Lithium

NPSA PSA005 (2009) | NICE CG185 | SPS Lithium Safety Guidance (2026)

MONITORING: Check Before Every Dispense

- ☐ Lithium level: usually every 3 months. If monitoring appears overdue, contact the prescriber or mental health team to confirm monitoring arrangements.
- ☐ Renal function (eGFR), thyroid function, and calcium: usually every 6 months.
- ☐ Weight: at least annually. Weight gain may indicate hypothyroidism; weight loss may indicate worsening depression.
- ☐ If monitoring appears overdue or results are unavailable, escalate to the prescriber. Do not interrupt treatment without clinical advice.

Therapeutic target range is individual. It should be documented in the patient record or monitoring booklet.

Lithium Monitoring Schedule

Test	Frequency	Why it Matters
Lithium level	Every 3 months	Narrow therapeutic index; monitor for toxicity symptoms as well as blood levels
Renal function (eGFR)	Every 6 months	Lithium is renally cleared; impairment causes accumulation
Thyroid function	Every 6 months	Hypothyroidism is common during long-term treatment
Calcium (parathyroid)	Every 6 months	Lithium can cause hyperparathyroidism and hypercalcaemia

BRAND: Not Interchangeable

- ☐ Lithium brands are not bioequivalent. Always dispense the same brand and formulation. Prescription should be by brand name.
- ☐ Tablet brands (lithium carbonate): Priadel, Camcolit, Liskonum. Liquid brands (lithium citrate): Priadel liquid, Li-Liquid.
- ☐ Any brand or formulation switch requires prescriber review and repeat lithium monitoring.
- ☐ Record brand, formulation, and dose dispensed on every occasion.
- ☐ Ensure patient has NHS alert card, information booklet, and monitoring booklet.

REPEAT CHECKS: Interactions and Lifestyle

- ☐ Check for new interacting medicines: ACE inhibitors, angiotensin receptor blockers, thiazide diuretics, and NSAIDs all increase lithium levels.
- ☐ Ask about OTC medicines. Ibuprofen and other NSAIDs can significantly increase lithium levels.
- ☐ Ask: "Have you had your lithium blood tests recently?"
- ☐ Ask: "Have you started any new medicines?"
- ☐ Ask: "Have you had any sickness, diarrhoea, dehydration, or changes in your fluid intake recently?"

RED FLAGS: ACT IMMEDIATELY

- ☐ Coarse tremor, muscle twitching, or unsteadiness: possible toxicity. Urgent medical assessment required.
- ☐ Confusion, slurred speech, marked drowsiness, or seizures: call 999.
- ☐ Persistent vomiting or diarrhoea: dehydration can rapidly increase lithium levels. Same-day medical advice required.
- ☐ Blurred vision, double vision, or abnormal eye movements: urgent medical assessment.
- ☐ Pregnancy or planned pregnancy: urgent specialist review. Do not stop lithium suddenly without specialist advice.

Key reminders: Always supply the same brand and formulation. Neurotoxicity can occur within the therapeutic range; treat the patient, not the number. Never stop lithium abruptly; withdrawal risks serious relapse. Concerns about monitoring should prompt escalation to the prescriber, not interruption of therapy.