

## Appendix 1: Lithium Monitoring<sup>5,13,14</sup>

| Intervention  | Frequency   | Action   |
|---|---|--|
| Check Lithium plasma levels approx. 12 hours after last dose  | <ul style="list-style-type: none"> <li>• 1 week after starting treatment</li> <li>• 1 week after every dose change</li> <li>• 1 weekly until levels are stable</li> <li>• 3 monthly for one year</li> <li>• 6 monthly thereafter.</li> </ul>  | Standard target level 0.6 – 0.8mmol/L.   |
| Remain on 3 monthly plasma lithium monitoring   | <ul style="list-style-type: none"> <li>• older patients</li> <li>• at risk of drug interactions</li> <li>• at risk of impaired renal or thyroid function</li> <li>• raised Ca levels</li> <li>• poor symptom control</li> <li>• poor adherence</li> <li>• last lithium level was &gt;0.8mmol per litre</li> </ul> |  |
| <ul style="list-style-type: none"> <li>• BMI</li> <li>• Urea and electrolytes</li> <li>• Calcium</li> <li>• Thyroid function tests</li> </ul> | <ul style="list-style-type: none"> <li>• 6 monthly</li> </ul>   | Refer to renal if: <ul style="list-style-type: none"> <li>• eGFR falls to &lt;45ml/min</li> <li>• significant proteinuria</li> <li>• steady fall in eGFR</li> <li>• CKD 4 or 5</li> </ul> Increase frequency of monitoring if BMI increasing or other parameters deteriorate |
| Ask about symptoms of neurotoxicity: paraesthesiae, ataxia, tremor, or cognitive impairment   | Every clinical contact  | can occur at therapeutic levels of lithium   |
| Ask about OTC (over the counter) medications  | Every clinical contact  | Be aware that OTC medications such as ibuprofen can interact with lithium  |
| Reinforce education on signs and symptoms of toxicity   | Every clinical contact  | Coarse tremor, muscle twitches, gastric upset including diarrhoea, muscle weakness, unsteady gait/falls, slurred speech, blurred vision, drowsiness and confusion  |
| Advice re dehydration avoidance   | Every clinical contact  | If sweating, in a hot climate, have a fever, are immobile or have a chest infection / pneumonia  |
| Advice re diarrhoea and vomiting  | Every clinical contact  | Seek medical attention if acutely unwell   |
| Contraception in women of child bearing age   | Every clinical contact  | review contraception status and give advice/signposting on effective contraception with preference for long-acting reversible methods  |
| Signpost to patient information   | Every clinical contact  | See sites below  |

### PATIENT INFO SITES:

[www.choiceandmedication.org/nhs24/](http://www.choiceandmedication.org/nhs24/)

<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/bipolardisorder/bipolardisorder.aspx>

<http://www.rcpsych.ac.uk/pdf/Lithium%20ld%20final.pdf>

<http://www.birmingham.ac.uk/research/activity/ld-medication-guide/index.aspx> -provides easy read information for people with cognitive deficits.

## Appendix 2: 'ADHD- 15 tips to help yourself' <sup>66</sup>

- tell people- but don't use the diagnosis as an "excuse"
- ask for help from your friends and family- but say exactly what you need
- get feedback about how you affect others, ask for feedback about when you do things well
- use structure and prioritise:
  - make lists and notes
  - use colour coding and reminders
  - write down plans
  - break down big goals into smaller, manageable tasks
- reward yourself when things go well -or don't go too badly!
- respond to boring tasks quickly: "OHIO" = only handle it once
- accept that some things are just difficult- so it doesn't get you down
- plan difficult meetings or conversations - anticipate problems
- find ways to help yourself concentrate: background music, silence, something to fiddle with
- have "blow-out time" or "time outs": gym, dancing, running
- don't beat yourself up - (or your parents!)
- join a support group - or start one!
- learn to tolerate your moods (without panicking or catastrophising)- NOT "I'm hopeless" or "I never manage to..."
- find friends who are good for you and spend time with them
- be proud of yourself - yes really...you're trying to make things better!

### **Coping strategies for teenagers and adults with ADHD<sup>67</sup>(© BMJ Publishing Group Limited 2018. Published with permission of BMJ Publishing group)**

- If you can't remember an instruction, ask your teacher or boss to repeat it. Don't just guess
- Break big jobs into smaller stages, and reward yourself as you finish each one
- Make a list of what you need to do each day. Then put these tasks in the order you intend to do them. Cross each thing off the list as soon as you've done it
- Work in a quiet area
- Do one thing at a time
- Take regular short breaks
- Carry a notebook and write down things you need to remember
- Use Post-it notes to remind yourself of things you need to do. Put them where you will notice them, such as on your fridge or car dashboard
- Consider using a smart phone or other electronic tools to make lists, keep track of appointments, and schedule reminders
- Store similar things together. For example, bills should be separate from personal letters
- Create a routine. Get up and go to bed at the same times each day
- Exercise, eat a balanced diet, and try to get enough sleep

[ADDISS](#): Charity providing information and resources about ADHD for parents, sufferers, teachers and health professionals.

