

# Valproate Review Pathway

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On behalf of the D&T Committee

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## Initial Triage Assessment by the GP

1. GP runs a checklist for all women and children under 60 on valproate product
2. Check to see if the patient still has child bearing potential, (including identifying girls who may start to menstruate in the next 12 months) and if she does, does she have an acknowledgment risk form signed off by a specialist in the last six months.
3. If there is an acknowledgment risk form, then call the patient in for a review on the anniversary of it being completed.
4. If no form is complete, then call the patient for a review and provide with them a valproate patient booklet (see the link below), ideally prior to the appointment.
5. Check if the woman has capacity and definitely wants to stay on valproate after having read the valproate patient booklet and also if she is willing to remain on or start highly effective contraception (if not on highly effective contraception already, then arrange a serum pregnancy test). In exceptional circumstances, contraception may not be necessary or refused, but must document why.
6. If yes to capacity and highly effective contraception as per primary care flowchart then complete local referral form to SPA (Single Point of Access) at South West Yorkshire Partnership Foundation Trust (SWYPFT) confirming that highly effective contraception is already in place or delay sending the referral until highly effective contraception is in place, unless exceptional circumstances. Clearly state on the referral form to SPA '**For Valproate Review**'.
7. If the patient has an open referral to an existing team then the referral for a review can be made directly with them. Existing Secondary Team constitutes specialists from Early Intervention Service, Core team, Enhanced team, Perinatal team or Barnsley Neurology team.
8. If necessary, make urgent arrangements to get highly effective contraception in place and emphasise she should remain on her current contraception until then or avoid sexual intercourse until provided.

9. Agree GP review will be needed in 12 months to confirm she is still on highly effective contraception and to discuss whether still continuing the use of valproate.
10. Emphasise the importance of contacting the GP before stopping the valproate or highly effective contraception, so alternative treatments can be explored with the specialist.
11. Emphasise the importance of immediately contacting the GP if she thinks she has become pregnant.
12. If patient wishes to stop valproate or is unsure about stopping it for another treatment, refer her to an appropriate specialist, making it clear to the specialist what her current level of contraception is.
13. Emphasise to the patient that she must stay on her valproate until seen by the specialist and if not on a highly effective contraception currently, continue to use her current contraceptive method or ideally avoid sexual intercourse until seen.
14. If in exceptional circumstances the patient does not need highly effective contraception, but wishes to remain on valproate, the reason for this must be clearly documented in the patient's notes and on the referral form to SWYPFT.
15. Refer her to the specialist using local referral form to SPA at SWYPFT clearly detailing for the specialist her current contraceptive status and also clearly state '**For Valproate Review**'

## Assessment by the Specialist

1. Check she has had a copy of the valproate patient booklet (see link below) and also capacity.
2. Review her current treatment and have a meaningful conversation with her (and carer if appropriate) about treatment options, ideally moving to another treatment to avoid the risks associated with valproate in pregnancy.
3. If the GP referral does not confirm she is already on highly effective contraception, ensure arrangements are in place to have a serum pregnancy test.
4. If a decision is made to stop valproate and try another treatment option, document why the decision was made, including confirming that she was aware of the risks associated with switching treatment and make sure the GP is updated about the new treatment plan, why the decision was made and any further actions the GP may need to undertake.
5. If the patient decides to remain on valproate for at least the next 12 months:
  - a. Get GP confirmation that she is already on highly effective contraception and if not, remind her to either carry on using their current contraceptive method or ideally avoid sexual intercourse until highly effective contraception is provided and in place.
  - b. If she intends staying on valproate long-term, this decision would normally be done by the specialist.
  - c. Emphasise the importance of her contacting her GP if she changes her mind and wants to stop the valproate or highly effective contraception, so alternative treatments can be explored with a specialist before any change occurs.
  - d. Emphasise the importance of her immediately contacting her GP if she is or thinks she might have become pregnant.
  - e. Complete the acknowledgment risk form with the patient and upload the signed copy to SystemOne.
  - f. Ensure a copy is given to the patient and another is sent and shared with her GP.

- g. Arrange an appointment in 12 months' time on SystemOne for the next annual review to take place and share the details of this with the patient.
- 6. If in exceptional circumstances, she does not need highly effective contraception or refuses, the reason for this must be clearly documented on the consent form, in her notes and in any correspondence with her GP.

