of physical health check recommended in NICE CG185 Bipolar disorder: assessment and management .

*More frequent monitoring may be necessary in some circumstances e.g., elderly, renal impairment, altered laboratory parameters, poor symptom control or adherence, concurrent interacting medicines.

2. At a lithium review ensure documentation of the following in the patient’s EPR:
 - Dose of lithium, brand and formulation prescribed
 - Most recent plasma lithium level including any resultant dose changes
 - Shared care agreement in place (patients prescribed lithium prior to implementation of the shared care protocols may be managed solely by their GP and not have such an agreement in place)
3. Prescribers to provide patients with appropriate on-going verbal and written information e.g., user friendly PILs. In Hertfordshire, PILs (including easy read and translated) can be accessed via the HPFT website – see Choice and Medication link below. In West Essex, primary care staff do not currently have access to the Choice and Medication website
4. Update the patient’s lithium treatment booklet (issued by the specialist), or remind patient to update their medication management app e.g., MindMeds App with plasma lithium levels/ monitoring results, and check these results are appropriate before issuing prescriptions for lithium. Note this activity in the patient’s EPR. In Hertfordshire, additional lithium treatment booklets can be ordered by e-mailing hpft.medsmanagement@nhs.net
In West Essex, primary care staff must order record books via the relevant mental health team
5. Actively use prescribing support systems to address concerns related to lithium prescribing e.g., manage alerts highlighted in Eclipse Live and review relevant messages in ScriptSwitch
6. Be aware and manage potential interactions with lithium therapy – refer to relevant shared care protocol for details of notable drug interactions (links below)
7. Consider the use of the Arden’s lithium template to help facilitate lithium monitoring; this will support good medicines management and support CQC evidence

B. ACTIONS FOR COMMUNITY PHARMACISTS AND DISPENSING PRACTICE STAFF

1. Ensure it is safe to dispense and issue lithium based on the most recent monitoring results as documented in the lithium treatment booklet or medication management app e.g., MindMeds App
2. Be aware and manage potential interactions with lithium therapy – refer to relevant shared care protocol for details of notable drug interactions (links below)

Resources:

NICE Guidance CG185 [Bipolar disorder: assessment and management](#)

HPFT Shared Care Protocol [Lithium in adults - shared care protocol](#)

EPUT Shared Care Protocol [Lithium for patients within adult services](#)

HPFT [Choice and medication: Lithium PILs](#)

Version	1.0
Developed by	HWE ICB PMOT and GP Mental Health Leads ICS
Approved by	APC
Date approved/updated	November 2023
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	n/a