Effective Shared Care Agreement (ESCA)

# Lithium *(Priadel®)*

ESCA: For the treatment and prophylaxis of mania, bipolar disorder and recurrent depression, aggressive or self-mutilating behaviour

**AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE**

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of lithium can be shared between the specialist and general practitioner (GP). You are **invited** to participate however, if you do not feel competent to undertake this role, then you are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with lithium are usually under regular specialist follow-up, which provides an opportunity to discuss drug therapy.

**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. Confirm the diagnosis and the need for lithium therapy |
| 2. Discuss the potential benefits, treatment side effects, and possible drug interactions with the patient. Give appropriate written information including the NPSA patient-held record book and lithium alert card |
| 3. Perform initial height & weight measurement, renal function tests, thyroid function tests and calcium levels. Full blood count and ECG should also be performed if there are risk factors for CVD (ref NICE) or existing CVD |
| 4. Ask the GP whether he or she is willing to participate in shared care before initiating therapy so that appropriate follow on prescribing arrangements can be made |
| 5. Initiate lithium at an appropriate starting dose to attain target lithium serum levels; measured 5-7 days after first dose. Initiate lithium as a branded product to avoid problems with differences in bioavailability. BSMHT preferred brand :- Priadel preparation. |
| 6. Review the patient every three to six months as indicated by the patient's clinical condition and **communicate promptly with the GP when the treatment is changed.** |
| 7. Advise the patient on the importance of good adherence with the lithium prescription. Check adherence at each clinic appointment |
| 8. Reassume prescribing responsibilities if a woman becomes, or wishes to become, pregnant |
| 9. A written summary to be sent promptly to the GP i.e. within 10 working days of a hospital outpatient review or inpatient stay |
| 10. Report serious adverse events to the MHRA |
| 11. Ensure clear backup arrangements exist for GPs, for advice and support (Please complete details below) |

| General Practitioner responsibilities |
|---|
| 1. Reply to the request for shared care as soon as practicable i.e. within 10 working days |
| 2. Prescribe lithium at the dose recommended. BSMHT preferred brand :- Priadel preparation. |
| 3. In the patient's notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement |

| GP Prescribing System | Read Code | Description | GP Prescribing System | Read Code | Description |
|---|---|---|---|---|---|
| EMIS and Vision | 8BM5.00 | Shared care prescribing | SystmOne | XaB58 | Shared care |

| |
|---|
| 4. Monitor patient's response to treatment; make dosage adjustments if agreed with specialist |
| 5. Undertake routine monitoring of the patient's serum lithium levels every three months unless consultant psychiatrist indicates it is appropriate to monitor every 6 months, renal/thyroid function every six months, calcium levels annually and weight, especially if the patient gains weight rapidly; **communicate the results to the specialist via the patient- held record book or directly if necessary.** Monitor more often if there is evidence of impaired renal and thyroid function, raised calcium levels or an increase in mood symptoms that might be related to impaired thyroid function. |
| 6. Report to and seek advice from the specialist or clinical nurse specialist on any aspect of patient care that is of concern to the GP, patient or carer and may affect treatment |
| 7. Undertake annual physical health check, including weight monitoring, and communicate results to the specialist via the patient-held record. *(Note – physical health monitoring included in QOF and advised by NPSA)* |
| 8. Undertake more frequent tests if there is a change in sodium intake, symptoms suggesting abnormal renal or thyroid function, or other risk factors eg the patient is starting medication such as ACE inhibitors/ARBs, NSAIDs or diuretics (which should be avoided if possible). |
| 9. Monitor for symptoms of neurotoxicity, including paraesthesia, ataxia, tremor and cognitive impairment, which can occur at therapeutic levels. |
| 10. Advise the patient on the importance of good adherence with the lithium prescription. Check adherence at each clinic appointment. |
| 11. Refer the patient to the specialist if the patient's results are abnormal, side effects become apparent and cause problems or their condition deteriorates. |
| 12. For women of child bearing age, refer prescribing responsibilities back to specialist immediately if patient becomes, or wishes to become, pregnant. |
| 13. Report serious adverse events to specialist and MHRA |
| 14. Stop treatment on advice of specialist |

| Patient's role |
|---|
| 1. Report to the specialist, clinical nurse specialist or GP if he or she does not have a clear understanding of the treatment |
| 2. Attend regularly for required blood tests and annual health check |
| 3. Retain NPSA patient-held record and present to relevant health-care professionals on request. |
| 4. Share any concerns in relation to treatment with lithium with the specialist, clinical nurse specialist or GP |
| 5. Report any adverse effects to the specialist or GP whilst taking lithium |
| 6. Attend regular outpatient appointments with the specialist |