## Annual Reviews – GP Responsibilities

1. 11 months after her last review, check whether the next review is planned by the specialist (if there is a girl who has just started or may start menstruating in the next 12 months, then treat as an initial review).
2. If the review is due by a specialist, then contact her and:
  - a. Check she still has capacity and is on highly effective contraception and if not arrange for an urgent serum pregnancy test and remind her to continue using her current contraceptive method or ideally avoid sexual intercourse until highly effective contraception is provided.
  - b. Check she has a copy of the valproate patient booklet and if not send her one as soon as possible (for copies - see link below).
  - c. Let her know she will be receiving an appointment from a specialist to review her valproate and if not received then to contact the GP for a re-referral.
  - d. Refer her to the specialist again using local referral form to SPA at SWYPFT if no appointment is received within 12 months of completing the last review. The referral must clearly detail to the specialist her current contraceptive status and the need by stating '**For Valproate Review**'.
3. If she is due to be reviewed by the GP at any point:
  - a. Check she is still on highly effective contraception and if not, arrange for an urgent serum pregnancy test and remind her to continue to use her current contraceptive method or ideally avoid sexual intercourse until very effective contraception is provided.
  - b. Check she has a copy of the patient valproate information booklet (for copies - see important information below).
  - c. Ask her if she is currently considering stopping valproate in the next year, becoming pregnant or feel the treatment is not right for her and refer to a specialist if appropriate.

- d. Emphasise the importance of her contacting her GP if she changes her mind and wants to; stop the valproate, try to become pregnant or stop using very effective contraception, so she can be referred to a specialist and alternative treatment options can be explored as soon as possible.
- e. Emphasise the importance of her immediately contacting her GP if she becomes or thinks she might have become pregnant.
- f. Consider a review by a specialist if there are concerns about the treatment or she fails to remain on highly effective contraception.



## Annual Review by Specialist

1. Ask her if she is considering stopping valproate in the next year, becoming pregnant or feels the treatment is not right for her and make alternative plans appropriately.
2. If she decides to remain on valproate for at least the next 12 months:
  - a. Check she still has capacity and also a copy of the valproate patient booklet (see link below).
  - b. Confirm that she is already on highly effective contraception and if not ensure a serum pregnancy test has been arranged and remind her to continue using her current contraceptive method or ideally avoid sexual intercourse until highly effective contraception is provided.
  - c. Emphasise the importance of her contacting her GP if she changes her mind and wants to stop the valproate, try to become pregnant or stop using very effective contraception, so alternative treatment options can be explored with a specialist.
  - d. Emphasise the importance of her immediately contacting her GP if she becomes pregnant or thinks she might be pregnant.
  - e. Complete the acknowledgment risk form with the patient and upload the signed copy to SystemOne.
  - f. Ensure a copy is given to the patient and another is sent and shared with her GP.
  - g. Arrange an appointment in 12 months' time on SystemOne for the next annual review to take place and share the details of this with the patient.

## Important Information about Contraception including link to Patient Valproate Booklet

1. Valproate patient booklets can be obtained from the following link: [Valproate Patient Booklet](#)
2. **Highly effective contraception** is considered for regulatory purposes to be those user independent methods such as the long acting reversible contraceptives (LARC), copper intrauterine device (Cu-IUD), levonorgestrel intrauterine system (LNG-IUS) and progestogen only implant (IMP) and female sterilisation, all of which have a failure rate of less than 1% with typical use.
3. The progesterone-only injectable is reported to have a typical use failure rate of 6 pregnancies per 100 women per year of typical use compared to 0.2 pregnancies with perfect use (thought to be due to the 3 monthly requirements for re-injection and lack of compliance with this).
4. User dependent methods such as the condom, cap, diaphragm, combined oral contraceptive pill (COC) or progestogen-only contraceptive pill (POP) and fertility awareness based methods are **not considered highly effective** since the typical use incorporates user failure risks.
5. If a patient fails to attend a specialist appointment it is crucial the GP is contacted as soon as possible so they are aware that she has not been reviewed. The GP must then decide, based on her current level of contraception, how urgently she needs to be chased and a new appointment made.
6. Continue to report any suspected adverse drug reactions, including any case of a pregnancy exposed to valproate medicines, to the Yellow Card Scheme. However should exposure occur, pregnancy outcomes should be monitored and reported accordingly.
7. This suggested system of review is not suitable for women of child-bearing potential who have a learning disability when safeguarding issues and consent will need a separate process to meet their special needs.

