SHARED CARE AGREEMENT FOR LITHIUM SALTS in the treatment of MANIA, BIPOLAR DISORDER, RECURRENT DEPRESSION OR SELF-MUTILATING BEHAVIOUR

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Lithium is a well-established treatment for mood disorders including bipolar disorder, mania and recurrent or resistant depression; it also appears to have a specific effect on aggression and self-mutilating behaviours. It is recommended in NICE guidelines as the drug of choice for many mood disorders. It has a narrow therapeutic window and monitoring of blood levels is essential for its safe use.

### Specialist responsibilities

1. Diagnosis of condition and ensuring other treatment options have been fully explored
2. Ensure baseline checks of renal and thyroid function and ECG have been carried out and do not contraindicate therapy. Weight and BMI or waist circumference also need to be measured. If both GP and secondary care clinician agree, these tests can be carried out in primary care.
4. Specify brand of Lithium
5. Initiation of treatment and titration of dose to the optimum level.
6. Monitor for response and adverse drug reactions (ADRs) during titration period.
7. Adjust dose to achieve a serum-lithium concentration of 0.4–1 mMol/litre 12 hours after a dose on days 4–7 of treatment, **then every week until dosage has remained constant for 4 weeks.**
8. Liaise with the general practitioner (GP) to share the patient’s care when a stable dose has been achieved and proven benefit has been established using the: [Shared Care Request Form](#). Shared care should not be assumed until a written agreement has been received from the GP.
9. Carry out three-monthly Lithium level and six-monthly adjusted calcium levels, U&Es and TFTs until GP takes over care.
10. If appropriate, clearly outline to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition.
11. Responding to issues raised by GP after care of patient has been transferred.
12. Advising GP on related issues such as drug interactions, adverse drug reactions and management of blood results outside normal range.
GP responsibilities

1. Confirm or decline request to share patient’s care as soon as possible, using the shared care request form.
2. Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities and raising with secondary care clinician if necessary.
3. Prescription of drug by brand name after achievement of a stable dose regime by secondary care
4. Carry out three-monthly Lithium level and six-monthly adjusted calcium levels, U&Es and TFTs after taking over prescribing responsibility.
5. Monitor weight and BMI or waist circumference every 6 months.
6. Comply with terms of the Community Based Service and any national advice on lithium salts.
7. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status.
8. Reducing/stopping treatment in line with secondary care clinician’s original request.

Community pharmacist responsibilities

1. Check patient is taking the medicine as prescribed
2. Check the patient is attending for monitoring as outlined above
3. Report any side effects to the GP
4. Make sure dispensed by brand.
5. Check lithium book

Patient responsibilities

1. Do not miss any blood tests or other appointments without first consulting the GP or specialist.
2. Report any adverse effects or warning symptoms to the GP or specialist.
3. Produce lithium book when attending appointments and when lithium is dispensed.
4. Make sure brand prescribed is correct.

Further advice and support - this information is not inclusive of all prescribing information

LMSG Lithium Management Guidelines: Guidelines: Management of Lithium in Acute and Primary Care Settings

Summary of product characteristics via electronic Medicines Compendium (eMC)

British National Formulary via www.medicinescomplete.com

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW

Tel: 0116 258 6491 Fax: 0116 258 5680

e-mail: medicines.info@uhl-tr.nhs.uk

For advice on management of abnormal blood test results or a significant increase in weight and BMI or waist circumference, contact a LPT clinical pharmacist in the first instance on 0116 295 8384 (Mon-Fri 8.30am - 5.30pm and Sat 9-11am)

Consultant Psychiatrist via LPT switchboard 0116 2256000

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<td>1.5</td>
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<td>Requirement to monitor weight and BMI or waist circumference every 6 months added</td>
<td>Oct 14</td>
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<td>Monitoring requirements, prescribe by brand and patient’s responsibilities with lithium booklet</td>
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