Guideline 03, version 1.1

Safe Use of Lithium in Adults
Shared Care Protocol

This protocol provides prescribing and monitoring guidance for lithium therapy. It should be read in conjunction with the HMMC shared care principles document, Summary of Product Characteristics (SPC) available on www.medicines.org.uk/emc and the BNF.

This shared care agreement outlines suggested management for the prescribing of lithium for:

- Treatment and prophylaxis of mania (acute manic and hypomanic episodes)
- Treatment and prophylaxis of bipolar disorder
- Treatment and prophylaxis of recurrent depression where treatment with other antidepressants has been unsuccessful
- Treatment and prophylaxis of aggressive or intentional self-harming behaviour

where the responsibility is shared between the specialist and general practitioner (GP). Sharing of care assumes communication between the specialist, GP and patient. It is important that patients are consulted about treatment and are in agreement with it. The intention to share care should be explained to the patient by the doctor initiating treatment.

Prescribing of lithium for the above indications will be initiated in Hertfordshire Partnership University NHS Foundation Trust by a hospital specialist for a minimum of 12 weeks or until stable whichever is longer. The expectation is that these shared care guidelines should provide sufficient information to enable GPs to be confident to take on the clinical and legal responsibility for the prescribing and the monitoring of this drug in stable patients. The questions below will help to confirm this:

- Is the patient's condition predictable or stable?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care document?
- Have you been provided with relevant clinical details including monitoring data?
- Have this document and BNF/SPC provided sufficient information for you to feel confident in accepting clinical and legal responsibility for prescribing?

If you can answer YES to all of these questions (after reading this shared care guideline), then it is appropriate for you to accept the prescribing responsibility. GPs need to formally accept shared care by completing and returning the form provided to the specialist within two weeks of receipt of request to share care.

If the answer is NO to any of these questions, you should not accept prescribing responsibility. You should respond back to the consultant outlining your reasons for NOT prescribing on the agreement form within two weeks of receiving the request to share care using the form provided. If you do not have the confidence to prescribe, you still have the right to decline. In such an event, the total clinical responsibility for prescribing the medication and any monitoring required remains with the specialist. Please note that medication cost is not an acceptable reason for refusal to take on shared care.

The prescribing doctor legally assumes clinical responsibility for the drug and the consequences of its use as well as monitoring drug use.

Prescribing and monitoring responsibility will only be transferred when the consultant and the GP agree that the patient's condition is stable or predictable after at least 12 weeks of treatment.

BACKGROUND AND INDICATION(S) FOR USE

In 2009, NHS Improvement (formerly known as the National Patient Safety Agency (NPSA))[1] published 'Safer Lithium Therapy'. This stated that patients prescribed lithium must be monitored in both primary and secondary care, with results shared between sectors and with the patient.[1] All healthcare organisations in the NHS where lithium therapy is initiated, prescribed, dispensed and monitored should ensure that:

- Patients prescribed lithium are monitored in accordance with NICE guidance.[2]
- There are reliable systems in place to ensure blood test results are communicated between labs and prescribers.
- At the start of lithium therapy and throughout their treatment, patients receive appropriate ongoing verbal and written information and a record to track lithium plasma levels and relevant clinical tests.
- Prescribers and pharmacists check that blood tests are monitored regularly and that it is safe to issue a repeat prescription and/or dispense the prescribed lithium.
- Systems are in place to identify and deal with medicines that might adversely interact with lithium therapy.

The licensed indications for lithium are:

- Treatment and prophylaxis of mania (acute manic and hypomanic episodes).
- Treatment and prophylaxis of bipolar disorder.
- Treatment and prophylaxis of recurrent depression where treatment with other antidepressants has been unsuccessful.
- Treatment and prophylaxis of aggressive or intentional self-harming behaviour.

Lithium must be initiated by brand (due to differences in bioavailability between different products). The usual brand of lithium initiated in Hertfordshire is Priadel® for tablets and Priadel® liquid or Li-liquid® for liquid preparations. If a GP receives a request for a brand other than these, the HPFT consultant should be contacted (due to differences in bioavailability, brands cannot be readily switched).

