

The Carlat Psychiatry Report

Prescribing Lithium—At a Glance	
DOSING	<ul style="list-style-type: none"> • Start slow—with 300 mg QHS, increasing the dose by 300 mg every 3 to 7 days, as tolerated (though some clinicians advocate more aggressive dosing at the outset, eg, 900 mg QHS, in order to speed up the onset of therapeutic effect). • Final dosage usually between 900 and 1,500 mg QHS (can be dosed BID to increase tolerability). • Serum level should be around 0.8 mEq/L. • If you want to stop lithium, remember to taper gradually (if possible).
SIDE EFFECTS	<ul style="list-style-type: none"> • GI discomfort—try splitting the dose, taking at the end of meals, switching formulation • Tremor—try propranolol LA 60 mg QAM or propranolol 20 mg BID to TID • Polyuria/excessive thirst—night dosing, hydrochlorothiazide 12.5 mg daily (but decrease dose and monitor levels more closely) • Memory problems—check TSH, dosing QHS may help • Weight gain—decrease dose, switch meds, lifestyle changes
LABS TO MONITOR	<ul style="list-style-type: none"> • Before you start, consider ordering baselines on: TSH, Cr, electrolytes, LFTs and CBC with platelets (or verify with patient that these labs have been checked in the last few years). • Check lithium levels, TSH, and Cr at <ul style="list-style-type: none"> • 1 week • 1 to 2 months • then every 6 to 12 months

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