



SIDE-EFFECTS OF VALPROIC ACID

TO THE EDITOR:

This letter is in response to Dr. Ho's answer to the question on the proper followup of patients on valproic acid (VA) (*The Canadian Journal of Diagnosis, Experts on Call*, May 2004).

There is a significant oversight in the advice from Dr. Ho: The abundant literature on the risk of endocrine disorders and polycystic ovary syndrome (PCOS) in patients on VA. Another well-documented side-effect of VA is hyperandrogenism.

The controversy in the literature is focused on whether PCOS is secondary to the underlying disease or secondary to VA use.

It is to be recognized that PCOS carries significant co-morbidities and risk of premature coronary artery disease. Therefore, awareness of its early signs and symptoms is crucial in the management of the patient in child-bearing years. Any discontinuation of therapy has to be weighted against the risk of untreated disease or the side-effect profile of alternative therapies. Benefit-risk assessments have to be discussed on an individualized basis to ensure optimal compliance.

References available—contact *The Canadian Journal of Diagnosis* at diagnosis@sta.ca.

Maria Valois, PhD, MD, FRCPC
Ottawa, Ontario

THE AUTHOR REPLIES:

I do appreciate Dr. Valois bringing attention to possible endocrine dysfunction that may be attributable to VA.

Indeed, there are other side-effects associated with the use of VA that I have left out due to space constraints and because the original question was in response to which blood tests are essential to monitoring VA usage.

Perhaps Dr. Valois would be kind enough to suggest which blood tests may be useful for evaluating for PCOS or other endocrine effects. **Dx**

Kennely Ho, MD, FRCPC
Neurologist
Royal Columbian Hospital
New Westminster, British Columbia

A SIDEBAR:

Unfortunately, there is no blood test that universally screens for PCOS. Here is what Dr. Valois recommends.

Refer to an endocrinologist if:

- Significant menstrual disturbances, such as oligomenorrhea (< 6 menstruations per year)
- Subfertility
- Recurrent first trimester spontaneous abortions
- Gestational diabetes or Type 2 diabetes at young age
- Significant weight gain (> 15 kg)
- Hirsutism on physical exam
- Acne
- Increased facial or body hair
- Frontotemporal receding hairline
- Hair loss