SUPPORTING INFORMATION

See references

RESPONSIBILITIES

Specialist

Assessment appointment	• Provide pre-treatment counselling with the patient (and carers). This should include both written and verbal information on rationale for treatment, benefits, time to response, potential side effects, precautions, the reasons for and frequency of regular blood tests, and obtain agreement to initiate treatment (see Appendix 1 for counselling checklist. These points will be covered by the specialist). Document discussion in electronic patient record (EPR). • Carry out baseline biochemical and continued monitoring until the patient is stabilised and GP agrees to share care. • Provide a Lithium Therapy booklet and update the Lithium Therapy Record Book with the relevant results. • Inform the patient there is also an app that can be downloaded on smartphones (Apple IPhone and Android) called NHS Physical Health Monitor (for Lithium). This can be used as an alternative to the Lithium Therapy booklet. • Inform female patients (of child bearing potential) to use suitable contraception throughout lithium therapy. It is important to seek specialist advice if planning a pregnancy, pregnant or breastfeeding.
Initial prescription appointment	• Prescribe to initiate lithium treatment and inform GP of commencement of treatment. • Make arrangements for initial blood test monitoring. • Inform the patient of toxic symptoms and who to contact should symptoms occur.
Dose stabilisation appointments	• Review effectiveness/ adverse effects. • Check initial monitoring results and amend dose of lithium if necessary. Ensure additional monitoring is put in place • Issue prescription (if needed). • Write to GP with information on any dose change. • Note: lithium treatment may be initiated in hospital, and on discharge it will be the responsibility of the community specialist team to continue review, prescribing and monitoring until shared care is agreed. • Issue shared care information to GP, inviting GP to enter shared care at/after week 12 when patient is stabilised on treatment. i.e., drug tolerated, dose stabilised and blood monitoring parameters are satisfactory. • Advise GP on patient specific target lithium range. • **SHARED CARE MUST FORMALLY BE ACCEPTED BY THE GP BY COMPLETION AND RETURN OF THE FORM PROVIDED WITHIN THIS PROTOCOL TO THE SPECIALIST**
Further specialist review appointments thereafter	• Review progress in clinic. • Respond to any GP requests for advice. • Write to GP with any dose change following clinic review. The specialist will be responsible for supplying a prescription for any dose adjustment and also subsequent weekly lithium plasma level monitoring until the dose has been stabilised again. • Ensure that patient has a Lithium Therapy book with sufficient space to record results (Order from NHS Forms and Print Contract (Tel: 0845 610 1112 or e-mail: nhsforms@mmm.com).

GP

First prescription appointment in specialist clinic	• GP to contact specialist if any concerns regarding initiation of lithium treatment for patient.
Specialist dose stabilisation appointments	• Respond to specialist request for shared care once dose is stabilised within two weeks of receipt of request. **SHARED CARE MUST FORMALLY BE ACCEPTED BY THE GP BY COMPLETION AND RETURN OF THE FORM PROVIDED WITHIN THIS PROTOCOL TO THE SPECIALIST.** • If shared care is declined: clinical rationale to be provided and GP to copy patient into decline letter so patient is aware hospital will be providing prescription.
Specialist Review Appointments (where shared care has been accepted)	• Ensure that any patient prescribed lithium is appropriately coded on the GP clinical system to allow easy identification. • Issue prescriptions once patient has been stabilised on medication (usually after 3 months). • Make arrangements for and review blood results against drug specific guidelines BEFORE issuing a repeat prescription • It is the responsibility of the prescriber to ensure the lithium plasma levels are available and within the reference range before prescribing. • Carry out monitoring as per shared care guidelines • Discuss any anomalous results or potential adverse effects with specialty team and report to MHRA as appropriate. See Table 4 for signs and symptoms of lithium toxicity. • If the patient experiences any side effects to lithium (including minor, transient side effects), inform the relevant consultant psychiatrist. • Complete the Lithium Therapy Record book and/or app and note in the GP clinical system the most recent lithium plasma level and any resultant dose changes. • Lithium Therapy Record books are provided by the specialist. Replacement books can be provided by the specialist/ CMHT. • Discuss any concerns relating to lithium therapy with the appropriate consultant psychiatrist for the patient e.g., any upward trends in lithium plasma levels towards upper limit of target range, decrease in renal function or possible side effects. • Ensure patient is aware of dose changes. • Ensure that interactions are checked before commencing any new medicines (see current BNF or discuss with a pharmacist). If a medicine which can alter the lithium plasma level is prescribed, put additional monitoring in place, if necessary with advice from the consultant psychiatrist or pharmacist. Ensure the patient and consultant psychiatrist are fully informed of any changes to medications. • Refer back to secondary care if the patient discontinues treatment and/or suffers a worsening mental state. • SPA can be contacted for any concerns regarding any service users who are no longer under the care of CMHT. • Reinforce to female patients (of child bearing potential) to use suitable contraception throughout lithium therapy. It is important to seek specialist advice if the patient is planning a pregnancy, becomes pregnant or is breastfeeding. • If a patient does not attend for monitoring and follow-up, liaise with the relevant specialist to discuss and agree an action plan.

