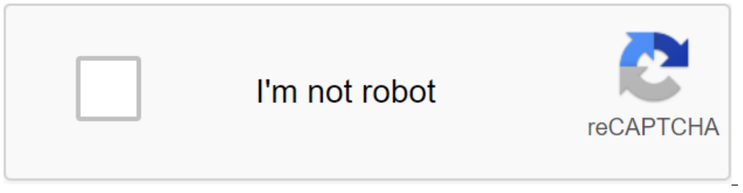

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Depakote davis drug guide

Valproic acid (val proe' ik) valproic acid capsules: Alti-Valproic (CAN), Depakene, Deproic (CAN) sodium valproate Syrup: Depakene valproate acid injections: Depacon divalproex sodium tablets, enteric coating: Depakote, Depakote Depakote ER, Depakote Sprinkle, Divalproex, Divalproex DR, Divalproex ER, Epival (CAN) Pregnancy Category D Drug Class Antiepileptic Therapeutic Action Mechanism Is Misunderstood: Antiepileptic Activity May Be Associated With Metabolism of Inhibitor Neurotransmitter, Gamma-Aminesal Acid Indications (en) Salty and adjunct therapy with simple (petit mal) and complex seizures of absence Depakote ER: Treatment of epilepsy in children Adjuncist therapy with several types of seizures, including seizures absence Of Divalproex DR: Treatment of bipolar mania Divalproex DR and ER tablets: Prevention of migraine headaches Sodium valproate injection: Treatment of complex partial seizures as monotherapy or with other antiepileptics Without labeling uses: Adjunct in the treatment of symptoms of schizophrenia, treatment of aggressive outbreaks in children with attention deficit hyperactivity disorder, organic brain syndrome contraindications and cautions are contraindicated with hypersensitivity to valproic acid, liver disease or significant liver dysfunction. · Be careful use with children No. 18 mo; children 2 years, especially with several antiepileptics, congenital metabolic disorders, severe convulsions accompanied by severe mental retardation, organic cerebral circulatory disorders (higher risk of deadly hepatotoxicity); pregnancy (defects of the fetal neural tube; do not stop to prevent major seizures; discontinuation of such drugs can lead to epileptic status, hypoxia and risk to both the mother and the fetus); Lactation. DR tablets-125, 250, 500 mg; Sprinkle capsules-125 mg; injection-100 mg/ml; ER tablet-500 mg Dosage ADULTS Dosage is expressed as valproic acid equivalents. The initial dose is 10-15 mg/kg/day PO, increasing at intervals of 1 wk by 5-10 mg/kg/day until the cramps are controlled or side effects do not exclude further increase. The maximum recommended dose is 60 mg/kg/day PO. If the total dose is 250 mg/day, give in divided doses. Bipolar mania: 750 mg PO daily in divided doses; do not exceed 60 mg/kg/day (Divalproex DR tablets only). · Migraine: 250 mg PO bet; up to 1000 mg/day was used (Divalproex DR tablets); 500 mg ER tablets once a day. PEDIATRIC PATIENTS Use extreme caution. There was a deadly hepatotoxicity. Children No 2 years of age especially especially Keep an eye on all the children. Pharmacokinetics Route Start Peak Oral Options 1-4 hr IV Fast 1 Hour Metabolism: Liver; T1/2: 6-16 hours Distribution: Placenta crosses; Enters Breast Milk Selection: Urine IV Facts Preparation: Dilute the vial into 5% dextrose injections, 0.9% sodium chloride injections or lactated Ringer's injections. Stable for 24 hours at room temperature. Give up unused portions. Infusion: Enter more than 60 minutes, no more than 20 mg/min. Do not use 14 days; switch to oral products as soon as possible. Adverse effects of CNS: Sedation, tremor (may be associated with dose), emotional disorder, depression, psychosis, aggression, hyperactivity, behavioral deterioration, weakness Dermatological: Transitional increases hair loss, rash, petechi gi: Nausea, vomiting, indigestion, diarrhea, stomach cramps, constipation, anorexia with weight loss, increased appetite with weight gain, life-threatening pancreatitis, hepatic failure of GU: Irregular menstruation, increase in serum bilirubin, abnormal changes in other tests of liver function, altered bleeding time; thrombocytopenia; bruises; Hematoma formation; frank hemorrhage; relative lymphocytosis; hypofibrinogenemia; leukopenia, eosinophilia, anemia, bone marrow suppression Interaction Medications Elevated phenobarbital serum, primacydone, ethusuximide, diazepam, zidovudine levels Complex interaction with phenytoin; Breakthrough cramps have occurred with a combination of valproic acid and phenytoin elevated serum levels and toxicity with salicylates, cimetydine, chlorpromazine, erythromycin, felbamat Reduction effects with carabamazepine, rifampin, lamotrigine Reduced serum levels with charcoal Increased sedation with alcohol, other depressants cns Drug Laboratory test False interpretation of urine ketone test Care CLINICAL ALERT! Confusion occurred between the delay in the release of Depakote and Depakote ER. The dosage is very different and serious side effects can occur; exercise extreme caution. Score History: Hypersensitivity to valproic acid; hepatic dysfunction; Pregnancy, Lactation Physical: Weight; Skin color, lesions; orientation, affect, reflexes; Bowel sounds, normal output; CBC and differential, time bleeding tests, liver function tests, serum ammonia levels, exocrine tests of pancreatic function, EEG Interventions Give the drug with food if GI disorder occurs; Replacing the wording with a kiter coating can also be beneficial; Have