ADULT MEDICATION GUIDELINE	
# LITHIUM	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication

Medication Class

Psychotropic agent

Presentation

Tablet (Immediate Release): 250 mg

Tablet (Modified Release): 450 mg

Storage

Store at room temperature, below 25°C

Dose

Prevention of manic or depressive episodes in bipolar disorder:

Oral:

250 mg to 1000 mg daily in divided doses or as a single dose at night for 2 weeks, then adjust dose according to serum concentration*#

Treatment of acute mania:

Oral:

Initially 750 mg to 1000 mg daily in divided dose, increase dose by 250 mg to 500 mg daily if necessary*#

* Adjust according to serum concentration

Every 12 hours if using modified release tablets

Administration

Oral

Tablet (Immediate Release): Take with food.

Tablet (Moderate Release): Do not break, crush or chew, and avoid taking with hot drinks.

- Maintain a normal diet with regular salt and fluid intake.
- Drink more non-alcoholic fluid during hot weather to avoid toxicity.
- Co-administration with sodium bicarbonate containing products.
- (e.g. Ural®, Citravescent®) makes lithium less effective.
- Lithium interacts with a number of medications including NSAIDs, increasing risk of lithium toxicity. Consult your ward pharmacist.

Monitoring

Therapeutic Drug Monitoring: Take blood for lithium concentration at least 8 – 12 hours after last dose. Measure concentration 5–7 days after starting treatment and after each dose change until stabilised, then every 3 months. Steady state may not be reached for 4–7 days (longer in the elderly or those with renal impairment).

Monitor lithium concentration more frequently during illness (e.g. gastroenteritis), manic or depressive phases, changes in weight, diet or temperature, pregnancy and concomitant medication (e.g. diuretics).

Therapeutic range:

Acute mania: 0.5 – 1.2 mmol/L

Prophylaxis: 0.4 – 1 mmol/L

Routine monitoring includes: full blood picture, renal function, thyroid function, serum electrolytes, and serum calcium.

Antenatal patients, in particular close to term, may require more frequent monitoring. Please refer to area consultants.

For antipsychotics:

Weight, BP, serum lipids, BGLs, ECG (for QT interval prolongation), smoking status. For more information refer to: NPS Antipsychotic Monitoring Tool

Pregnancy

1st Trimester: Monitoring required.

2nd Trimester: Monitoring required.

3rd Trimester: Monitoring required.

For more information, please contact KEMH Obstetric Medicines Information Service.

Consult a perinatal psychiatrist .

Breastfeeding

Monitoring required.

For more information, please contact KEMH Obstetric Medicines Information Service.

Consult a perinatal psychiatrist.

Comments

Postnatal management: where applicable, please refer to the Childbirth and Mental Illness Clinic for recommendations.

Related Policies, Procedures & Guidelines

Clinical Practice Guidelines:

Childbirth and Mental Illness (CAMI) Clinic

Women's and Perinatal Mental Health Referral and Management

WHNS Policies:

Discharge of patient

High Risk Medicines

WHNS Forms: Pregnancy Monitoring Lithium Carbonate MR215.12

References

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☐ Std 8: Recognising and Responding to Acute Deterioration	
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