Patient

Assessment appointment	• Read information provided. • Give consent for treatment chosen and complete agreement form. • Attend for baseline monitoring before initial prescription appointment in clinic. • Inform specialty team of any other medication being taken, including OTC products.
First prescription appointment in a clinic	• Safe storage of medication. • Safe keeping of patient held notes and Lithium Therapy booklet. • Ensure compliance with regular blood test monitoring as advised. • Obtain prescription from clinic until next review.
Specialist dose stabilisation appointments	• Obtain prescription from clinic until transfer to GP has taken place. • Report any adverse effects or problems.
Further specialist review appointments thereafter	• Ensure repeat prescription requested via GP or specialist as agreed. GP to copy patient into decline letter so patient is aware hospital to provide prescription. • Report adverse effects. • Ensure prescriber (GP and specialist) is aware of any OTC medication they may be taking especially NSAIDs. • Inform a healthcare professional if considering stopping treatment • Bring the Lithium Therapy booklet (or if using the app, bring the phone) to all appointments and to the pharmacy on collection of medication to ensure that this is kept up to date. • For female patients (of child bearing potential), use suitable contraception throughout lithium therapy. It is important to seek specialist advice if planning a pregnancy, pregnant or breastfeeding. • Attend appointments for blood tests.

Dispensing pharmacist responsibility

First prescription appointment in a clinic **Specialist dose stabilisation appointments** **Further specialist review appointments thereafter**	• Ensure appropriate dose is prescribed with clear instructions on use, NOT ‘as directed’. • Provide advice on adverse effects. • Provide advice on drug interactions with prescription and OTC medication. • Issue patient information leaflets. • Monitor frequency of prescription requests and contact prescriber if quantities in excess. • At the point of dispensing, review the Lithium Therapy Record book and/or app and ensure blood test monitoring and lithium plasma levels are available within the last 3 months (6 months if the lithium plasma levels are stable). Contact the prescriber if these are not available. • Confirm counselling has been received by the patient and provide additional information where appropriate. • Discuss any upward trend in lithium plasma levels with the prescriber. • Refer the patient back to the prescriber if there are any concerns with the lithium therapy. • Reinforce to female patients (of child bearing potential) to use suitable contraception throughout lithium therapy. It is important to seek specialist advice if the patient is planning a pregnancy, becomes pregnant or is breastfeeding.

CONTRAINDICATIONS (REFER TO BNF AND SPC)

- Cardiac disease, including Brugada syndrome, or a family history of Brugada syndrome
- Severe renal impairment
- Untreated hypothyroidism
- Breast feeding
- Hyponatraemia, including dehydrated patients, those on a low sodium diet or conditions predisposing to low sodium (e.g. Addison's, severe diarrhoea and/or vomiting and concurrent infections, especially if sweating profusely)
- Hypersensitivity to lithium or to any of the excipients

PRECAUTIONS

- In mild/moderate renal impairment, closely monitor serum-lithium concentration.
- Fluid/electrolyte imbalance – advise patient of risks and action to be taken in case of nausea, vomiting, diarrhoea, excess sweating and/or other conditions leading to salt/water depletion as increased monitoring and a decreased dose may be required.
- Risk of convulsions when lithium is administered in combination with drugs which lower the epileptic threshold, or in epileptics.
- Benign Intracranial hypertension may occur – patient to be advised to report persistent headache or visual disturbance.
- Avoid in patients with congenital long QT syndrome and prescribe with caution to those with predisposing factors for QT prolongation (uncorrected hypokalaemia, bradycardia, predisposing drugs).
- Elderly patients may exhibit toxicity at serum levels ordinarily tolerated by younger patients and lithium excretion may be reduced due to age related decreases in renal function in the group of patients.

