

Effective Shared Care Agreement for the treatment of: mania, bipolar disorder and depression with lithium

These forms (1 and 2) are to be completed by both the Consultant initiating the therapy and the GP who is continuing care. A copy of the completed form should be retained by the GP and a copy should be returned to the Consultant, for filing in the patient's notes.

****Form 1: - Consultant Copy****

Patient Name:	NHS Number:
Date of Birth:	Telephone Number:
Address:	
Patients Signature:	Date: <i>(Or attach Addressograph label)</i>
<i>And / or on behalf of the patient</i>	
Carer's Name:	Telephone Number:
Address:	
Careers Signature:	Date:

And:

Consultant Name:	Directorate:	
Address:		
Telephone Number:	Fax Number:	Email:
Signature:	Date:	

And:

GP Name:		
Address:		
Telephone Number:	Fax Number:	Email:
Signature:	Date:	

Effective Shared Care Agreement for the treatment of: mania, bipolar disorder and depression with lithium

These forms (1 and 2) are to be completed by both the Consultant initiating the therapy and the GP who is continuing care. A copy of the completed form should be retained by the GP and a copy should be returned to the Consultant, for filing in the patient's notes.

****Form 2: - GP Copy****

Patient Name:	NHS Number:
Date of Birth:	Telephone Number:
Address:	
Patients Signature:	Date: <i>(Or attach Addressograph label)</i>
<i>And / or on behalf of the patient</i>	
Carer's Name:	Telephone Number:
Address:	
Careers Signature:	Date:

And:

Consultant Name:	Directorate:	
Address:		
Telephone Number:	Fax Number:	Email:
Signature:	Date:	

And:

GP Name:		
Address:		
Telephone Number:	Fax Number:	Email:
Signature:	Date:	

Written by (clinician): Version 2

Written by (pharmacist): Louise Jackson 10 May 13

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Effective Shared Care Agreement for the treatment of:
Mania, bipolar disorder and depression with lithium

This shared care agreement outlines the ways in which the responsibilities for managing the prescribing of lithium will be shared between the specialist and general practitioner (GP). 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 will remain with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practical.**

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

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

RESPONSIBILITIES and ROLES

Specialist responsibilities	
1	Discuss and supply appropriate information on Lithium treatment with the patient and carer for informed medication choice.
2	Arrange for baseline monitoring including weight, BP, renal and thyroid function, calcium levels and an ECG, where clinically indicated.
3	Treatment is then initiated with monitoring for side effects. Arrangement is made to issue a lithium booklet. Adverse events or side effects must be managed as per North Staffordshire Combined Healthcare's protocol and report all adverse effects to MHRA.
4	Obtain consent with patient and/or carer for shared care arrangements with own GP, subject to patients own GP's agreement.
5	Review dose titration, monitoring lithium levels (sample taken 12 hours post dose) at every dose change and at a minimum of three monthly intervals if there is no change in dose.
6	Continue with lithium prescribing responsibilities for a minimum of two weeks to overlap transfer arrangement.
7	Monitor plasma lithium level in accordance with the range agreed (sample taken 12hours post dose) at maximum of three monthly intervals if there is no change in dose or when doses change. Communicate results to GP promptly.
8	Arrange as a minimum for six monthly renal and thyroid function as suggested by NICE guidelines and annually check calcium levels. Communicate results to GP.
9	Agree on the frequency of medication reviews with the GP based on treatment plan and CPA strategy developed for individual service user.
10	Communicate promptly on all results, any treatment events including all risk assessments to the GP. GPs can access results via pathology system

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General Practitioner responsibilities

- 1 Reply to the request for shared care as soon as practicable.
- 2 Maintain lithium prescribing as agreed with specialist team.
- 3 **Ensure patients are aware of their blood testing requirements** and results are communicated to the patient verbally and through the lithium booklet.
- 4 **Communicate** results to dispensing pharmacist to enable prompt lithium dispensing either via medication monitoring clinic letter or the lithium booklet.
- 5 Ensure results are checked and any abnormalities acted upon in liaison with the specialist team.
- 6 **Consult for advice and report any concern that may affect treatment to the specialist team promptly.**
- 7 Refer patient to the specialist if his or her condition deteriorates. GP with special interest in mental health may consider restarting lithium in consultation with a psychiatrist or the specialist team for the same diagnosis, if the patient has previously benefited but has relapsed since discontinuation. Renal function and TFTs should be measured before restarting lithium and an ECG considered.
- 8 The patient should be counselled and a lithium booklet supplied by the re-initiating prescriber.
- 9 Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises. **Communicate** promptly on any significant treatment events including all to the specialist team and or MHRA.
- 10 Maintain knowledge of use of lithium in mental health.

Patient's / Carer's role

- 1 Keep the booklet safe and take to Healthcare Professional to keep it up to date.
- 2 Know and be able to recognise side effects or adverse reactions.
- 3 Know the acceptable levels of results and the most recent results.
- 4 Report to the Specialist or GP if he or she does not have a clear understanding of the treatment.
- 5 Share any concerns in relation to treatment with lithium. If thinking of planning for pregnancy, inform the Healthcare staff.
- 6 Report any adverse effects to the specialist or GP whilst taking lithium.