a patient swallow SR pills overall; don't cut, crush, or chew. · WARNING: Reduce dosage, discontinue or replace other antiepileptic drugs the abrupt cessation of all antiepileptics can lead to nocies. · WARNING: Organize frequent tests of liver function; immediately discontinue the drug with significant liver dysfunction, presumed or obvious; Hepatic dysfunction progressed despite the drug's cessation. · WARNING: Arrange for the patient to have the number of platelets, determining the time of bleeding before therapy, periodically during therapy, and before surgery. Carefully monitor the patient's condition in case of blood clotting defects (bruises, toothbrush with bruising). Stop if there is evidence of hemorrhage, bruising, or hemostasis disorder. · Monitor ammonia levels, and discontinue if there is a clinically significant increase in levels. · Monitoring levels in serum of valproic acid and other antiepileptic drugs that are given accordingly, especially during the first few weeks of therapy. Adjust the dosage based on this data and clinical response. · To organize a consultation for women of childbearing age who want to get pregnant. · WARNING: Stop the drug for any signs of pancreatitis. · WARNING: Assessment of the therapeutic level of serum is usually 50-100 micrograms/ml. Don't chew pills or capsules before swallowing them. Swallow them whole to prevent local irritation of the mouth and throat. Sprinkle tablets can be opened and sprinkled with applesauce or pudding. · Do not stop this drug suddenly or change the dosage, except on the advice of a doctor. · Avoid alcohol and sleep-causing and over-the-counter medications. This can have dangerous consequences. · Have frequent checkups, including blood tests to monitor your reaction to drugs. Keep all appointments for inspections. · Use contraceptive methods at all times. If you want to get pregnant, you should consult your doctor. · Wear a medical identification tag to warn emergency medical staff that you have epilepsy and are taking antiepileptic drugs. · If you have diabetes, this drug may interfere with urine analysis for ketones. · You may experience these side effects: drowsiness (avoid driving or performing other tasks requiring vigilance; take before going to bed); GI upset (take with food or milk, eat frequent small meals; if the problem persists, replace the intestinal-coated drug); transient increase in hair loss. · Report bruises, pink stains on the toothbrush, yellowing skin or eyes, pale faeces, rashes, pregnancy; abdominal pain with nausea, vomiting, anorexia. Adverse effects in mitalia are the most common; those in the bold are life-threatening. VALPROIC ACID (DIVALPROEX SODIUM, SODIUM VALPROATE) Depakene, Depakote, Depakote ER, Depakote Sprinkle, Epival , , Agent of the central nervous system (CA); anticonvulsants; Gaba InhibitorPredation Category: D 250 mg capsules; 125 mg of sprinkler capsules; 125 mg, 250 mg, 500 mg tablets with delayed release; 500 mg tablets with steady release; 250 mg/5 ml syrup; 100 mg/ml injections of anticonvulsant action are not chemically related to other drugs used to treat seizures. The mechanism of action is unknown; may be associated with increased bioavailability of the inhibitory neurotransmitter gamma-amine acid (GABA) for brain neurons. Inhibits the secondary phase of platelet aggregation. The therapeutic effects inhibit abnormal neuron secretions in the central nervous system, thereby reducing the activity of capture. Uses alone or with other anticonvulsants in the absence (petit mal) and mixed seizures; mania; prevention of migraine headaches. Unmarked uses epileptic fire-resistant status to IV diazepam, small small seizures, feverish seizures in children, other types of seizures including psychomotor (temporal lobe), myoclonic, akinetic and tonic-clonic seizures, photosensitivity seizures, and those fireproof for other anticonvulsants. Contradictions Hypersensitivity to sodium valproat; thrombocytopenia, a patient with impaired bleeding or liver dysfunction or disease; cirrhosis of the liver, pancreatitis; congenital metabolic disorders, those with severe convulsions, or on several anticonvulsants; AIDS; Pregnancy (category D), lactation; children's history of kidney disease, kidney disorders or insufficiency; Additional treatment with other anticonvulsants; congenital metabolic disorders, those with severe epilepsy, used as the only anticonvulsant drug; hypoalbuminemia; Organic brain syndrome; Kids Note: You may need to increase the dose when converting from immediate release to extended release products by the Seizures Administration, ManiaAdult/ Child: PO/IV 15 mg/kg/d in divided doses when the total daily dose is 250 mg, increase at intervals of 1 wk by 5-10 mg/kg/d until cramps are controlled or adverse effects develop (maximum: 60 mg/kg/d) Migraine Headache Prevention: PO 250 mg b.i.d. (maximum: 1000 mg/d) or Depakote ER 500 mg q.d. x 1 wk, may increase to 1000 mg q.d.ManiaAdult: PO 250 mg t.i.d. (maximum: 60 mg/kg/d) Oral Giving tablets and capsules as a whole; instruct the patient to swallow