

Frequently Asked Questions for Healthcare Practitioners about Valproate Prescribing

1. What are Valproate medicines?

Valproate is a chemical name and short-hand for valproic acid. Valproate or valproic acid is combined with sodium or semi-sodium so you may see any of these names on medications.

The following are brands of valproate medicines: **Epilim, Depakote**, Convulex, Episenta, Epival, Kentlim, Syonell, Orlept, and Valpal. Valproate medicines can be used to help manage epilepsy or bipolar disorder.

It is very important you **do not stop prescribing this medicine until you have consulted with a specialist.**

2. Why have changes been made to how valproate medicines can be used?

Valproate medicines can seriously harm an unborn baby when taken during pregnancy. Latest figures suggest that if 100 women take valproate medicines during their pregnancy, about 10 of the babies would be born with physical birth defects (compared with 2 to 3 out of 100 in the general population). And about 30 to 40 of the 100 children would go on to have neurodevelopmental disorders (affecting learning and thinking abilities, including autism).

Valproate has been known for many years to cause birth defects. A 2014 review added the additional risk of neurodevelopmental problems. A recently completed European review recommended **more needs to be done to prevent harm** to babies and children from valproate medicines. **Routinely women of child bearing potential should not be prescribed valproate products.**

3. What does this mean for me?

The specialist and your patient may decide that valproate is the only treatment that works for her. If so, the GP will discuss with the patient the need to **always use highly effective contraception to prevent her from getting pregnant.**

She can talk to her GP in primary care or a family planning/sexual health centre about what contraception is right for her. You should encourage patients to always tell healthcare professionals that she is on valproate medicines when discussing options. Depending on what contraception she is using, the GP may discuss the need for pregnancy testing to make sure she hasn't become pregnant whilst taking valproate.

The specialist must invite her for a **review at least every year** to discuss if valproate is still the right treatment for her. In this review, the patient and the specialist must sign a form to confirm that she understands the risk and benefits of using valproate and that she has capacity.

If the patient hasn't been invited for a review or she wants to discuss her treatment, then the GP can refer the patient directly to a specialist at South West Yorkshire Partnership FT (SWYPFT) via the single point of access team (SPA) using a current referral form and clearly stating the need for a **'Valproate Review'** on the form. **(Refer to primary care flowchart of the process)**

If the patient already has an open referral to the MH services or Neurology Services at SWYPFT then the GP can refer to the relevant team directly using SPA and a referral form.

4. What is a specialist?

"Specialist prescriber is defined as a consultant psychiatrist or a consultant neurologist who regularly manages bipolar disorder or complex epilepsy".

However, there is an expectation that some functions to support the Pregnancy Prevention Programme (PPP) may be carried out by other healthcare professionals as part of a consultant-led team including epilepsy specialist nurses (and specialist midwives during planning for pregnancy, pregnancy and post-natally) or advance practice mental health practitioners as part of a consultant led team.

5. What should I do if I think somebody is pregnant?

If you think she might be pregnant, the patient must talk to their GP, specialist, or specialist nurse straight away. **Do not stop prescribing valproate until you have talked to your specialist.**

The patient should be urgently referred to SWYPFT for a review by the perinatal team at SWYPFT once a serum pregnancy test has been used to confirm.

6. What should she do if she wants to get pregnant?

She should tell her GP, specialist, or specialist nurse **as quickly as possible** if she is planning to become pregnant. It can sometimes take a long time to safely change treatments, so it is important to **start this discussion early**.

7. What should happen when a women is prescribed valproate medicines?

When she sees the GP, specialist, or specialist nurse they should:

- talk to her about the risk to babies and the need to use effective contraception
- make sure she has seen a specialist in the past year for an annual review
- be offered the updated valproate patient guide for more information.

8. What should happen when she receives her valproate medicines?

When she receives her valproate, the pharmacist should:

- make sure there is a warning on the pack
- point her towards the patient card and pack leaflet for more information
- check she has seen her GP or specialist to discuss the importance of not becoming pregnant while taking valproate medicines

9. Who can she ask for advice and how does she refer?

The patient can talk to her GP, specialist, or specialist nurse about her treatment/plans to have children.

She may also wish to talk to an epilepsy or bipolar disorder charity:

- Bipolar UK: 0333 323 3880
- Epilepsy Action: 0808 800 5050
- Epilepsy Society: 01494 601 400
- Mind: 0300 123 3393
- Young Epilepsy 01342 831342

The following support groups or networks have been set up by patients to support women who have children affected by valproate during pregnancy:

- FACSaware Search #FACSaware online or on social media
- In-FACT/FACSA 01253 799 161 or search online or social media
- OACS 07904 200364 or search online or social media