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SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT

This information should be read in conjunction with the Summary of Product Characteristics for lithium available from www.medicines.org.uk

Licensed indications

Recurrent depression
Prophylaxis and treatment of bipolar disorder
Mania and as an adjunct in the treatment and prophylaxis of schizoaffective disorder (in combination with other treatments such as neuroleptics).

Dosage and Administration

Dosage depends on individual patients adjusted to achieve a serum level of around 0.4 to 1 mmol / litre 12 hours post dose. Usual range 400 to 1000mg daily. Lithium should always be prescribed by brand name. There is no clinically significant difference in the pharmacokinetics of Priadel[®] and Camcolit[®], which are the most widely prescribed brands of lithium in the UK.

Lithium should be prescribed with caution if transferring from either of these two to other preparations. Conversion from one dosage form to the other should be undertaken with caution as lithium liquid is available in many strengths and equivalents.

Contraindications

Dehydration, untreated hypothyroidism

Therapeutic Use

- Recurrent depression
- Prophylaxis and treatment of bipolar disorder
- Mania and as an adjunct in the treatment and prophylaxis of schizoaffective disorder (in combination with other treatments such as neuroleptics).
- Specialist Mental Health teams may also use lithium "off-label" for other symptoms such as aggressive behaviours. (NB GPs should not be asked to share care for "off-label" indications)

Monitoring

Lithium has a narrow therapeutic range. Safe and effective use of lithium relies upon careful monitoring of serum levels of lithium as well as of renal and thyroid function in accordance to Patient Safety Alert, Safer Lithium Therapy, NPSA /2009/PSA 005.

	Baseline	Every 3 months & after dose change	Every 6 months	Annually
Specialist	Weight Blood pressure renal function thyroid function, calcium levels ECG, where clinically indicated.	Lithium levels (sample taken 12 hours post dose)	Renal & thyroid function	Calcium levels
GP	No tests	No tests	No tests	No tests

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Side Effects

Most side effects are dose (plasma level) related. These include gastro-intestinal effects, fine tremor, metallic taste, polyuria and polydipsia, ankle oedema, thyroid disturbances, hypercalcaemia and weight gain.

Symptoms of toxicity usually consist of gastro intestinal effects (increasing anorexia, nausea and diarrhoea) and central nervous system effects (blurred vision, muscle weakness, drowsiness, ataxia, loss of coordination, coarse tremor and muscle weakness or twitching).

Serious cases of toxicity can lead to renal failure, convulsions, circulatory failure and coma. Information relating to the symptoms of toxicity and the common risk factors should always be given to patients and carers on initiation. This should include the purple lithium booklet which should be explained to the patient. The patient's understanding on possible side effects and interactions should be checked and appropriate information provided again at regular intervals.

The key messages are

- to avoid dehydration by drinking plenty of fluids
- patients should contact their doctor to check lithium level if they experience sickness and diarrhoea,
- To maintain adequate salt intake
- always tell the pharmacist or Doctor before taking any new medication, including over the counter products.

Drug Interactions

Because of lithium's relatively narrow therapeutic index, pharmacokinetic interactions with other drugs can precipitate lithium toxicity. Most clinically significant interactions are with drugs that alter renal sodium handling.

- The effects of lithium can be increased by ACE inhibitors (e.g. captopril, enalapril, lisinopril, ramipril), some diuretics e.g. bendroflumethiazide or co-amlozide
- Lithium levels can be increased by NSAIDs e.g. aspirin, ibuprofen, naproxen, diclofenac, mefenamic acid or COX-2 inhibitors e.g. celecoxib, etoricoxib. The effect of lithium can be reduced by theophylline or aminophylline.

Primary Care Costs

Brand (typical dose)	Drug Tariff Price per month May 2013
Priadel [®] (600mg daily)	£1.93
Camcolit [®] (500mg daily)	£1.80

References

- NICE Clinical Guideline 38 Bipolar disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care <http://publications.nice.org.uk/bipolar-disorder-cg38>
- Summaries of product characteristics can be accessed at: <http://www.emc.medicines.org.uk/>
- North Staffordshire Medicines Management website <http://www.medicinesmanagementstoke.nhs.uk/ESCA.html>
- Taylor, Paton, Kapur Maudsley Prescribing Guidelines in Psychiatry 11 edition 2012
- NPSA, NRLS Patient Safety Alert NPSA 2009/PSA005, Dec 2009 Safer Lithium Therapy <http://www.nrls.npsa.nhs.uk/resources/?entryid45=65426&q=0%ac2%aclithium%ac2%ac>

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BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Fax:	Email address:
Specialist:				
GP:				
Hospital Medicines Information Dept:	01782 674538			Medicines.Information@uhns.nhs.uk
Pharmacy department Harplands Hospital	01782 275 158			Louise.jackson@northstaff.nhs.uk
Other:	<p>Information for patients and carers is available on the Trusts Choice and Medication website via www.choiceandmedication.org/combined</p> <p>Lithium Booklets: Lithium patient treatment cards are available from pharmacies or can be ordered from NPA Services, 38-42 St Peters Street, St Albans, Herts. AL1 3NP</p>			

Changes since previous version

- 1) Addition of calcium monitoring
- 2) Updated general text and addition of Choice and Medication website
- 3) Updated format and logos

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