[Adders](#): Attention Deficit/Hyperactivity Disorder Online information service.

[UK Adult ADHD Network](#): Professional body that aims to support practitioners

## Appendix 3: Sleep resources

### **CBT apps and online programmes.**

**Sleepio** is an online sleep improvement programme delivering tailored advice with a charge. It is free to some NHS patients based on geographical area. <https://www.sleepio.com/>

**SHUTi**, a six week programme incorporating a daily sleep diary and can integrate with the Fitbit movement tracker, has an annual charge. <https://www.myshuti.com/>

### **Sleep Station**

Recorded guided meditations (e.g. YouTube) for sleep

### **Mindfulness apps**

**Insight timer**, is a free mindfulness app (although chargeable content is available) which gives access to thousands of guided meditations, with many available specifically for sleep. <https://insighttimer.com/>

**Calm** is a meditation app and offers guided meditations to assist with sleep, as well as sleep stories and sleep music tracks and soundscapes. A small charge for this app.

**Headspace**, is a free app with an optional subscription, and enables you to learn the essentials of meditation and mindfulness. The subscription service would give you access to specialised meditations for sleep. <https://www.headspace.com/>

### **Sleep hygiene**

- fixed times for going to bed and waking up (avoid sleeping in after a poor night's sleep)
- relax before going to bed
- maintain a comfortable sleeping environment: not too hot, cold, noisy, or bright
- avoid napping during the day
- avoid caffeine, nicotine, and alcohol within 6 hours of going to bed
- avoid eating a heavy meal late at night
- avoid watching or checking the clock throughout the night
- only use the bedroom for sleep and sexual activity

### **Further information:**

<https://sleepcouncil.org.uk/>

<https://www.sleepfoundation.org/>

<https://www.moodjuice.scot.nhs.uk/>

## Appendix 4: YBOCS test<sup>53</sup>

### Obsessive-Compulsive Test - Yale Brown OCD Scale YBOCS

|  | (0)              | (1)                  | (2)                     | (3)                      | (4)                         |
|--|------------------|----------------------|-------------------------|--------------------------|-----------------------------|
| <b>Obsessions</b> are frequent, unwelcome, and intrusive thoughts.   |                  |                      |                         |                          |                             |
| 1. How much time do you spend on obsessive thoughts?   | None             | 0-1 hrs/day          | 1-3 hrs/day             | 3-8 hrs/day              | More than 8 hrs/day         |
| 2. How much do your obsessive thoughts interfere with your personal, social, or work life?   | None             | Mild                 | Definite but manageable | Substantial interference | Severe                      |
| 3. How much do your obsessive thoughts distress you?   | None             | Little               | Moderate but manageable | Severe                   | Nearly constant, Disabling  |
| 4. How hard do you try to resist your obsessions?  | Always try       | Try much of the time | Try some of the time    | Rarely try. Often yield  | Never try. Completely yield |
| 5. How much control do you have over your obsessive thoughts?  | Complete control | Much control         | Some control            | Little control           | No control                  |
| <b>Compulsions</b> are repetitive behaviors or mental acts that you have a strong urge to repeat that are aimed at reducing your anxiety or preventing some dreaded event. |                  |                      |                         |                          |                             |
| 6. How much time do you spend performing compulsive behaviors?   | None             | 0-1 hrs/day          | 1-3 hrs/day             | 3-8 hrs/day              | More than 8 hrs/day         |
| 7. How much do your compulsive behaviors interfere with your personal, social, or work life?   | None             | Mild                 | Definite but manageable | Substantial interference | Severe                      |
| 8. How anxious would you feel if you were prevented from performing your compulsive behaviors?   | None             | Little               | Moderate but manageable | Severe                   | Nearly constant, Disabling  |
| 9. How hard do you try to resist your compulsive behaviors?  | Always try       | Try much of the time | Try some of the time    | Rarely try. Often yield  | Never try. Completely yield |
| 10. How much control do you have over your compulsive behaviors?   | Complete control | Much control         | Some control            | Little control           | No control                  |

#### Your Score:

If you have both obsessions and compulsions, and your total score is;

8-15 = Mild OCD; 16-23 = Moderate OCD; 24-31 = Severe OCD; 32-40 = Extreme OCD

No single test is completely accurate. You should always consult your physician when making decisions about your health.

#### References

- Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., et al., The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*, 1989. **46**(11): p. 1006-11.
- Rapp, A. M., Bergman, R. L., Piacentini, J., & McGuire, J. F., Evidence-Based Assessment of Obsessive-Compulsive Disorder. *J Cent Nerv Syst Dis*, 2016. **8**: p. 13-29. PMC4994744.

This document may be distributed without restrictions. Use with the guidance of a health professional.

Reference: "I Want to Change My Life" by Dr. S. Melemis. [www.IWantToChangeMyLife.org](http://www.IWantToChangeMyLife.org)