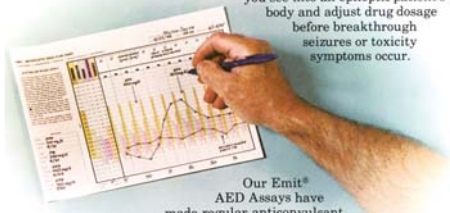


VALPROATE

the epileptic window


Regular anticonvulsant blood level measurements let you see into an epileptic patient's body and adjust drug dosage before breakthrough seizures or toxicity symptoms occur.



Our Emit® AED Assays have made regular anticonvulsant blood levels a practical tool in the management of many of the epilepsies. Virtually any clinical laboratory can now provide fast, inexpensive and accurate Emit AED assays for diphenylhydantoin, phenobarbital and primidone (ethosuximide and carbamazepine assays will be available soon).

The Emit AED Flow Chart is designed for convenient plotting of blood levels to identify trends before they develop into problems. For a supply of flow charts, a comprehensive brochure, and a bibliography on the use of AED blood levels in the management of epilepsy, contact

Syva, 3181 Porter Drive,
Palo Alto, California 94304,
415-493-2200.



Dipropylacetic acid (as valproate was then better known) was synthesised in 1881 and had been used for about 80 years as an organic solvent, when in Grenoble in 1962, a small pharmaceutical company, Laboratoire Berthier, chose valproate as the solvent for testing other compounds. When all the investigational materials were found to be effective, it occurred that it was the solvent not the compounds which was the active ingredient. The first experimental epilepsy studies were carried out in 1963 in rabbits given cardiazol to induce seizures. In those days, clinical testing could be started early (the thalidomide tragedy was soon going to put pay to this) and the first 16 patients with largely previously intractable petit mal and

grand mal epilepsy were treated in 1963. The results were spectacular, and after further testing and its purchase by Sanofi-Labaz, valproate was licensed first in France in 1967. The license in the US was delayed and Kiffin Penry led a public campaign to the US Senate seeking access to the drug. The battle for the approval of valproate was dramatized in a 1987 ABC television movie, 'Fight for Life,' starring Jerry Lewis, and the drug was eventually licensed in America in 1976. The problems that dogged the prescription of valproate throughout this period were anxieties over its safety, and the slowness in recognising all aspects of valproate toxicity is rather shocking. The rather common cognitive side-effects and effects on hair were early recognised, as was the encephalopathy (two patients in the initial trials were rendered comatose), but the common effect on weight was surprisingly not noticed for many years, and the first report of teratogenicity was in 1980. The first hepatic deaths were reported in 1978, and the reports of pancreatitis in 1979. The possibility that the drug causes polycystic ovarian syndrome and other hormonal problems was first recorded in the 1990s. These problems have limited its use despite its clear efficacy, but valproate remains the drug of choice, especially for many patients with idiopathic generalised epilepsy.

To help you treat patients with multiple seizure types where absence occurs



Depakene
Valproic Acid

Add to your regimen in mixed seizures with absence

There is more to Depakene than just primary treatment for grand mal seizures. Your Depakene has added good things and no bad partners. The only anticonvulsant with a proven safety record for long-term use.

Depakene is safe to use with other anticonvulsants. It is safe to use with other anticonvulsants. It is safe to use with other anticonvulsants.

Use in mixed grand mal or minor motor + absence

Depakene is indicated as adjunctive therapy in mixed seizure types which include absence.

Depakene has been particularly successful in mixed seizure types with grand mal, minor motor, and absence seizures. It is safe to use with other anticonvulsants. It is safe to use with other anticonvulsants.

How to add Depakene

Start Depakene with other anticonvulsants. Use of the other anticonvulsant should be continued until Depakene has been added.

If side effects occur

Depakene is safe to use with other anticonvulsants. Use of the other anticonvulsant should be continued until Depakene has been added.