## 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:

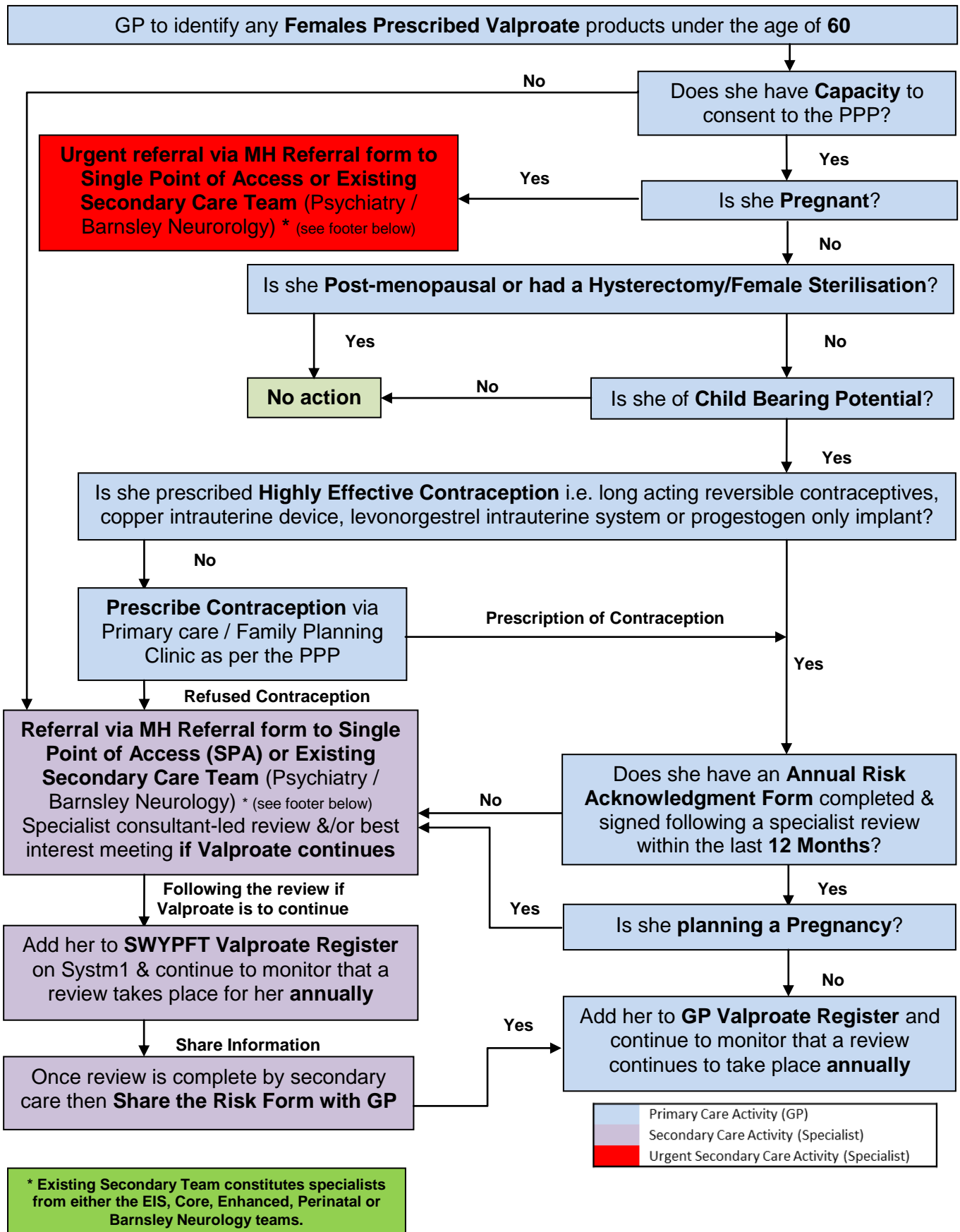
- Bipolar UK: 0333 323 3880
- Epilepsy Action: 0808 800 5050

- Epilepsy Society: 01494 601 400
- Mind: 0300 123 3393
- Young Epilepsy 01342 831342

