PRESCRIBING OF VALPROATE IN PATIENTS OF CHILDBEARING AGE

(Neurology)

TARGET AUDIENCE	All healthcare professionals who prescribe or make recommendations about prescribing Valproate in Neurological conditions
PATIENT GROUP	Men and women of childbearing age being treated or who will be treated with valproate for neurological conditions

Clinical Guidelines Summary

- Note that separate Guidance is available for children prescribed Valproate and for adults with mental illness prescribed valproate.
- Safety concerns were published by MHRA indicating a higher risk of congenital malformation and neurodevelopmental delay in children exposed to Valproate in utero
- Pathways are laid out to guide decision making in women who may have children and for men, including
    - The decision on whether or not to prescribe
    - Pregnancy prevention plans for those who continue/start valproate
- The guideline is applicable to all healthcare professionals who prescribe or make recommendations about prescribing Valproate in NHS Lanarkshire.

Introduction

Children exposed to valproate in utero are at a higher risk of major congenital malformation and neurodevelopmental delay in comparison to population controls. As a result, in 2018, the MHRA recommended a number of measures to reduce the use of valproate in women of childbearing age. These recommendations have been updated several times to tighten measures and include more groups.

For the purpose of this guidance, childbearing age is from menarche to the age of 55. However, note that the separate paediatric guidance pertains to those up to the age of 16 and this guidance is for those over that age.

Prescribers and those making specialist recommendations to prescribers have a responsibility to ensure that appropriate treatment is prescribed and risk mitigated as much as possible. The MHRA guidance clearly states that a specialist must make the decisions regarding valproate, however this guidance recognises that it is primary care that will largely continue the prescribing of valproate.

Guidance

This guidance is in 2 parts (A and B) following the key requirements from the MHRA.

- Part A: New Patients/Initiation
- Part B: Patients continuing on Valproate

Part A: New Patients/Initiation

Requirement: new patients (male and female of childbearing potential) need to have had a second clinician agree to start treatment with valproate (evidenced by a second signature), and a first Annual Risk Acknowledgement Form (ARAF) is to be completed), along with referral to sexual health services for women who are commencing.

Process: A monthly one-hour MDTM will allow Health Care Professionals with an interest in epilepsy to discuss new patients in whom valproate is being considered. See Flow Chart Figure 1 and 2

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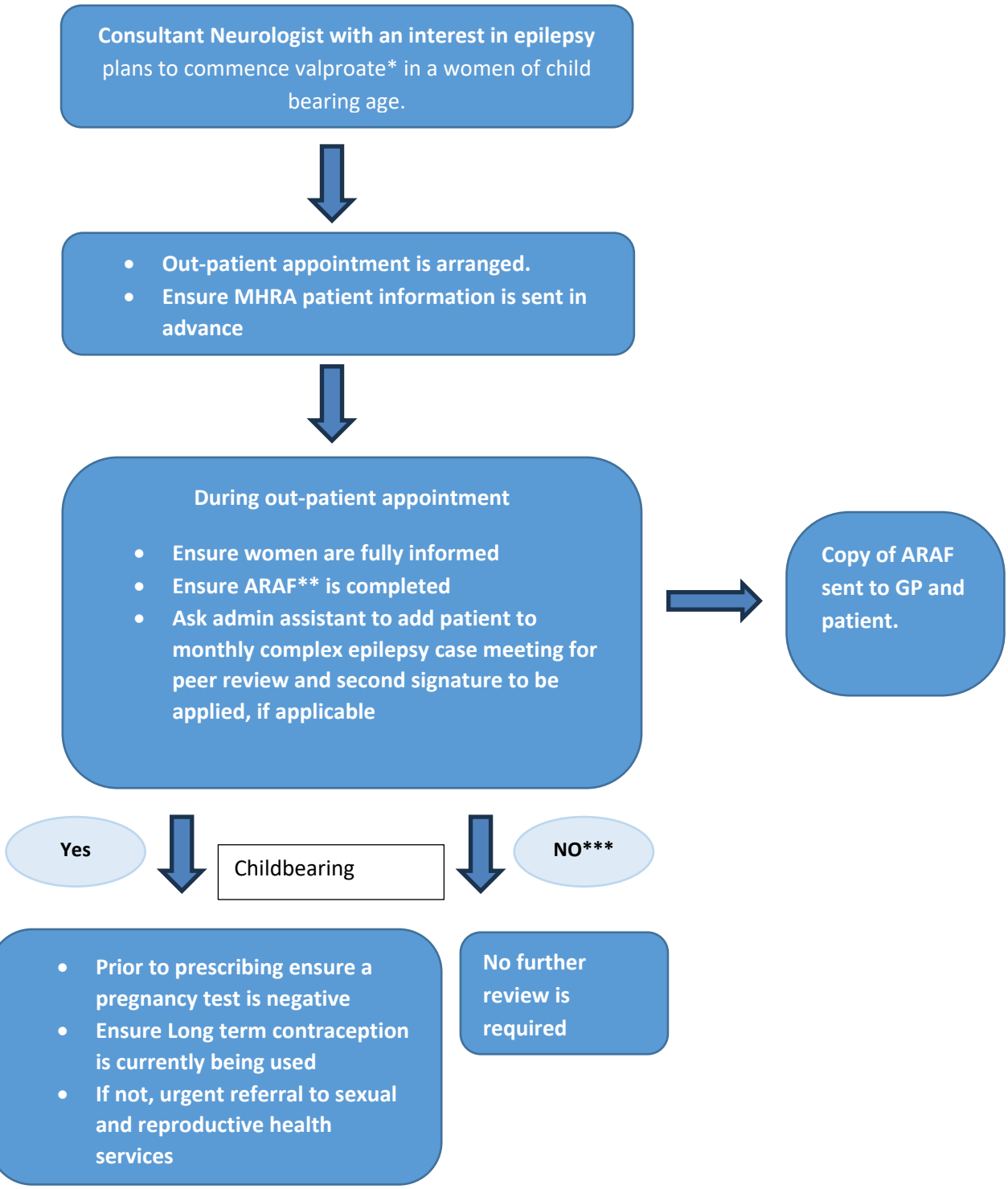
Flow Chart 1