**BACK-UP ADVICE AND SUPPORT**

| Trust | Contact details | Telephone No. | Email address: |
|---|---|---|---|
| | Consultant:- | | |
| | Specialist Nurse | | |

**SUPPORTING INFORMATION**

| | | |
|---|---|---|
| **Indication** | Lithium is indicated for the treatment and prophylaxis of mania, bipolar disorder and recurrent depression; aggressive or self-mutilating behaviour. It is also prescribed as adjunctive therapy with antidepressants in resistant depression | |
| **Dosage and Administration** | Dose is adjusted to achieve a serum lithium concentration,12 hours post dose, in bipolar disorder of 0.6 – 0.8 mmol per litre normally or 0.8 - 1. 0 mmol per litre if the patient has relapsed previously on lithium or has subdromal symptoms<br>Lower levels may be considered in resistant depression<br>Lithium should always be prescribed by brand. eg. Priadel; changes to formulation or salt (carbonate or citrate) must be subject to the same monitoring as initiation | |
| **Renal Impairment** | Mild | Serum lithium levels must be closely monitored and the dose should be adjusted accordingly to maintain serum lithium levels within the recommended range |
| | Moderate | |
| | Severe | Lithium is contraindicated |
| **Contra-indications / Special precautions** | **Please refer to SPC** | |
| **Side Effects** | **Please refer to SPC** | |
| **Monitoring** | Pre-treatment – height and weight RFTs, TFTs, calcium levels, full blood count, ECG<br>Routine testing – serum lithium at least every 3 months unless consultant psychiatrist indicates it is appropriate to monitor every 6 months, TFTs & RFTs at least every 6 months, weight and calcium levels annually. Older adults should be monitored carefully for symptoms of lithium toxicity, because they may develop high serum levels of lithium at doses in the normal range, and lithium toxicity is possible at moderate serum lithium levels. Monitor more often if there is evidence of impaired renal and thyroid function, raised calcium levels or an increase in mood symptoms that might be related to impaired thyroid function. | |
| **Drug Interactions** | **Please refer to SPC** | |

**Please note the information included in this document is correct at the time of writing. The manufacturer's Summary of Product Characteristics (SPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.**

**References**


- Summary of Product Characteristics (SPC) Priadel
- NICE Clinical Guideline 185 Bipolar Disorder: assessment and management 2014
- NICE Clinical Guidelines [CG90] and [CG91]

I agree to participate in this shared care agreement for the treatment of the below named patient with lithium for the treatment and prophylaxis of mania, bipolar disorder and recurrent depression, aggressive or self-mutilating behaviour

*General Practitioner*
Name (please print)_____Signature _____Date_____

*Hospital Specialist/Consultant*
Name (please print)_____Signature_____Date_____

| Patient's name | Date of birth | Sex | Home Address | Hospital Number |
|---|---|---|---|---|
| | | | | |
| | | | | NHS Number |
| | | | | |

Please keep a copy of this agreement for your own records and forward the original to the above named Consultant at:

## *Medicines referral sheet – to be completed by specialist*

| | |
|---|---|
| **Consultation date:**<br>**Consultant:**<br>**Department:**<br>**Telephone:** | |

## *Medical report*

| **Diagnosis** | **Rationale for treatment** |
|---|---|
| | |

**Investigations, test results and treatment** – *a copy of the latest laboratory report may be appended to the ESCA or clinical letter*

| **Pre-treatment** | **At transfer to GP prescribing** |
|---|---|
| Date | Date |
| Initial TFT: | **Serum Lithium Concentration** |
| Initial RFT: | Target: |
| Sodium | Current: |
| Calcium | TFT: |
| FBC: | RFT: |
| ECG: | Sodium |
| Weight | Calcium |
| Height | Weight |

**On-going monitoring requirements**

**Serum Lithium Concentration**: every three months unless consultant psychiatrist indicates it is appropriate to monitor every 6 months

**TFT**: every six months **RFT**: every six months **Calcium:** annually

**Physical health check**: every 12 months

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

## *Medication profile*

| **Medication to be TRANSFERRED TO GP PRESCRIBING** | | |
|---|---|---|
| **Drug name and form** (NB Brand name prescribing essential) | **Dose and frequency** | **Commence on:** |
| | | |