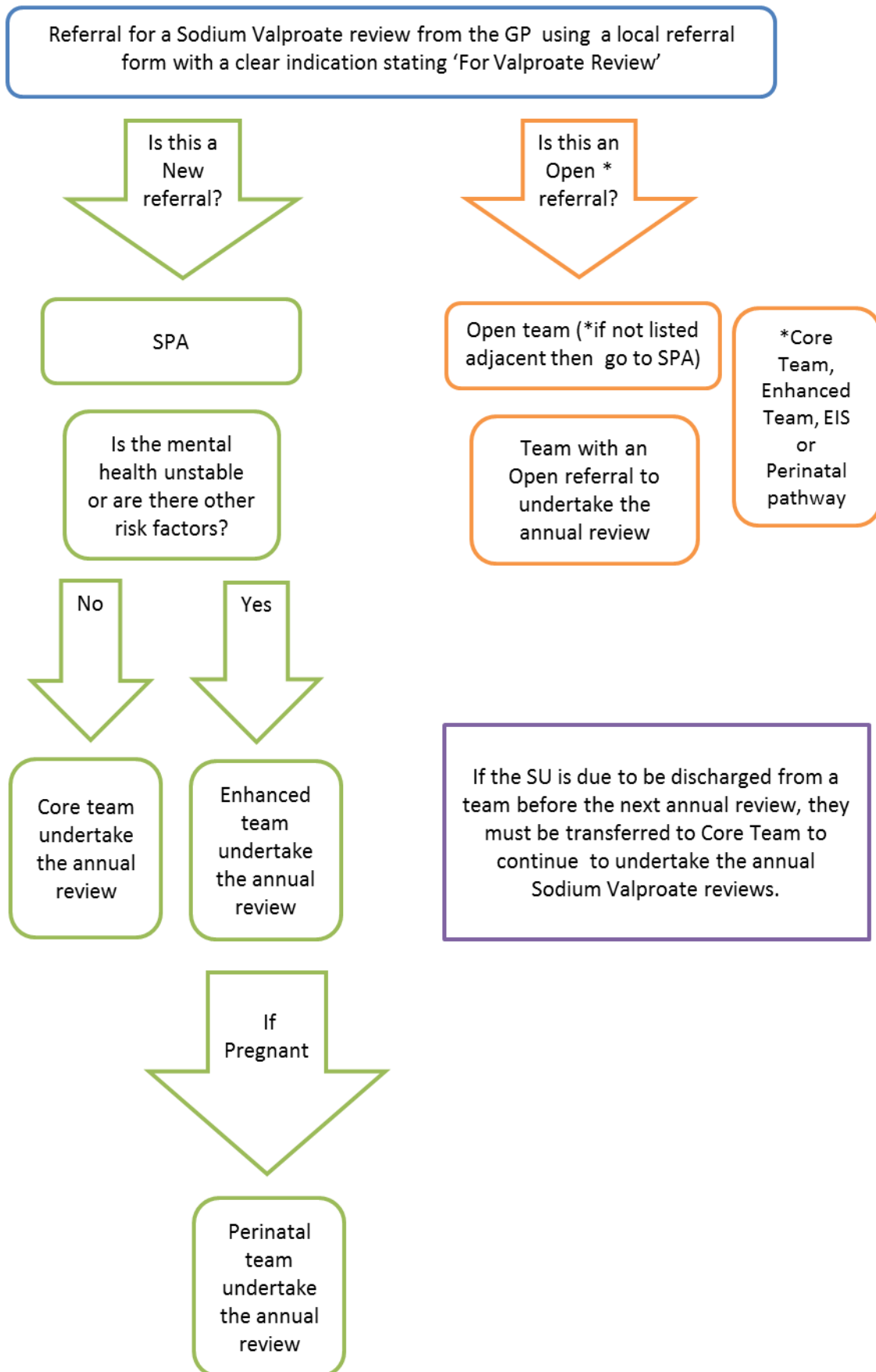
The following support groups or networks have been set up by patients to support women who have children affected by valproate during pregnancy:

- 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

# Flowchart for the Referral of Female Patients under 60 Prescribed Valproate Products for either Psychiatric Illness Trust wide or via the Barnsley Neurology Team for Epilepsy



# SWYPFT Valproate Internal Pathway for the Mental Health Workforce





## Valproate Annual Risk Acknowledgement Form (Patient)

If you use valproate while you are pregnant, your child has significant risk of serious harm. This form confirms that you or your carer/parent/responsible person understands the risks of using valproate.

