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Epilim is a powerful anticonvulsant capable of providing control for the majority of adults with tonic-clonic seizures or other epilepsies, including those not well controlled on previous treatments. Because it controls without sedation, Epilim allows many patients to lead full, normal lives.

Presentation
1. Epilim 200 enteric-coated: A bluish-coloured enteric-coated tablet containing 200mg sodium valproate
2. Epilim tablets: A white scored tablet containing 200mg sodium valproate
3. Epilim 500 enteric-coated: A bluish-coloured enteric-coated tablet containing 500mg sodium valproate
4. Epilim Syrup: A red cherry-flavoured syrup containing 200mg sodium valproate per 5ml

Indications
Epilepsy: In women of childbearing age, Epilim should be used only in severe cases or in those resistant to other treatment.

Dosage and Administration
To be taken with or after food: enteric-coated and plain tablets should be swallowed whole. Optimum dosage should be established using the 200mg enteric-coated tablet. Epilim 500 enteric-coated is recommended for patients requiring higher dosages.

Adults: Dosage should start at 600mg/day in divided doses, increasing by 200mg/day at three-day intervals until control is achieved (Maximum dose: 100mg/kg/day). In patients already receiving other therapy the same pattern should be followed. Dosage of barbiturates should be reduced as that of Epilim is increased. The respective dosages should be adjusted during the stabilisation period to achieve optimum control at the lowest possible combined-dose level and it may be found possible to maintain control with Epilim alone.

Once known enzyme-inducers have been withdrawn, it may be possible to maintain seizure control on a reduced dose of Epilim. Although a method of measuring plasma levels is available, optimum dosage must ultimately be determined by seizure control.

Children: 20mg/kg in divided doses with meals or 10mg/kg at 12-hour intervals. Children under 10kg: 20mg/kg of body weight per day, in severe cases. This may be increased up to 500mg/kg/day but should be undertaken only in patients in whom plasma valproate levels, clinical chemistry and haematological parameters can be monitored.

Contra-Indications, Warnings, etc.
Lever dysfunction, including hepatic failure resulting in fatalities has occurred in patients whose treatment included valproic acid or sodium valproate. The incidents occurred during the first six months of therapy. The period of maximum risk being 2-12 weeks. No deaths have occurred in patients receiving the drug continuously for more than 6 months.

Biochemical tests may not always become abnormal early in the evolution of hepatic dysfunction. In addition, monitoring should be undertaken at regular intervals. Patients with a history of liver disease or with severe or unusual seizure disorders, e.g. those accompanied by mental retardation and/or organic brain disease should be followed particularly carefully. Transient elevations of liver enzymes are not uncommon during early treatment with Epilim, but, if elevations are accompanied by other evidence of hepatic dysfunction, especially raised serum bilirubin or lowered serum fibrinogen, then the drug should be immediately withdrawn.

Hyperammonaemia without hepatic damage can occur in patients during treatment with valproic acid or sodium valproate. It may manifest clinically as vomiting, drowsiness and increasing clouding of consciousness. Should these symptoms occur, Epilim should be discontinued.

Valproic acid inhibits second stage of platelet aggregation. Reversible prolongation of bleeding time and thrombocytopenia have been reported. Spontaneous bruising or bleeding is an indication for withdrawal of medication pending investigations. Patients receiving Epilim should be monitored for platelet function before major surgery. Red cell hypoplasia and leucopenia have been reported. The blood picture returned to normal when the drug was discontinued.

Osteoporosis has occurred in patients receiving valproic acid or sodium valproate. Patients experiencing acne or abdominal pain should have serum vitamin levels estimated.

Minor gastric irritation and, less frequently, nausea may occur at the start of treatment. Nevertheless, problems can usually be overcome by administering Epilim tablets in syrup with or after food, or by transferring the patient to the Epilim enteric-coated formulation. Transient hair loss has been noted in some patients. Regrowth normally begins within six months. Tremor has occasionally been observed at high dosages.

Cerebellar hypotonia has been reported in children and adults. Some minor cases of encephalopathy have been reported with Epilim, and it has been suggested that this might be related to increased serum valproate levels. In children with Wilms tumour, the benefits of these compounds should be weighed against the possible hazard suggested by these findings.

Further Information
When plasma valproic acid is within the recommended range of 50-150mg litre^{-1} (500-840mmol litre^{-1} on serum albumin levels are normal; about 90% of the drug is bound to albumin). If the total plasma valproic acid rises above the upper range of normal or if there is hypoproteinaemia, the percentage of free valproic acid may increase markedly in proportion to any dosage increase and may be associated with a higher incidence of adverse effects.

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