DOSAGE

	Priadel® tablets	**Priadel® liquid**	**Li-Liquid®**
Adults (body-weight up to 50kg)	Initially 200-400mg daily	Initially 520mg twice daily	-
Adults (body-weight 50kg and above)	Initially 0.4-1.2g daily	Initially 1.04 -3.12g daily in 2 divided doses	-
Elderly	Initially 200-400mg daily	Initially 520mg twice daily	-
Adults (average body-weight 70kg)	-	-	Initially 1018-3054mg in divided doses (in the morning and in the evening)
Elderly or adults (body-weight below 50kg)	-	-	Initially 509mg in divided doses (in the morning and in the evening)

Dosage must be individualised depending on lithium plasma levels and clinical response. The dosage necessary to maintain lithium plasma levels within the therapeutic range varies from patient to patient. The specialist will be responsible for stabilising the patient and advising on the target range for the patient.

Any dose changes should be initiated in secondary care or discussed with the secondary care mental health team.

TIME TO RESPONSE
An effect may be seen within 5 – 7 days of initiating lithium in manic patients, but may take longer in the depressed bipolar patient.

PRE-TREATMENT ASSESSMENT BY THE SPECIALIST

Table 1

	Initiation and Titration
General monitoring (psychosis/bipolar disorder)	Full Blood Count (FBC) Urea and Electrolytes (U&Es) Renal function (serum creatinine or e-GFR) Liver Function Tests (LFTs) Fasting blood glucose (if possible), HbA_{1c} Blood lipid profile (fasting if possible) Lifestyle e.g., physical activity, smoking, alcohol, diet etc.
Lithium specific monitoring	Lithium plasma level (12 hours post dose) 4-7 days after initiation, thereafter weekly until therapeutic level is reached & one week after each dose change Thyroid function tests Serum calcium Cardiac function: ECG if clinically indicated Blood pressure Weight and height (BMI)

- Consider maintaining a lithium plasma level between 0.8 – 1.0mmol/L for a trial period of at least 6 months for people who:
    - Have had a relapse while taking lithium in the past or
    - Are taking lithium and have subthreshold symptoms with functional impairment.

ONGOING MONITORING SCHEDULE (to be carried out by the prescriber)

Table 2

MAINTENANCE	
First Year	**After the first year**
• Lithium plasma level- one week after initiation, dose change or addition of any interacting medicines. Then 3 monthly for the first year. • eGFR 6 monthly • Thyroid function tests 6 monthly	• Serum calcium 6 monthly* • Fasting (if possible) blood glucose, HbA1c annually • Blood lipid profile (fasting if possible) annually • FBC annually • eGFR 6 monthly* • U&Es 6 monthly* • Thyroid function tests 6 monthly* • **Lithium plasma level – 4 - 6 monthly if stable**** *Note: monitor lithium plasma levels more frequently if urea and creatinine levels become elevated or eGFR falls over 2 or more tests and assess the rate of deterioration in renal function.*

*eGFR and TFTs to be monitored more often if there is evidence of impaired renal or thyroid function, raised calcium or an increase in mood symptoms that might be related to impaired thyroid function.

**NICE Guidelines for Bipolar Disorders 2014 recommends monitoring lithium plasma levels weekly until a stable therapeutic level is achieved, then every 3 months for the first year and then every 6 months thereafter if stable, unless the patient falls into one of the following groups of people, where more frequent monitoring should be considered:

- Older adults
- Those taking other medicines that interact with lithium
- Those who are at risk of renal or thyroid dysfunction, raised calcium levels or other complications
- People who have poor symptom control
- People with poor adherence
- People whose last lithium plasma level was 0.8mmol/L or higher

Record results on GP clinical system and communicate results to all healthcare professionals involved in the patient's care via the Lithium Therapy Record book (or app where used).

MONITORING, SIDE EFFECTS AND ACTIONS TO BE TAKEN
Routine baseline and maintenance monitoring schedule recommended as above.

