Add on Valproate to Lamotrigine Algorithm for Treating Patients with Epilepsy*

Patient presents with Seizures has Partial or Primary Generalized Epilepsy (simple partial, complex partial, primary or secondarily generalized tonic clonic, absence, juvenile myoclonic, atonic, etc)
Has been treated with lamotrigine to a level which caused adverse effects with some or no control of seizures
Addition of valproate will increase lamotrigine levels.
Obtain baseline lamotrigine plasma concentration prior to starting VPA

Initiate dose at 15mg/kg/day in divided doses
Valproate (sodium valproate, divalproex sodium )
(Depakene(valproic acid), Depakote/Depakote ER, Depakote Sprinkles, Depakote liquid)

Reduce lamotrigine dose by 50% when initiate VPA if patient was on maximum tolerated dose.

Increase valproate (VPA) by 250-500 mg/day per week to an initial maintenance dose of ~ 40-60mg/kg/day (target concentration 50-100mcg/ml –this is not an absolute number)
Inhibits the cytochrome P-450 enzymes and monitoring of concomitant drug therapy is advised.
Subsequent reductions in lamotrigine dose may be needed

Patient returns to clinic in 2-4 weeks to monitor for efficacy, side effects.
(see drug information for common adverse effects)
Return based on frequency of seizures.
Drug level monitoring required if adverse events or efficacy/compliance in question

Seizures/no adverse events
Increase Dose VPA

Adverse Events/Seizures reduce/DC lamotrigine dose
Increase dosage VPA
Modify schedule VPA

Adverse Events/No seizures reduce/DC lamotrigine dose
Modify dosage form VPA
Modify schedule VPA

* When changing to Depakote ER follow package insert guidelines, increase dose by 8-20% over Depakote maintenance dose.
Indications for Valproate (Depakote, valproic acid) http://www.epilepsy.com/medications/valproic-acid,
http://epilepsy.com/medications/divalproex-sodium
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