

## 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.<sup>1</sup> 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.<sup>2</sup> 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  
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Glenn Hunt  
Associate professor  
Psychiatry  
University of Sydney

### REFERENCES

1. Roxanas MG, Hunt GE. Rapid reversal of corticosteroid-induced mania with sodium valproate: a case series of 20 patients. *Psychosomatics* 2012;53:575-81.
2. Reckart MD, Eisendrath SJ. Exogenous corticosteroid effects on mood and cognition: case presentations. *Int J Psychosom* 1990;37:57-61.

*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.



The Editorial Executive Committee welcomes letters, which should be less than 250 words. Before a decision to publish is made, letters which refer to a published article may be sent to the author for a response. Any letter may be sent to an expert for comment. When letters are published, they are usually accompanied in the same issue by any responses or comments. The Committee screens out discourteous, inaccurate or libellous statements. The letters are sub-edited before publication. Authors are required to declare any conflicts of interest. The Committee's decision on publication is final.

## 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.



*Aust Prescr* 2014;37:187