Table 3. Managing abnormal lithium plasma levels, renal function and TFTs

Blood test	**Usual range***	**Action**	
		BELOW range	**ABOVE range**
Lithium plasma level (12 hours post dose. Check timing of level before adjusting dose).	0.4 - 1mmol/L	Discuss with the patient/carer, assess adherence and consider whether a dose increase is clinically indicated, if so, refer to the specialist.	**SAME DAY CONTACT WITH SPECIALIST.** See table below for management of toxic levels or symptomatic toxicity in the absence of toxic levels.
eGFR	>90ml/min/1.73m^2	**SAME DAY CONTACT WITH SPECIALIST.** Increase the frequency of monitoring of eGFR and lithium plasma levels. May need to decrease lithium dose. If eGFR<60ml/min/1.73m^2 increase monitoring frequency of eGFR and lithium plasma levels. A downward trend in eGFR indicates deterioration in renal function and this requires close monitoring. The decision to continue lithium depends on clinical efficacy and degree of renal impairment. Prescribers should consider seeking advice from a renal specialist. Lithium is contraindicated in severe renal insufficiency.	Not applicable.
Thyroid function	TSH 0.3 – 5.5mU/L Free thyroxine (fT4) 9 - 23pmol/L	Prescriber to assess relevance or results and treat (note this is unlikely as a result of lithium).	If substantially raised (TSH ≥twice the upper limit), **SAME DAY CONTACT** with patient and agree action. Patients with a sustained increase in TSH of more than twice the upper limit of the reference range, which is confirmed with repeat testing after 2 weeks should be treated with levothyroxine.

Table 4.Management of toxic lithium plasma levels or where signs and symptoms of lithium toxicity are present

If an individual develops toxic lithium plasma levels, the onset of symptoms may be delayed for up to 24 hours, especially in lithium naïve patients.

Toxicity (>1mmol/L)	Symptoms	Management
Asymptomatic (1-1.5mmol/L)	-	• Check the time of the blood sample in relation to dose. • Consult specialist • Repeat lithium plasma levels before considering changing dose.
Mild (>1.5mmol/L)	Nausea, altered taste, diarrhoea, blurred vision, polyuria, light headedness, fine resting tremor, muscular weakness and drowsiness	• **Withhold** lithium. • **Same day consultation with specialist for advice** • NB: lithium plasma levels may still be rising. Monitor for moderate/severe signs of toxicity over next 7 days.
Moderate (>2mmol/L)	Increasing confusion, blackouts, increased deep tendon reflexes, myoclonic twitches and jerks, choreoathetoid movements, urinary or faecal incontinence, increasing restlessness followed by stupor and hypernatraemia	• **Withhold** lithium. • **Immediate referral to A&E** • **Inform specialist** • NB: lithium plasma levels may still be rising. Monitor for moderate/severe signs of toxicity over next 7 days. • Deaths have been reported above 4mmol/L.
Severe	Coma, convulsions, cardiac dysrhythmias including SA block, cerebellar signs, ECG changes (sinus and junctional bradycardia), first degree heart block, hypotension or rarely hypertension, peripheral neuropathy, peripheral vascular collapse and renal failure	

Note: this is a guide for likely symptoms at various toxic levels. A patient may experience severe symptoms at lower levels than stated in the table above especially in older adults.

NOTABLE DRUG INTERACTIONS WITH LITHIUM (REFER TO BNF AND SPC)

Table 5. Potentially hazardous interactions. Combined administration should be avoided

Drug	Interaction effects	Risk Reduction Measures
ACE inhibitors e.g., enalapril, lisinopril Angiotensin II antagonists e.g., losartan, candesartan, valsartan	• Lithium toxicity due to sodium depletion. • With Angiotensin II antagonists case reports of increase in lithium plasma level.	• Not clinically important in every patient. Lithium plasma level can increase over several weeks. • May need to reduce lithium dose. • Monitor closely for signs of lithium toxicity and consider taking lithium plasma level. • With Angiotensin II antagonists, increase monitoring especially during the first couple of months. Note: check each medication for individual effects on lithium as some agents are safer to use with lithium
Analgesics (NSAIDs) e.g., ibuprofen, diclofenac	Excretion of lithium reduced.	• Avoid concomitant use. • Note: aspirin does not affect lithium plasma levels
Anti-arrhythmics e.g., amiodarone	Increased risk of QT prolongation	• Avoid concomitant use. Manufacturer contraindicates combined use
Domperidone	• Lithium is associated with QT prolongation or torsade de pointes. • Dangerous QT prolongation may occur if it is given with domperidone	• Contraindicated. Consider an alternative antiemetic
Hydroxyzine/ mizolastine	• Antihistamines such as hydroxyzine and mizolastine, and lithium are associated with a small increased risk of QT prolongation. • Concurrent use may increase the risk	• Contraindicated. Consider an alternative antihistamine
Methyldopa	• Neurotoxicity may occur without increasing lithium plasma concentration.	• Avoid concomitant use if possible
Thiazide Diuretics e.g., bendroflumethiazide	• Increase lithium plasma levels, therefore increased risk of lithium toxicity. • This is a well-established and potentially serious interaction.	• Avoid if possible. Other diuretics may be safer such as loop diuretics • Consider a lithium dose reduction and monitor lithium plasma levels

