rising unemployment and rising alcohol consumption take their toll? Is it inevitable that as times get harder then habitual drunken offenders are ignored? Is our society quite incapable of dealing with these chronic problems?

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This is the seventh in a series of articles on alcohol.

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Lesson of the Week

Lithium treatment and preoperative fluid deprivation

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The standard instructions given to patients on lithium treatment include a warning to drink plenty of fluids when there is a risk that a negative fluid balance will occur. As the following case report shows, it is not enough that patients and their psychiatrists know this rule: nurses and doctors in general hospitals should also know that depriving such patients of fluids may have serious consequences.

Case report

A woman aged 35 years was given lithium treatment for manic-depressive illness. While on the treatment she developed polyuria and polydipsia, passing 8 to 10 litres of fluid a day, but she put up with her thirst and frequent micturition because the treatment completely removed the frequent episodes of mania and depression. She was admitted to a surgical ward for uterine curettage and was told to take no food or fluids during the night before the operation. This led to malaise, tremor, and dysarthria. Serum lithium and sodium concentrations were not measured, but from experience she recognised the signs and symptoms of dehydration and impending lithium intoxication.

Later, at a second admission for curettage, she protested against being deprived of fluids before the operation, but the nurses thought that her energetic insistence on having something to drink was the whim of a psychiatric patient. Only when a

Patients who take lithium may develop polyuria and polydipsia if they are deprived of fluids before an operation

psychiatrist, who knew about lithium-induced polyuria, was called was she given an intravenous infusion before the operation. She thus had no signs of dehydration or lithium intoxication.

Comment

As many as two people in a thousand are being treated with lithium for recurrent manic-depressive illness. In many patients the treatment lowers the renal concentrating ability, and polyuria and polydipsia develop. These side effects may be troublesome for the patient, but they do not reduce the excretion of lithium and are not dangerous. Owing to a reduced reabsorption of water in the kidneys, however, fluid loss in these patients is greater, and they are likely to become dehydrated if the fluid intake is restricted or additional fluids lost. Dehydration may cause reduced clearance of lithium and reduced excretion of lithium. Patients on lithium treatment should therefore drink plenty of fluids when there is a risk that a negative fluid balance will occur. If they do not, or are prevented from doing so, they may become dehydrated and develop signs of lithium intoxication. If patients with lithium-induced polyuria must abstain from drinking before an operation because of the narcosis they should be given intravenous fluids the night before the operation.

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