NHS
Basildon and Brentwood
Clinical Commissioning Group

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Thurrock
Clinical Commissioning Group

COVID-19 and Lithium

All patients	General Guidance	Patients without symptoms of COVID-19-shielding or self-isolating	Patients without symptoms of COVID-19- social distancing	Patients with symptoms of COVID-19 .
ADVICE TO PATIENTS Seek medical attention if you develop diarrhoea or vomiting, or feel acutely unwell for any reason. Maintain fluid intake, particularly if you have a fever, if they are immobile for long periods or if you develop a chest infection or pneumonia. Inform your care team of any changes to your drug treatment. Do not take over-the-counter non-steroidal anti-inflammatory drugs (e.g. ibuprofen). Take paracetamol instead. Do not stop lithium abruptly unless advised to do so.	**STABILISING TREATMENT** Check levels 4 - 7 days after starting treatment then every 7 days until levels are stable for 4 weeks, 10 - 14 hours (ideally 12 hours) post dose. Check levels 4 - 7 days after every dose change. If there is to be a change to the dose a current lithium level should be available that is no more than 2 weeks old. **MAINTENANCE** Check levels every 3 months, or more frequently if necessary, particularly in the following **HIGH RISK** groups: 1. Older adults 2. Risk of impaired renal or thyroid function 3. Raised calcium levels 4. Poor symptom control 5. Poor adherence 6. Last plasma level 0.8 mmol /L or higher 7. Taking interacting drug	Patients who are self- or household- isolating in line with Government recommendation should not attend any healthcare setting for routine blood tests. Alternative arrangements should be made for those in a high risk group - Nurse/ doctor attend patient to take bloods - Consider if their Community Mental Health Team can attend to take bloods Decisions to extend monitoring should be managed on a case by case basis but may be considered for patients who have been stable for more than 1 year with no other risk factors.	Regular monitoring should continue. If a patient is unable to attend their usual site for a blood test consideration should be given to alternative options - Patient attends GP practice (if phlebotomy service is available) - Patient attends a blood test centre-N.B. must have booked appointment. - Patient attends a mental health team clinic - Nurse/ doctor attend patient to take bloods* - Consider if their Community Mental Health Team can attend to take bloods* *For patients at high risk, or those who are showing signs of lithium toxicity.	Infectious diseases or intercurrent illness (including COVID 19) could lead to lithium toxicity due to changes in diet and reduced fluid intake. Therefore, serum lithium levels should be monitored closely and frequently during the course of the illness Patients with COVID-19 symptoms but **NO** symptoms of Lithium toxicity can continue taking lithium but serum lithium levels and U&Es should be checked. - Nurse/ doctor attend patient to take bloods - Consider if their Community Mental Health Team can attend to take bloods Patients should be reminded of the need to maintain their fluid intake. Seek urgent specialist advice if lithium levels are elevated or kidney function is compromised. If there is any delay in obtaining a lithium level, it may be reasonable to withhold lithium and await the result of the lithium level. Blood levels should govern ongoing treatment and the dose used. Be aware that sudden discontinuation of lithium can be associated with a rapid relapse of symptoms, particularly mania. Use caution until the patient has regained physical health, with increased frequency of monitoring of lithium levels and renal function. Patients presenting with flu-like/COVID-19 symptoms **AND** symptoms of lithium toxicity (e.g. diarrhoea, vomiting, tremor, mental state changes, or falls): **WITHHOLD** lithium and take URGENT lithium serum level and U&Es.