whole and not chew. Instruct to swallow the sprinkle capsules whole or sprinkle all the contents with a teaspoon of soft food, and instruct not to chew the food. Avoid using a fizzy drink as a warm-up for syrup because it will release the drug from the delivery vehicle; free drug painfully irritates oral and pharyngeal Reduce stomach irritation by administering the drug with food because serious side effects of G.I. can lead to discontinuation of therapy. Enteric coating pills or syrup formulations are usually well tolerated. Intravenous PREPAR: IV Infusion: Dilute each dose in 50 ml or more of D5W, NS, or RL. ADMINISTER: IV Infusions: Give one dose for at least 60 60 (20 mg/min). Avoid a quick infusion. INCOMPATIBILITIES: No compatibility data. It should be avoided mixing with other drugs. CNS: Breakthrough convulsions, sowing, drowsiness, dizziness, increased alertness, hallucinations, emotional disorder, aggression; deep coma, death (with an overdose). GI: Nausea, vomiting, indigestion (transitional), hypersweed, anorexia with weight loss, increased appetite with weight gain, stomach cramps, diarrhea, constipation, liver failure, pancreatitis. Hematological: Long time of bleeding, leukopenia, lymphocytosis, thrombocytopenia, hypofibrinogemia, bone marrow depression, anemia. Skin: Skin rash, photosensitivity, transient hair loss, curlyness or hair wavy. Endocrine: Irregular menstruation, secondary amenorrhea. Metabolic: Hyperammonemia (usually asymptomatic) hyperammonemic encephalopathy in patients with urea cycle disorders. Respiratory: Pulmonary edema (in case of overdose). Valproic acid gives false results for urine ketones, elevated ACT, ALT, LDH and alkaline serum phosphate, long-term bleeding, altered thyroid function tests. InteractionDrug: Alcohol and other cns depressant potential depressant effects; other anticonvulsants, barbiturates increase or reduce the level of anticonvulsants and barbiturate drugs; haloperidol, locsapin, machotile, maois, phenotiazines, thioxanfens, tricyclic antidepressants can increase CNS depression or lower the seizure threshold; aspirin, dyspiridamole, warfarin increase the risk of spontaneous bleeding and reduce clotting; clonazepam can lead to seizures of absence; salicylat, cimetidine can increase the level of valproic acid and toxicity. Mefloquine can reduce valproic acid levels; Isoniazid can increase valproic acid levels and hepatotoxicity; meropenem can reduce valproic acid levels; Cholestyramine can reduce absorption. Herbal: Ginkgo can reduce anticonvulsant effectiveness. Absorption: Easily absorbed from the gastrointestinal tract. Peak: 1-4 h valproic acid; 3-5 hours digalproex. Therapeutic range: 50-100 g/ml. Distribution: Placenta crosses; to breast milk. Metabolism: Metabolized in the liver. Elimination: Excreted mainly in urine; a small amount is excreted in feces and overdue air. Half-Life: 5-20 hours Evaluation and monitoring of the effects of drugs on therapeutic efficacy achieved at serum 50-100 microgram/ml levels. Evaluation of plasma levels of additional anticonvulsants periodically as indicators of possible neurological toxicity. Monitor the patient during dose adjustment and promptly report the presence of side effects. The increased dosage is associated with the frequency of side effects. Laboratory tests: Perform baseline platelet rates, bleeding time and ammonia serum, and then repeat at least q2mo, especially during the first 6 mo therapy. Therapy. drugs to control seizure increase the risk of hyperammonemia, marked by lethargy, anorexia, asterixia, increased frequency of seizures and vomiting. Report these symptoms promptly to your doctor. If they persist with a lower dose, the drug will be discontinued. Patient and family education do not stop therapy suddenly; such actions can lead to loss of control over the seizure. Consult your doctor before you stop or change your dosage regimen. Note to diabetics: The drug may cause a falsely put urine ketone test. Tell your doctor if this happens; differential blood diagnostic analysis can be indicated. Tell your doctor promptly if there is spontaneous bleeding or bruising (e.g. petechia, ecchimotic areas, oorrgia, epistaxis, melena). Hold the dose and notify the doctor of the following symptoms: visual impairment, rash, jaundice, light stool, prolonged vomiting, diarrhea. Deadly liver failure occurred in patients receiving this drug. Avoid alcohol and self-medication with other depressants during therapy. Consult your doctor before using any over-the-counter drugs during anticonvulsant therapy. Combined drugs containing aspirin, sedatives and medications for hay fever or other allergies, especially UNSAFE. Do not drive or engage in potentially dangerous activities until the answer to drugs is known. Tell your doctor or dentist before any surgery that you are taking valproic acid. Always carry a medical ID card. He must provide a medical diagnosis, medication (s), doctor's name, address and phone number. Do not breastfeed while taking this drug. Drug.

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