Table 6. Less significant interactions- usually without serious consequences

Drug	Interaction effects	Risk Reduction Measures
Alcohol	Increased tremor/shakiness with chronic alcohol use.	
Antibiotics e.g., metronidazole, doxycycline, tetracycline, levofloxacin	Reduced lithium excretion leading to increased lithium plasma levels.	Ensure patient is aware of the symptoms of lithium toxicity and report them immediately if they occur.
Anticonvulsants e.g., valproate, carbamazepine, phenytoin	• Increased neurotoxicity of both drugs at therapeutic doses. • Valproate may aggravate tremor.	If neurotoxicity develops, stop lithium.
Antidepressants e.g., mirtazapine, SSRIs, TCAs and venlafaxine	• Synergistic antidepressant effect in treatment resistant patients may increase lithium tremor. • Increase lithium plasma level, possible neurotoxicity and serotonergic effects.	Monitor carefully for signs of neurotoxicity.
Antipsychotics	• Increased neurotoxicity possible at therapeutic doses in rare cases. Increased risk of QT prolongation.	• Monitor for risk of QT prolongation. • Monitor for signs of neurotoxicity.
Calcium channel blockers e.g., diltiazem, verapamil	Increased risk of neurotoxicity with symptoms such as ataxia, confusion and somnolence.	Monitor for signs of neurotoxicity.
Muscle relaxants e.g., baclofen	• Lithium enhances the effect of muscle relaxants. • Hyperkinesis caused by lithium is aggravated by baclofen.	Monitor for signs of hyperkinesis.
Parasympathomimetics	Lithium antagonises the effects of neostigmine and pyridostigmine.	
Sodium bicarbonate containing antacids e.g., Gaviscon®	Excretion of lithium increased by sodium bicarbonate therefore, reduced lithium plasma levels.	Change to an alternative antacid with lower sodium content.
Theophylline/ aminophylline	Increased excretion of lithium. Reduced lithium plasma level. Depressive and/or manic relapse may occur if the lithium dose is not adjusted.	Monitor lithium plasma levels if theophylline is stopped, started or altered.

BACK-UP INFORMATION / ADVICE (including out of hours contact details)

Contact Details *(please provide details of different sites where applicable)*	**Single Point of Access (SPA)** Tel: 0300 777 0707 Email: hpft.spa@nhs.net
Primary care clinicians can obtain support/advice on lithium prescribing for patients historically discharged from follow-up by HPFT	
Colne House 21 Upton Road, Watford WD18 0JL	Tel: 01923 837000
Hertsmere Civic Offices Elstree Way, Borehamwood WD6 1WA	Tel: 0208 7313000
The Marlowes Health and Wellbeing Centre 39-41 Marlowes, Hemel Hempstead HP1 1LD	Tel: 01442 913569

Waverley Road 99 Waverley Road, St Albans AL3 5TL	Tel: 01727 804700/ 804674
Rosanne House Parkway, Welwyn Garden City AL8 6JE	Tel: 01707 364000
Saffron Ground Ditchmore Lane, Stevenage SG1 3LJ	Tel: 01438 792000
Holly Lodge 45 Church Lane, Cheshunt EN8 0DR	Tel: 01992 818600
Cygnet House 1 Old College Court, Ware SG12 0DE	Tel: 01920 443900
Centenary House Grammar School Walk, Hitchin SG5 1JN	Tel: 01462 428900
Oxford House London Road, Bishops Stortford CM23 3LA	Tel: 01279 464800

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Author/s	Seema Vekaria, Principal Pharmacist Mental Health
Department(s) responsible for updating the guideline	HPFT

