

Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service



ADULT MEDICATION GUIDELINE					
Sodium Valproate					
Scope (Staff):	All WNHS Staff				
Scope (Area):	Obstetrics and Gynaecology				
This document should be read in conjunction with the Disclaimer.					

Quick Links									
Dose	Administration	Monitoring	Pregnancy and Breastfeeding						
Restrictions									
Injection: Formulary: Restricted									
Others: Formulary: Unrestricted									
Medication Class									
Antiepileptic									
Presentation									
Tablet (crushable): 100mgTablet (enteric coated): 200mg, 500mgOral liquid: 40mg/mL (sugar free)Vial: 400mg (powder and solvent)									
Storage									
Store at room temperature, below 25°C. Tablets are hygroscopic and must be kept in protective foil until taken.									
Dose									
Epilepsy and bipolar disorder Oral:									
600mg daily in 2 doses; increase every 3 days by 200mg daily according to response.									

Maintenance dose is 1-2g daily in 2 doses.

Prevention of migraine

Oral:

200mg to 400mg twice daily

Neuropathic pain in the palliative care setting

Discuss with palliative care specialist.

Administration

<u>Oral</u>

Take with or soon after food. Swallow enteric coated tablets whole.

<u>IV</u>

Refer to the Australian Injectable Drugs Handbook

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Contraindicated. Tissue necrosis can occur.

Monitoring

- There is poor correlation between therapeutic efficacy and plasma concentration but concentrations may be useful to confirm toxicity or compliance. Measure as trough plasma concentration. Steady-state concentration may be achieved after 3–5 days.
- Check complete blood count (including platelets) before starting treatment.
- Sodium valproate appears to reduce BMD and may increase fracture risk; consider BMD monitoring during long-term treatment and ensure vitamin D status and calcium intake are adequate.

Pregnancy

There is evidence of substantial increases in absolute risk of major malformation and cardiac malformation in the newborn.

There is evidence of adverse cognitive outcomes in the child including below average IQ, higher rates of ASD.

DO NOT prescribe sodium valproate to women who are planning a pregnancy or pregnant.

Once a decision to conceive is made, wean off valproate over 2-4 weeks, adding a high dose folic acid 5mg for the first trimester.

The European Medicines Agency has banned the use during pregnancy of valproate medicines for migraine or bipolar disorder, or for the treatment of epilepsy unless there is no other effective

treatment available. For further information, visit the European Medicines Agency <u>website</u> or contact then <u>KEMH Obstetric Medicines Information Service</u>.

Breastfeeding

Monitoring required. For more information, please contact <u>KEMH Obstetric Medicines</u> <u>Information Service.</u>

Related Policies, Procedures & Guidelines

External Guidelines:

Epilepsy in pregnancy (RCOG)

European Medicines Agency

WNHS Clinical Practice Guidelines:

Women's and Perinatal Mental Health Referral and management

Use of Psychotropic Medications in Pregnancy

Childbirth and Mental Illness Clinic (CAMI)

Palliative Care

References

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The Royal Women's Hospital. Sodium valproate. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2018 [cited 2021 May 26]. Available from: https://thewomenspbmg.org.au/

Society of Hospital Pharmacists of Australia. Sodium valproate. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2021 [cited 2021 May 26]. Available from: http://aidh.hcn.com.au

Royal College of Obstetrics & Gynaecologists. Green-top Guideline No. 68: Epilepsy in Pregnancy Royal College of Obstetrics & Gynaecologists (RCOG) Endorsed Guidelines [Internet]. 2014 [updated 2016 Jun; cited 2012 May 26]. Available from: https://www.rcog.org.uk/globalassets/documents/guidelines/greentopguidelines/gtg68_epilepsy.pdf

Keywords	Sodium valproate, valproate, epilepsy, epilim, bipolar, antiepileptic						
Document Owner:	Chief Pharmacist						
Author/ Reviewer	KEMH Pharmacy Department						
Version Info:	V4.0						
Date First Issued:	31/12/2014	Last Reviewed:	26/05/2021		Review Date:	26/05/2024	
Endorsed by:	Medicines and Therapeutics Committee				Date:	16/09/2021	
NSQHS Standards Applicable:	Std 1: Clinical Governance			Std 5: Comprehensive Care			
	Std 2: Partnering with Consumers			Std 6: Communicating for Safety			
	Std 3: Preventing and Controlling Healthcare Associated Infection			Std 7: Blood Management			
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration			
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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