Part A. To be completed and signed by the valproate user and/or carer/parent or responsible person	
I have discussed the following with my specialist and I understand:	
Why I need valproate rather than another medicine	<input type="checkbox"/> Yes
That I should visit a specialist regularly (at least once a year) to review whether valproate remains the best option for me	<input type="checkbox"/> Yes
The risks in children whose mothers took valproate during pregnancy are: <ul style="list-style-type: none"> <li>• 1 out of 10 children will have physical birth defects</li> <li>• 3 to 4 out of 10 children will have early developmental problems that can lead to significant learning disabilities</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
That I have had a pregnancy test (if advised by my doctor/specialist)	<input type="checkbox"/> Yes
Why I must use effective contraception, without stopping or interruption, at all times while taking valproate	<input type="checkbox"/> Yes
The options for effective long-term contraception (or a consultation has been planned with a professional who can give me advice)	<input type="checkbox"/> Yes
The need to consult my specialist or GP as soon as I start thinking about becoming pregnant. This is to make sure I have time to switch to another treatment before I come off contraception	<input type="checkbox"/> Yes
That I should request an urgent GP appointment if I think I am pregnant	<input type="checkbox"/> Yes
That I have a copy of the Patient Guide and know where to find more information	<input type="checkbox"/> Yes
In case of pregnancy, I confirm that: <ul style="list-style-type: none"> <li>• I have considered and discussed options for switching treatment</li> <li>• I am fully aware of the risks and have the opportunity to have counselling about the risks</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes

**Effective contraception is essential while taking valproate.** Neither condoms nor oral contraceptives alone are sufficient. Long-term contraceptives are strongly recommended such as a coil (copper intrauterine device [IUD] or levonorgestrel intrauterine system) and contraceptive implant (progestogen-only implant), or sterilisation.

**Contraceptive currently used:** .....

**Name of valproate user:** .....

**NHS Number:** .....

**Name of responsible person (if applicable):** .....

**Signature:** ..... **Date:** .....

***This form expires 12 months from this date.***

***A new form should be completed at each annual review meeting.***

## Valproate Annual Risk Acknowledgement Form (Specialist)

If a woman uses valproate while she is pregnant, her child may be harmed. This form confirms that you have explained the risks of using valproate.

Name of valproate user: .....

NHS Number: .....

Name of responsible person (if applicable) .....

Name, role, and signature of specialist: .....

Name of valproate user's GP: ..... Date: .....

Part B. To be completed and signed by the specialist	
I confirm that the above-named patient needs valproate because: <ul style="list-style-type: none"> <li>• her condition does not respond adequately to other treatments, or</li> <li>• she does not tolerate other treatments</li> </ul>	<input type="checkbox"/> Discussed <input type="checkbox"/> Discussed
I confirm that I have discussed the following information with the person named above: Valproate must not be used during pregnancy (except in rare situations in epilepsy for patients who are resistant or intolerant to other treatments)	<input type="checkbox"/> Discussed
The overall risks in children exposed to valproate during pregnancy are: <ul style="list-style-type: none"> <li>• an approximately 10% chance of birth defects</li> <li>• a 30 to 40% chance of a wide range of early developmental problems that can lead to learning disabilities</li> </ul>	<input type="checkbox"/> Discussed
The conditions of the pregnancy prevention programme must be fulfilled	<input type="checkbox"/> Discussed
The need for regular (at least annual) review of the need to continue valproate treatment by a specialist	<input type="checkbox"/> Discussed
The need for effective contraception, without interruption, throughout treatment with valproate	<input type="checkbox"/> Discussed
The need to arrange an appointment with her specialist as soon as she is planning pregnancy to ensure timely discussion and switching to an alternative treatment before conception and before stopping contraception	<input type="checkbox"/> Discussed
The need to contact her GP immediately for an urgent review of her treatment in case of suspected or inadvertent pregnancy including sharing of this form	<input type="checkbox"/> Discussed
The patient or caregiver/legal representative has a copy of the patient guide	<input type="checkbox"/> Discussed
The need for a negative serum pregnancy test result at start and if needed thereafter	<input type="checkbox"/> Discussed
In case of pregnancy, I confirm that: <ul style="list-style-type: none"> <li>• We have discussed options for switching treatment.</li> <li>• She is fully aware of the risks of pregnancy, has opportunity for counselling about risks</li> </ul>	<input type="checkbox"/> Discussed <input type="checkbox"/> Discussed

The specialist must provide this form to girls and women of childbearing potential treated with valproate (Epilim, Depakote, Convulex, Episenta, Epival, Kentlim, Orlept, Syonell, Valpal)- or to their "responsible person": a parent/legal guardian or person capable of giving consent on behalf of patients who are minors or without the capacity to make an informed decision or person acknowledging that the treatment is in the best interests of the patient. A copy of the completed and signed form shall be kept/recorded by the specialist on SystemOne and on a valproate register. Copies of the completed and signed form should be given to the patient and also sent to their GP.

***This form expires 12 months from this date. A new form must be completed at each annual review meeting.***