

Long Term Therapy with Lithium Interactions and Side Effects

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Description

Lithium is still the first choice for bipolar disorder prophylaxis, preventing manic and depressive episodes from returning. The longitudinal effects of administering lithium far outweigh those of other mood stabilizers. The kidney, gastrointestinal, neurological, thyroid, metabolic, cognitive, dermatological, cardiovascular, and sexual side effects of lithium are all listed. Interstitial nephropathy is probably the most serious side effect of lithium, usually seen after 10 to 20 years of use. Long-term lithium therapy also has beneficial side effects, such as anti-suicidal, antiviral, and anti-dementia effects. Long-term lithium treatment may be affected by pharmacokinetic and pharmacodynamic interactions, mostly with other drugs. The narrative review of lithium-induced side effects and interactions that may affect its prophylactic effect in bipolar disorder is updated in this paper. They are described, along with their mechanisms and management strategies. The papers published in recent years that primarily focused on long-term lithium treatment are reviewed in detail, including the most recent research conducted at Poznan University of Medical Sciences, Poland's Department of Psychiatry. They also share their own observations regarding the ultra-long lithium treatment of bipolar disorder patients. The review may assist psychiatrists in providing bipolar patients with a successful lithium prophylaxis [1,2].

The majority of guidelines recommend lithium therapy as the gold standard for long-term prophylactic (recurrence-preventing) treatment of bipolar disorder (BD). The experiences with long-term lithium therapy, in which cases involving continuous administration for 40 or even 50 years have been reported, are significantly superior to those with other mood stabilizers. Long-term lithium administration is associated with numerous adverse but also some beneficial side effects, in addition to the prophylactic efficacy of preventing recurrences of manic and depressive episodes. A comprehensive look at the negative effects that lithium can have. In Smith and Cipriani conducted a meta-analysis on the lithium treatment's anti-suicidal effect while the drug's antiviral, immunomodulatory, and neuroprotective properties were the subject of a recent. Lithium's pharmacokinetic and pharmacodynamic interactions may also be crucial for the proper administration of lithium and its combination with other medications. It was recently examined whether lithium interacts with other medications. This article provides an up-to-date narrative review of lithium-induced side effects and interactions, including recent publications on the subject and research carried out at Poznan. The renal, gastrointestinal, neurological, thyroid, metabolic, cognitive, dermatological, cardiologic, and sexual systems or organs are examples of the systems or organs that can experience adverse effects from lithium. Some of them show up when you first start taking lithium, and some of them may go away when you give it more time [3].

However, there are a number of undesirable side effects that can occur at any stage of lithium maintenance therapy, and only a small number of them may have a significant impact on the treatment's success. There are a number of options for dealing with lithium's negative side effects. Modifying the way the

drug is given, such as lowering the dose, which lowers the concentration in the blood, but also changing the time it is given or switching to a different lithium formulation, is the most common procedure. It is possible to use antidotes for specific side effects. The decision to stop taking lithium or switch to a different mood stabilizer can be made in rare instances. A case of a 79-year-old woman who was treated with lithium for 50 years was recently presented. After the third depressive episode within four years, lithium treatment was started. The patient was able to lead a fulfilling personal and professional life because the treatment prevented all depressive or manic episodes. Up until the age of 65, the patient maintained a successful practice as an ophthalmologist. In the kidney condition was asymptomatic stage 2 chronic kidney diseases in the serum calcium level and thyroid function was both within the normal range. In addition to maintaining a euthymic state, this individual's long-term lithium treatment resulted in the disappearance of recurrent herpes and the prevention of viral and other respiratory infections. A hyperthymic personality and an earlier start to lithium treatment are two of the factors that contributed to a favourable response to lithium. The patient might be viewed as the exemplification of a fantastic lithium responder [4,5].

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Conflict of Interest

No potential conflict of interest was reported by the authors.

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