Initiation of valproate in women of child bearing age (Neurology)



*- Valproate should only be used if there is no other effective or tolerated medication.
**- The ARAF will be in electronic format.
***- Ensure lack of childbearing potential is permanent.

Lead Author	**Craig Heath**	**Date approved**	**Feb 2025**
Version	**V 1.0**	**Review Date**	**Feb 2028**

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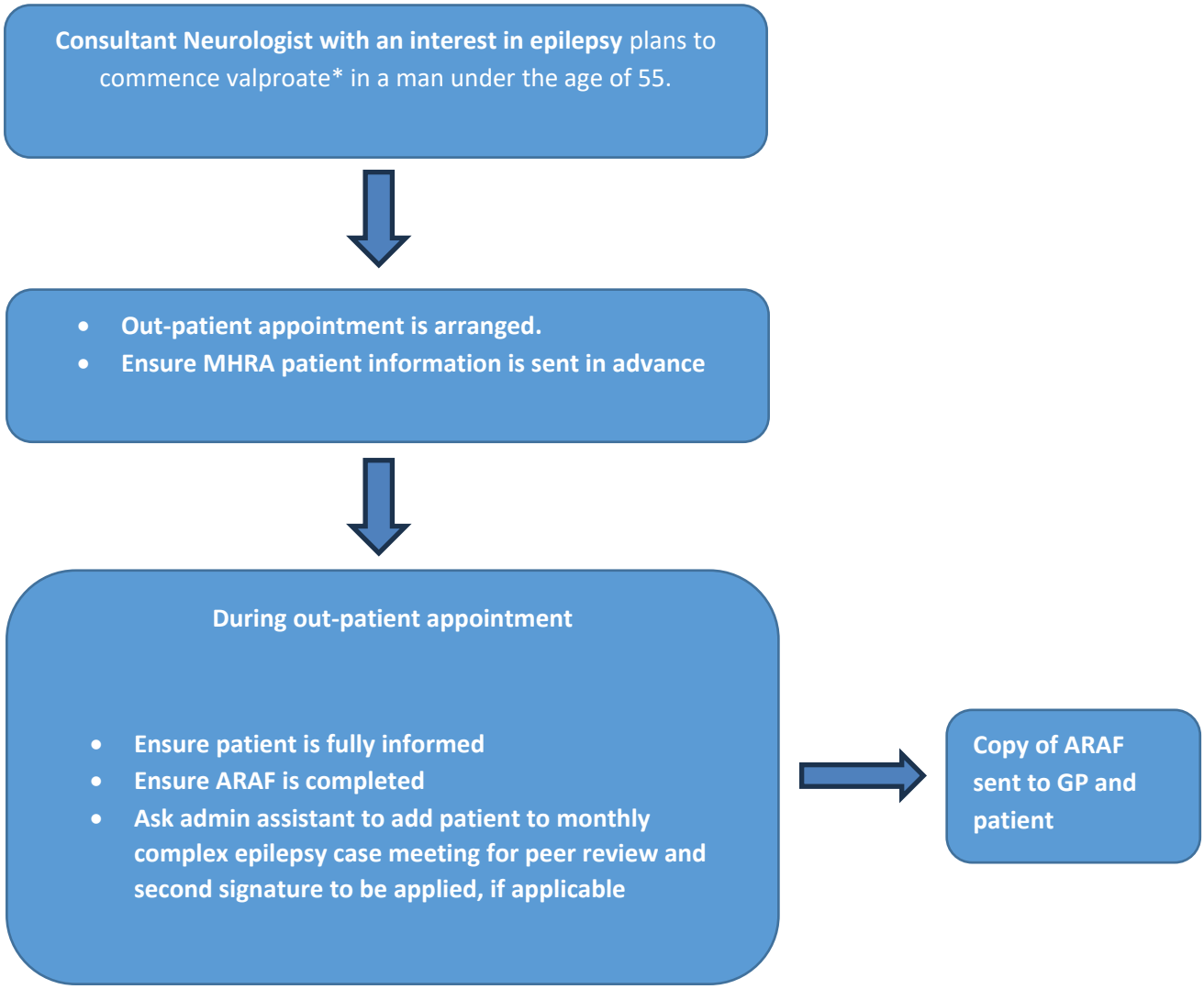
Flow Chart 2

Initiation of valproate in men under the age of 55 (Neurology)



Part B: Women of childbearing potential already prescribed valproate

Requirement: At their next annual specialist review, women of childbearing potential and girls should be reviewed using a revised valproate Risk Acknowledgement Form, which will include the need for a second specialist signature if the patient is to continue with valproate. This process occurs once with future years returning to one specialist.

Process*:*

- Review of Electronic Patient Records
  To ensure the recommendations are met in a timely manner and ensure consistency across the West of Scotland, A consultant(s) with an interest with epilepsy will carry out a case record review. If they agree with the specialist usually seeing the woman that Valproate is indicated (see appendix 1), and that the women are fully informed, a second signature will be applied to the ARAF. If the Consultant does not agree, the case will be discussed with the Consultant responsible for care and, if required, as part of the MDTM noted in part A if a consensus cannot be reached.

- Women who are not currently under specialist follow up
  A standard letter will be sent to GP practices of women who are in this situation, asking for them to be reviewed and referred to the appropriate specialist for further review. If there is no response to this letter, further support will be sought from colleagues in primary care.

- Annual Follow up
  Each person under neurology and being prescribed valproate will be reviewed at least once a year. After the initial review requiring 2 authorisations this will move to one review, including an update of the ARAF and re-referral to Sexual and Reproductive Health Services to consider a pregnancy prevention plan if indicated.

Appendices

1. Governance information for Guidance document

Lead Author(s):	Dr Craig Heath, Consultant Neurologist
Endorsing Body:	ADTC NHS Lanarkshire
Version Number:	1.0
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Responsible Person (if different from lead author)	Lead Author

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	NHSL Valproate and Topiramate Working Group
Consultation Process / Stakeholders:	The NHSL Valproate and Topiramate Working Group includes the following representation: • Mental Health Services • Learning Disability Services • Paediatrics Service • Sexual Health Service • Primary Care
Distribution	Right Decision Service

CHANGE RECORD

Date	Lead Author	Change	Version No.
Feb 2025	Dr Craig Heath	*e.g. Review, revise and update of policy in line with contemporary professional structures and practice*	1
			2
			3
		.	4

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

Appendix 2a: Valproate indication for use- epilepsy

There is robust evidence from SANAD that valproate is more efficacious than alternative ASMs when treating for Genetic Generalised Epilepsy. It is also often used first line for those with Epileptic encephalopathy of infancy. There is less robust evidence for its use in focal epilepsy and thus its use in focal epilepsy should be avoided. Where possible, particularly if starting valproate, it would be prudent to follow the current best practice guidance.

The ABN is somewhat reflective on its position that states. *"The ABN recognises this will be a difficult period for people taking valproate, neurologists, and neurology services. We recommend working closely with your Integrated Care Board (England), Health Board (Scotland and Wales), and Health and Social Care Trusts (Northern Ireland). As neurologists, we must recognise and adopt the new regulatory framework, balancing the risk from seizures with the reproductive risk from medication. We must ensure patients are well informed regarding these risks, to allow them to make appropriate decisions. Valproate can, with appropriate counselling and documentation, still be used. Working within these new recommendations should ensure that valproate remains available for those who need it. "*

Appendix 2b: References/Evidence

Any content in your guideline that is either quoted, paraphrased and/or borrowed from an external source must be attributed to the original.
For published papers, Harvard referencing style is preferable

e.g.

Yaşar I., Kahveci R., Baydar Artantaş A., Ayhan Başer D., Gökşin Cihan F., Şencan I., Koç E. M., Özkara A. (2016) Quality Assessment of Clinical Practice Guidelines Developed by Professional Societies in Turkey, *PLoS One*. 11(6). DOI:https://doi.org/10.1371/journal.pone.0156483