

Position statement: The use of Sodium Valproate in women of childbearing age 2018

The Epilepsy Society of Australia recognises that Sodium Valproate is associated with a greater risk to the unborn child when taken by pregnant women than other anti-epileptic drugs, however the risk is highly dependent on dose. There are women, particularly those with genetic generalised epilepsy, for whom valproate provides optimal control of their seizures, often at relatively low doses. As pointed out in our letter to Epilepsia, Perucca et al. 50 (3) 1175-1184 2015, "Valproate still has a place in women with epilepsy".

Valproate should not be reserved as a last resort in the treatment of epilepsy. The fact that valproate, since 1975, has been the mainstay in the treatment of all generalised epilepsy syndromes is due to its unequalled efficacy when used judiciously and carefully, taking into account individual patient variability and patient preferences. This is clearly reflected in the ILAE position statement on this matter (www.ilae.org/files/dmfile/ValproateCommentILAE-0315.pdf) which was designed by experts in the field. This information may also be referenced in the recent book by Eadie MJ and Vajda FJE: Anti-epileptic drugs in Pregnancy, Springer-Adis, Switzerland, 2015.

The use of VPA over the past decade has changed dramatically with a decline in the dose and number of prescriptions in women enrolled on the Australian Pregnancy Register. There has been a fall in the mean valproate dose of 1061 mg per day (1999 to 2005) to a dose of 748 mg per day (2006 to 2012). Our understanding of the risks and benefits associated with valproate is evolving and studies are also underway to uncover genetic factors and pregnancy related outcomes.

Potentially, harmful overreactions ought to be avoided, as they may be over-interpreted to lead to a total avoidance of the drug, thus leading to serious uncontrollable seizures in women with generalised epilepsy, in whom valproate is the best drug to control their seizures, especially if abrupt cessation were to occur.

As with all medical treatments, the benefits of a treatment need to be balanced against the potential risks. In a woman who has well controlled generalised seizures taking valproate, continuing the valproate treatment may be both appropriate and necessary.

After almost 50 years since its introduction valproate remains a valuable treatment option in many patients with epilepsy, including a carefully selected group of women.

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