Should valproate ever be prescribed to women of childbearing age? Answer- sometimes!

M. Brodie
Professor of Medicine and Clinical Pharmacology, West Glasgow ACH-Yorkhill, UK

Sodium valproate has long been prescribed for the treatment of epilepsy, bipolar disorder and the prophylaxis of migraine. In January 2015, the Medicines and Healthcare Products Regulatory Agency stated that “Valproate should not be prescribed to female children, female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or not tolerated” because of concerns regarding its teratogenicity. This presentation will highlight some of the circumstances in which valproate could be considered for use in young women. Valproate is an effective treatment for all types of seizures, being particularly useful for the genetic epilepsies. Sodium valproate together with lamotrigine is the only proven synergistic combination of antiepileptic drugs. Valproate also inhibits the metabolism of lamotrigine, allowing lower doses of the former to be effectively employed combined with higher amounts of lamotrigine. In addition to valproate, phenobarbital, topiramate, phenytoin, carbamazepine, oxcarbazepine and lamotrigine all demonstrate dose-dependent teratogenicity. Thus, the lower the dose of valproate prescribed the lesser the risk of teratogenesis. In addition, daily doses of 1000 mg valproate or less are not associated with reduced IQ in exposed infants. Low dose valproate with or without lamotrigine in newly diagnosed or pharmacoresistant epilepsy can be a uniquely effective therapeutic option, particularly for young women with generalised onset seizures. In addition, not every woman is sexually active or planning to start a family and these issues should be discussed with appropriate patients. Some of these scenarios will be highlighted by illustrative cases. Sodium valproate still has an important role in the treatment of epilepsy in a minority of young women.