Hertfordshire Shared Care Agreement Form

This form is used to agree shared care between the specialist, patient and GP as follows:

1. Specialist to provide pre-treatment counseling and discuss patient responsibilities.
2. Specialist to prescribe for a minimum of the initial 12 weeks of treatment. Thereafter a GP can be requested to continue treatment provided the patient is stable.
3. Establish that the clinician responsible for prescribing should also retain responsibilities for monitoring. These functions should not be separated.
4. The specialist and patient to complete and sign the shared care agreement form.
5. Copy to be filed in patient's electronic patient record (EPR).
6. Agreement form, drug specific protocol and responsibilities to be promptly communicated to the GP (by fax or secure e-mail) and the patient has been given a Lithium Therapy booklet.
7. GP must formally accept transfer to shared care and have the right to refuse if they do not feel confident in managing the medicine / patient. GP to respond to the specialist within two weeks of receipt of the shared care agreement either accepting or declining shared care by returning the form below.

For completion by specialist

Drug(s) (name, dose, frequency) ……

Indication ……..

Target Lithium range: ……

Date of first prescription by specialist …… Patient weight (kg) ……..

Estimated date for prescribing to be continued by the GP ……..…….

Confirmation the patient is stable on the current dose: Yes/ No (circle as appropriate)

Specialist additional comments/advice (e.g., monitoring requirements, see Page 6)

…….

We accept:

- the HMMC shared care principles and
- the requirements defined in the drug specific shared care protocol(s)

	Contact details	**Signature and date**
Patient name, NHS number and address or sticker		
Specialist name and designation	Tel Email	

GP response to shared care (please return to specialist within two weeks of receipt of request to share care)

This form is to be completed by the GP who is requested to share care. A copy of the completed form should be retained by the GP and a copy should be returned to the specialist.

Patient details:	
Name:	**NHS number:**
D.O.B:	**Drug requested for shared care:**
Consultant:	

I agree to accept shared care for this patient as set out in the shared care protocol ☐

I do not accept shared care for this patient. ☐
My reason(s) for not prescribing are given below:

_____
_____
_____

Please note that GP agreement is voluntary, with the right to decline to share care if for any reason you do not feel confident in accepting clinical responsibility. Refusal should not be for financial reasons.

GP name	**Practice address /stamp:**
Direct telephone number:	
Email:	
Date:	**Signature:**

Please email a copy of the completed form to the requesting specialist within two weeks of receipt of request to share care.

Appendix 1: Lithium Counselling Checklist (for completion by specialist at initiation)
Service user name: NHS no.: DOB:

	Counselling point	Staff name	Comments
1.	Indication for lithium		
2.	Basic mode of action and onset of action		
3.	Purpose and importance of purple Lithium Therapy booklet. Provide a booklet for new service users and for service users where current booklet cannot be obtained. There is also an app that can be downloaded onto smartphones		
4.	Monitoring • Blood monitoring requirements and frequency • Lithium plasma levels • Target lithium plasma levels • Frequency of monitoring and where to go for monitoring • Always bring purple Lithium Therapy booklet to appointments		
5.	Dosing: • Different formulations/ brands • Take tablets at same time of day, preferably at night • Importance of adherence (ways to remember taking tablets e.g., calendar, pill reminder, reminder charts etc.)		
6.	What to do if a dose is missed		
7.	What to do if an extra dose is taken		
8.	What to do in the event of an inter-current illness, especially vomiting and diarrhoea and when receiving new medicines		
9.	Side effects of lithium		
10.	Potential drug interactions and 'OTC' medicines (especially NSAIDs)		
11.	Alcohol intake: importance of moderation		
12.	Ensure reliable contraception in women of childbearing age, need to attend anti-natal clinic as soon as possible in case of pregnancy		
13.	Inform all healthcare professionals involved in the service user's care of lithium		
14.	How to obtain further supplies of lithium		
15.	Who to contact for advice/ further information		

All service users must have a purple Lithium Therapy booklet and lithium alert card. The booklet MUST be fully completed and the service user advised to keep the booklet and alert card with him/her at all times, and show it to anyone who may prescribe medication for them, or if they intend to buy medication over the counter at a pharmacy.
Note: The form may be scanned onto the patient's EPR on completion.