

Lithium

Lithobid / lithium carbonate

A mood stabilizer with a narrow safety margin. Blood tests and a consistent routine are part of treatment.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

Keep every blood-test appointment

Toxicity symptoms need help, even with a normal level

GSK-3 and IMPase are enzyme targets. Their proposed mood effects do not fully explain lithium's benefit.

What it is used for

Lithium treats manic or mixed episodes in bipolar I disorder and helps prevent future episodes. Age approvals and instructions vary by product.

It is also used off-label for bipolar depression or to add to an antidepressant. Possible suicide-risk benefit is not guaranteed and never replaces a safety plan.

How it works

Lithium changes signaling inside brain cells. Several pathways may contribute to steadier mood; no single pathway fully explains how it works.

Your kidneys remove lithium. Illness, dehydration or interacting medicines can raise its level even when your prescribed dose has not changed.

What to expect over time

STARTING

Symptoms may improve over days to weeks. Initial blood testing can be needed after 3 days; do not wait for benefit to arrange it.

ADJUSTING

Your team uses symptoms, kidney function and timed levels to choose the dose. A further level may be needed after 5-7 days or longer.

STAYING WELL

Regular levels and follow-up continue when you feel well. Prevention is a long-term goal, not a reason to stop checking safety.

Taking your medication

Follow your exact dose, formulation and schedule. Food may help nausea. Swallow extended-release tablets whole; do not split, chew or crush.

Keep salt, fluids and caffeine consistent. Ask for a heat and exercise plan. Avoid overheating and dehydration; excess water can also be unsafe.

Call promptly for fever, heavy sweating, poor fluid intake, vomiting or diarrhea. Do not drive until you know the effects. Tell every treating team you take lithium.

When to get help

Hold lithium; urgent care now: coarse tremor, unsteady gait, slurred speech, confusion, marked drowsiness or worsening vomiting/diarrhea.

Emergency: seizure, collapse, breathing trouble, fainting with an abnormal heartbeat, or fever with confusion and stiff/twitching muscles. Call 911.

Get help promptly: little urine, severe swelling, severe headache with vision changes, suicidal thoughts or rapidly worsening mood. Immediate danger: 911.

Early side effects

Mild nausea, a fine hand tremor, thirst or more urination can occur. Report persistent or increasing symptoms; do not assume worsening effects are harmless.

Other effects to discuss

Kidney, thyroid or calcium changes need monitoring. Weight, skin or thinking changes deserve review. A normal lithium result does not rule out toxicity.

What to keep track of

Levels are usually drawn 12 hours after the last dose; get exact instructions and record both times. Keep kidney, thyroid, calcium and other planned checks. Test sooner after dose, medicine or health changes. Tests reduce risk but cannot guarantee safety. Report excess thirst or urination, worsening tremor or mental slowing promptly.

Before you start

Review kidney, heart, thyroid and calcium problems, unexplained fainting, Brugada syndrome or sudden unexplained death in the family. Discuss all medicines, pregnancy or feeding plans, your usual salt/fluid/caffeine intake and access to blood tests. An ECG may be needed for heart risk. Get a written dosing, testing and sick-day plan, including who to contact after hours.

Medicines & interactions

Pain medicines

Ibuprofen and naproxen can raise levels. Ask which pain medicine is suitable; nonprescription does not mean safe with lithium.

Blood-pressure drugs / water pills

ACE inhibitors, ARBs and diuretics can raise levels. These combinations need a specific dosing and monitoring plan.

Other prescription changes

Metronidazole can raise levels; SGLT2 diabetes medicines may lower them. Starting, stopping or changing either can require repeat levels. Do not adjust prescriptions yourself.

Serotonin drugs and antipsychotics

Some antidepressants, tramadol and supplements add serotonin-toxicity risk. Antipsychotics can add neurologic risk. Tell surgical teams: lithium affects some anesthetic medicines.

Salt, caffeine, fluids and illness

Large changes can alter your level. Avoid crash diets or sudden caffeine changes. Get advice for dehydration or an illness; do not try to correct suspected toxicity with fluids alone.

Everyday tips

Use a dose reminder and keep your medication list current.

Track sleep, mood, thirst, urine changes and tremor.

Plan refills before running out and keep lab appointments.

Ask before changing brands, formulations or other medicines.

Your questions, answered

What if I miss a dose?

Never double. Follow your product-specific missed-dose plan; ask your pharmacist if unsure. After several missed doses, contact your prescriber before restarting.

Can I stop when I feel better?

Plan a slow taper with your team to reduce relapse risk. Suspected toxicity is different: withhold lithium and seek urgent assessment, rather than tapering.

What if I feel foggy or unlike myself?

Tell your clinician; dose, level, thyroid and other causes need review. New confusion or marked drowsiness needs urgent assessment, not routine adjustment.

Pregnancy or breastfeeding?

Arrange specialist care early; do not stop on your own. Pregnancy and delivery need tailored monitoring. U.S. labeling discourages breastfeeding; selected use requires a maternal and infant specialist-monitoring plan.

Storage & safety

Store dry at room temperature, tightly closed and locked away from children and pets. Never share. Use pharmacy take-back. Any overdose: Poison Help 1-800-222-1222 or emergency care now, even without symptoms. Collapse, seizure or breathing trouble: 911. U.S. crisis support: 988.

A final reminder

Read your product's Medication Guide and follow your care team's specific testing instructions.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=049902a9-3af1-4863-994e-15f36e7a9793>
 2. <https://medlineplus.gov/druginfo/meds/a681039.html>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC