Patients' knowledge of their lithium therapy

Sir: I was interested to note the results of knowledge of lithium treatment among patients attending a lithium clinic (Anderson & Sowerbutts, Psychiatric Bulletin, December 1998, 22, 740–843). I conducted a similar study in 1995 on patients in an area without a lithium clinic (Oxford). I recruited recently discharged in-patients and day patients on lithium. I devised a questionnaire on knowledge of lithium and sent it to 28 people.

I received 16 replies. In my sample eight had received a lithium information leaflet, five reported having received no information, the remainder having been informed by their doctor. None of the patients correctly identified the signs of lithium toxicity, only one knew of any drug interactions and none knew what other factors could affect lithium levels, although two women recorded pregnancy as a reason to contact a doctor or community psychiatric nurse. The study had obvious limitations, but the 16 respondents clearly showed an inadequate knowledge of the most dangerous aspects of their treatment.

It has been suggested that the most appropriate setting for lithium surveillance is a specialised lithium clinic (Guscott & Taylor, 1994). However, this can be difficult to organise with the move towards sectorised clinical services. The resultant idiosyncrasies of lithium management could lead to inadequate knowledge among patients and poor compliance. I suggest the need for a national protocol of minimum standards of education on treatment for patients which involves multimedia educational techniques as well as regular re-checking of information retained.

Reference

GUSCOTT, R. & TAYLOR, L. (1994) Lithium prophylaxis in recurrent affective illness. Efficacy, effectiveness and efficiency. British Journal of Psychiatry, 164, 741–746.