

# LITHIUM THERAPY ON HOSPITAL ADMISSION



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## BACKGROUND AND IMPORTANCE

The narrow therapeutic window of lithium (serum concentration between 0.6-0.8 mmmol/L), makes it essential to monitor its plasma concentrations and to watch for possible interactions that may lead to changes in its pharmacokinetics.

## AIM AND OBJECTIVES

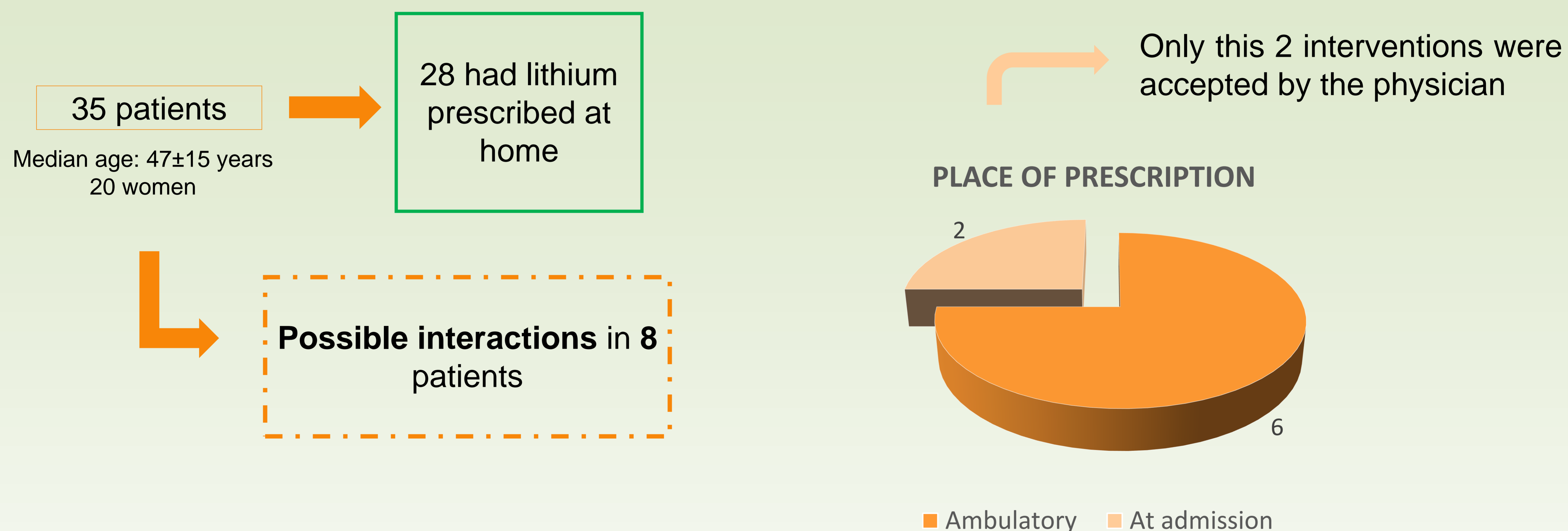
The aim of this study is to assess possible interactions of lithium with angiotensin converting enzyme inhibitors (ACEi), angiotensin receptor antagonists (ARA-II) or diuretics. To intervene when necessary, and to analyse the acceptance of such interventions by the physician on hospital admission.

## MATERIAL AND METHODS

A prospective analytical study was performed in a second level hospital for a period of eight months (01/11/20-30/06/21). Every patient admitted under treatment with lithium was included.

Concomitant treatments were analysed to detect possible interactions and whether such treatments were initiated ambulatory or during the hospital stay. When interactions were detected, pharmacist intervened by informing the physician via Athos-prisma messaging and recommending a blood test with lithemia levels, in order to reduce or increase lithium doses if necessary.

## RESULTS



## CONCLUSION AND RELEVANCE

Pharmacists' interventions were only accepted when the drug was prescribed by the specialist contacted. When the drugs were prescribed ambulatory by another physician, interventions were not effective.

The fact that the patient had been taking the interacting drugs before admission does not make it less important, and in light of the results, pharmacist should try another path to intervene, such as, contacting the specialist responsible o his usual doctor at discharge.

In short, pharmacists are essential detecting potential risks of toxicity due to high serum levels, and avoid low doses, which could lead to a loss of efficacy.