



Guidance on managing lithium during COVID-19 outbreak

Situation

There are additional considerations to take account of when managing service users on lithium during the COVID-19 outbreak

Background

Lithium is a renally excreted medicine with a narrow therapeutic window and service users need regular blood tests to check lithium levels, kidney, thyroid and parathyroid function.

There is no evidence that lithium increases the risk of developing respiratory tract infections such as COVID-19 or complications such as pneumonia. However, when service users have an infection they may be at an increased risk of developing lithium toxicity because of dehydration caused by vomiting, diarrhoea and fever. Patients who are isolated at home with limited supplies may significantly change their diet and therefore sodium intake which could also impact on lithium levels. There have been reports from Wuhan, China suggesting that “kidney disease on admission and acute kidney injury (AKI) during hospitalization were associated with an increased risk of in-hospital death” in patients with COVID-19.

Actions

Remind all service users prescribed lithium:

- To seek medical attention if they develop vomiting, diarrhoea or feel acutely unwell
- Not to take over the counter non-steroidal anti-inflammatory drugs, e.g. ibuprofen
- To ensure they maintain an adequate fluid intake
- To inform their mental health team of any medication changes

Service users with confirmed or suspected COVID-19

If service users are stable on lithium and develop mild symptoms, lithium use can be continued as usual and should continue to be monitored in line with the trust's [procedure](#).

Service users who develop a fever, moderate or severe symptoms of COVID-19 and particularly those who are elderly or more likely to be at risk of lithium toxicity should have their lithium levels and U&Es monitored as soon as possible. **Where service users are at significant risk of dehydration or AKI, or where there are any signs of lithium toxicity, lithium should be withheld until monitoring is carried out.**

Service users self-isolating without confirmed or suspected COVID-19

Patients who are self-isolating in line with government advice should continue to be monitored in line with the trust's [procedure](#). Unless they are in one of the governments "high-risk" groups, they can continue to attend clinics, or GP surgeries to have their blood tests carried out.

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 one year with no other risk factors.

Service users with confirmed or suspected COVID-19, and symptoms of lithium toxicity (e.g. vomiting, diarrhoea, tremor, falls, confusion)

Withhold lithium and urgently monitor levels and U&Es.

Recommendations

Service users prescribed lithium with suspected or confirmed COVID-19 should be reviewed in line with the actions above and arrangements made to check lithium levels and U&Es if needed.

The decision to delay blood testing should be made on an individual basis. This could be considered for those who have been stable on lithium for more than one year, with no other risk factors.

Information on novel medicines being used in COVID-19 and drug interactions can be found here: <http://www.covid19-druginteractions.org/>

Any questions regarding this bulletin can be directed to your Locality Pharmacist

