

MEMORANDUM

To: Mental Health Staff
All pharmacists and technicians

From: Dr Elizabeth Brady, Consultant Psychiatrist, Divisional Clinical Director WHSCT
Suzanne O'Sullivan, Specialist Mental Health Pharmacist, WHSCT

Date: 25/3/2020

Ref: Lithium and Covid-19

We wish to draw your attention to the [Lithium Shared Care Guidelines](#) specifically page 2, section 'Long Term Monitoring', which may help reduce the burden of lithium blood sampling on community services:

Long Term Monitoring

- Measure the person's plasma lithium level every 3 months for the first year. After the first year, 3 monthly monitoring should continue in:

- older people
- people taking drugs that interact with Lithium
- people who have or are at risk of impaired renal or thyroid function, raised calcium levels or other complications
- people with poor symptom control, or poor adherence, or who are at risk of non-compliance with monitoring schedule
- people whose last lithium level was 0.8 mmol/litre or higher.

For people who are at low risk of developing toxicity or raised lithium levels, and with good symptom control, frequency of monitoring may be reduced to every six months with the agreement of the mental health specialist and GP.

- Measure the person's weight or BMI (at least annually). Arrange tests for urea and electrolytes including calcium, estimated glomerular filtration rate (eGFR) and thyroid function every 6 months, and more often if there is evidence of impaired renal or thyroid function, raised calcium levels or an increase in mood symptoms that might be related to impaired thyroid function.

- Assess side effects at every visit. Consider referral to specialist renal or endocrinology services if appropriate.

Note: Blood monitoring results are available to view on the Northern Ireland Electronic Care Record

We would encourage all teams involved in long term monitoring of lithium to review their lithium registers as soon as is practical, with a view to moving as many patient as possible to 6 monthly monitoring – taking note of the requirement to agree this with their GP.

During the COVID-19 outbreak, all patients due blood tests must be contacted by phone in advance of face-to-face clinical contact to complete pre-screening for COVID-19. Any patients, who are self-isolating, with or without symptoms of COVID-19, should be asked about symptoms of lithium toxicity. If signs of lithium toxicity are present please follow the management advice in the [Trust Lithium Policy](#).

Please also take the opportunity to remind patients of the increased risk of dehydration when ill and of the importance of avoiding NSAIDs when prescribed lithium – patients may turn to them as an antipyretic given the current difficulties in sourcing paracetamol in the community..

Any patients self-isolating should not attend healthcare settings. Serum lithium tests should be performed at the patient's home, using personal protective equipment and techniques as recommended by the trust. If there are no signs of lithium toxicity present, the lithium level can be deferred until the patient is no longer self-isolating

Please find attached a patient information leaflet regarding Lithium and Covid-19

If you have any queries, please do not hesitate to contact us.

Thank you

**Dr Elizabeth Brady,
Consultant Psychiatrist,
Divisional Clinical Director WHSCT**

**Suzanne O'Sullivan,
Specialist Mental Health Pharmacist
WHSCT**