Letters to the Editor

Safe use of sodium valproate

Editor, – Your article on the safe use of sodium valproate (Aust Prescr 2014;37:124-7) is an excellent brief summary on the drug’s pharmacology and uses. However, the authors have omitted to mention its use in corticosteroid-induced mania.1 Corticosteroids in high doses are used in many conditions but cause many dysphoric symptoms, including hypomania, panic, confusion and insomnia, all of which are described as unpleasant.2 In the past, treatment had to be stopped and symptoms controlled by major tranquillisers. Our work describing 20 case studies of steroid-induced mania coming to the attention of a consultation-liaison team have shown that sodium valproate can rapidly reduce manic-like symptoms while treatment with corticosteroids continued. We think that this is a worthwhile point which should be brought to the attention of your readers.

Milton Roxanas
Associate professor of Psychiatry
Sydney Adventist Medical School

Glenn Hunt
Associate professor
Psychiatry
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REFERENCES

Ahamed Zawab and John Carmody, the authors of the article, comment:

We thank Drs Roxanas and Hunt for their kind interest in our brief review. Their recent case series addressed the important issue of pharmacological management of corticosteroid-induced psychiatric symptoms. In their study, using a standardised mania rating scale over a four-day period, a statistically significant reduction in mania was attributed to sodium valproate. However, 16 of the 20 patients were simultaneously prescribed a lower dose of corticosteroid. We agree with the authors’ conclusion that the findings need to be replicated in a controlled trial. Until then, we would suggest that corticosteroid dose reduction in concert with formal psychiatric review is preferable.

Valediction

Dr Paul Kubler

Dr Paul Kubler joined the Editorial Executive Committee of Australian Prescriber in 2005 to provide expertise in clinical pharmacology. In 2006 he discovered how controversial medical publishing can be. His first editorial, on patents and evergreening, required the distribution of the journal to be delayed pending legal advice.

Fortunately, the rest of Paul’s time on the Editorial Executive Committee has been less controversial. In 2012 he was appointed as the chair and was excellent in the role.

Paul has provided consistently good clinical advice, particularly about the increasingly complex new drugs which are featured in Australian Prescriber. Appropriately, Paul finished his time with the journal by writing an article on the Janus kinase inhibitors.

Although he will no longer have to get up at 4 am to attend editorial meetings, the Editorial Executive Committee expects Paul will use the time to write letters to the Editor. His sharp wit and intellect will be missed.