

# 13 - References

## References

286 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 2 fenbufen, fenoprofen, flurbiprofen, ibuprofen, indometacin, ketoprofen, lumiracoxib, mefenamic acid, meloxicam, nabumetone, naproxen, piroxicam, sulindac, tenoxicam and tiaprofenic acid. Carbamazepine There are rare reports of neurotoxicity when carbamazepine is combined with lithium. Most reports are old and in the context of treatment involving high plasma lithium levels. It is of note though that carbamazepine can cause hyponatraemia, which may in turn lead to lithium retention and toxicity. Similarly, rare reports of CNS toxicity implicate selective serotonin reuptake inhibitors (SSRIs), another group of drugs that can cause hyponatraemia. Table 2.2 summarises drugs that may clinically interact with lithium. References

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12. Goodwin GM, et al. Evidence-based guidelines for treating bipolar disorder: revised third edition recommendations from the British Association for Psychopharmacology. *J Psychopharmacol* 2016; 30:495–553.
13. Hui TP, et al. A systematic review and meta-analysis of clinical predictors of lithium response in bipolar disorder. *Acta Psychiatr Scand* 2019; 140:94–115. Table 2.2 Lithium: clinically relevant drug interactions. Drug group Magnitude of effect Timescale of effect Additional information ACE inhibitors Unpredictable Up to fourfold increases in [Li] Develops over several weeks Sevenfold increased risk of hospitalisation for lithium toxicity in the elderly Angiotensin II receptor antagonists may be associated with similar risk Thiazide diuretics Unpredictable Up to fourfold increases in [Li] Usually apparent in first 10 days Loop diuretics are safer Any effect will be apparent in the first month NSAIDs Unpredictable From 10% to over fourfold increases in [Li] Variable; few days to several months NSAIDs are widely used on a when necessary basis Can be bought without a prescription ACE, angiotensin-converting enzyme; [Li], lithium concentration; NSAIDs, non-steroidal anti-inflammatory drugs.

Bipolar disorder CHAPTER 2

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