FULL SHARED CARE AGREEMENT FOR

Lithium salts

in the treatment of

Mania, Bipolar Disorder, Recurrent Depression or Aggressive or Self-mutilating behaviour

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On behalf of:
NHS Leicester City
NHS Leicestershire County and Rutland
University Hospitals of Leicester NHS Trust
Leicestershire Partnership Trust

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Full Shared Care Policy for the prescribing of Lithium salts in the treatment of Mania, Bipolar Disorder, Recurrent Depression or Aggressive or Self-mutilating behaviour

Introduction and purpose

This shared care agreement has been produced following classification of Lithium salts in the Leicestershire drug traffic light scheme. See website at www.lmsg.nhs.uk

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to ongoing support.

Drug covered by the agreement

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.

Secondary Care Clinician Responsibilities

- Diagnosis of condition and ensuring other treatment options have been fully explored
- Ensure baseline checks of renal and thyroid function and ECG have been carried out and do not contraindicate therapy. If both GP and secondary care clinician agree, these tests can be carried out in primary care.
- Enrolment of patient on Lithium register
- Issuing patient with a Lithium booklet
- Initiation of treatment and titration of dose to the optimum level
- Monitoring for adverse drug reactions (ADRs) during titration period
- Liaison 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 Agreement Form. Shared care should not be assumed until a written agreement is received from the general practitioner.
- Carry out three-monthly Lithium level and six-monthly adjusted calcium levels, U&Es and TFTs until GP takes over care
- If appropriate outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition. Review periods to be agreed.
- Responding to issues raised by GP after care of patient has been transferred e.g. advising on responding to blood results outside normal range or handling of ADRs
- Advising GP on related issues such as drug interactions etc.

GP Responsibilities

- Confirm or decline request to share patient’s care as soon as possible, using the shared care agreement form
- 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.
- Prescription of drug after achievement of a stable dose regime by secondary care
- Carry out three-monthly Lithium level and six-monthly adjusted calcium levels, U&Es and TFTs after taking over prescribing responsibility
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status
- Reducing/stopping treatment in line with secondary care clinician’s original request

**Contact for support and advice**

Consultant Psychiatrist via LPT switchboard 0116 2256000

**Supporting Information**

Summary of Product Characteristics (SPC) Priadel® (Lithium Carbonate); (Sanofi-Aventis) available from e-MC at [http://emc.medicines.org.uk/](http://emc.medicines.org.uk/)