



Lithium Intoxication

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INTRODUCTION

Lithium has been used in medicine since the 19th century. The early medical use of lithium was in the treatment of gout. In 1847, London internist Alfred Baring Garrod, after discovering uric acid in the blood of gout patients, recommended lithium as an antigout agent to patients suffering from this disease. By the 1930s, the use of various lithium-containing products had become widespread for the control of kidney stones and “uric acid diathesis.” Although its use in clinical psychiatry began in the middle of the 19th century, the widespread use of lithium in psychiatry was generally in 1949 when the Australian psychiatrist John Cade suggested its use for mania. With the approval of its use by the US Food and Drug Administration (FDA) in 1970, lithium remains the single most effective treatment for bipolar disorder to date. Lithium, a naturally occurring salt, occupies a very valuable position among psychotropic agents. Lithium salt derivatives are currently used in clinical practice as the gold standard treatment for manic-depressive disorder, also known as bipolar disorder (1).

Lithium is the first line drug in the treatment of bipolar disorder, because unlike other mood-stabilizing drugs that offer a one-way treatment option, it shows efficacy against both manic and depressive episodes. In addition to manic-depressive disorder, lithium can be used in clinical practice for controlling aggressive behaviors and as an antidepressant agent. Lithium can also be used to strengthen the antidepressant properties of other antidepressant drugs. In addition, it has been shown to be effective in treating neurological pains such as cluster headaches and migraine (2).

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can have serious consequences if the clinician does not notice early and take precautions. Although it has been suggested that the cardiac effects of lithium can be alleviated with antioxidants in accordance with experimental studies, there is no standard treatment for lithium cardiotoxicity yet.

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