Lithium toxicity occurs in two main settings: acute ingestion of a large dose or, more commonly, chronic accumulation of the drug during prescribed maintenance therapy. The management of lithium intoxication is determined by the degree of intoxication (serum level), a history of acute versus chronic lithium exposure, the clinical symptoms, and the adequacy of renal function.

Factors predisposing to lithium toxicity include:

1. Infection
2. Volume depletion
3. Gastroenteritis
4. Overdose (e.g., suicide attempt)
5. Chronic kidney disease
6. Surgery
7. Decreased "effective arterial volume"
   a. Congestive heart failure
   b. Cardiomyopathy
   c. Nephrosis
8. Drugs
   a. Nonsteroidal anti-inflammatory drugs
   b. Diuretics
   c. Tetracyclines
   d. Corticosteroids
9. Decreased dietary sodium intake
10. Anorexia

The outcome after lithium intoxication is favorable; most patients exhibit reversible neurologic deficits. However, long-lasting neurologic sequelae may occur. Permanent neurologic changes appear to stem primarily from cerebellar deficits.