psychofarm

MEDICATION HOW-TO

Staying Safe on Lithium

Water, salt, painkillers and blood tests

What keeps your lithium level steady, what pushes it too high, and what to do on a sick day.

Lithium is one of the best medicines for preventing mood episodes, and studies suggest it lowers the risk of suicide. It works in a narrow range: too little does not protect you, and too much can poison you. Your kidneys clear lithium from your body. Anything that makes your kidneys hold on to it can push your level too high: not drinking enough, low salt, some painkillers and some blood pressure pills. Staying safe comes down to a few habits.

WHAT KEEPS THE LEVEL STEADY

Same dose, same time → Water and normal salt → No ibuprofen or naproxen → Blood test, 12 hours after a dose

SIX HABITS

1. **Take it the same way every day.** Many people take the whole day's dose at bedtime. If you miss a dose, take it when you remember unless the next one is almost due. Never double up.
2. **Drink water all day.** Thirst and extra urine are common and expected. Choose water, not sugary drinks. Drink extra in hot weather, when you exercise, and when you are sick.
3. **Keep salt and caffeine steady.** Do not start a low-salt diet or a crash diet without asking. Keep your coffee, tea and cola about the same each day. Stopping caffeine suddenly can raise your level.
4. **Skip Advil, Motrin and Aleve.** Ibuprofen and naproxen can push your level up. Acetaminophen (Tylenol) or aspirin are fine. Many cold, flu and "PM" pain products contain ibuprofen or naproxen, so check the label. Celecoxib (Celebrex), meloxicam and diclofenac count too. Tell every doctor, dentist and pharmacist that you take lithium.
5. **Time your blood tests.** Get blood drawn about 12 hours after your last dose. If you take lithium at bedtime, go the next morning before you take any more. A badly timed test gives a wrong number.
6. **Never stop suddenly.** Stopping suddenly can bring back mania or depression fast, and may make lithium work less well later. If you want to stop, call your prescriber first. A taper takes at least a month.

ON A SICK DAY

Vomiting, diarrhea, a high fever, heavy sweating or not being able to drink can raise your level fast. Call your prescriber the same day. You may need to pause lithium for a day or two and have your level checked. If you cannot keep fluids down, skip your dose until you have spoken with your prescriber. If you cannot reach them the same day, go to urgent care or the emergency room and ask for a lithium level. Do not stop it for good on your own.

SIGNS YOUR LEVEL MAY BE TOO HIGH

Early signs: more nausea or diarrhea, drowsiness, muscle weakness, or a hand tremor that gets worse. **Hold your next dose and call your prescriber right away.** Go to the emergency room, or call 911, for repeated vomiting, a coarse (large) shaking, unsteady walking, slurred speech, confusion, blurred vision, muscle twitching, a seizure, fainting, or a pounding or irregular heartbeat. Say that you take lithium. If you took too much, also call Poison Help at 1-800-222-1222.

QUESTIONS PEOPLE ASK

QUESTION	ANSWER
Does lithium harm the kidneys?	Over many years it can affect the kidneys in some people. A level in the target range, plenty of water and kidney tests every 6 to 12 months let your prescriber catch changes early. If your kidney numbers drop, you will talk about options before anything changes.
Why so many blood tests at the start?	Your dose is adjusted until your level is in the right range, and checked after every change. Once you are steady, tests are less frequent.

MEDICINES THAT CAN RAISE YOUR LEVEL

MEDICINE	WHAT TO DO
Ibuprofen (Advil, Motrin), naproxen (Aleve) and similar painkillers	Avoid them. Use acetaminophen or aspirin.
Water pills (diuretics), especially hydrochlorothiazide or chlorthalidone	Can raise your level a lot. Your prescriber may lower your lithium dose and recheck.
ACE inhibitors and ARBs (many blood pressure medicines)	Can raise your level. Your prescriber will adjust your dose and watch your level closely.
Some antibiotics, such as metronidazole and levofloxacin	Tell your prescriber. Your level may need checking during and after the course.

Always tell your lithium prescriber when any medicine is started or stopped, so your level can be rechecked.

WHAT YOU MAY NOTICE

- Thirst and more urine. Expected, not kidney damage.
- A fine hand tremor. Tell your prescriber: a lower dose or a medicine like propranolol can help.
- Nausea or loose stools. Take it with food.
- Tiredness, feeling cold or gaining weight can mean a slow thyroid. Tell your prescriber.

PREGNANCY, AND PLANNED CHANGES

Lithium in the first 3 months of pregnancy slightly raises the chance of a heart defect in the baby, so plan ahead with your prescriber. Do not stop suddenly on your own. The dose often needs to change, and levels shift sharply around delivery. The lithium label advises against breastfeeding: if you hope to breastfeed, plan it with your prescriber and the baby's doctor before delivery. Tell your prescriber before starting a new, hard exercise program, because that can change your level too.

MY LITHIUM LOG

DATE	LITHIUM LEVEL	KIDNEY (CREATININE, EGFR)	THYROID (TSH)	NOTES

Kidney and thyroid tests are repeated about every 6 to 12 months once you are stable. Bring this page to your visits.

MY PLAN

My blood test day and time: _____

The time I take my dose: _____

My prescriber and phone: _____

Who I will tell that I take lithium: _____

Source. Written in new words for patients from the FDA-approved lithium label. The dose and your target level are set by your prescriber.

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