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Valproate for schizophrenia

Schwarz C, Volz A, Li C, Leucht S

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Most people with schizophrenia or schizophrenia-like conditions who are in contact with medical services will be treated with antipsychotic medication. Despite this, about 30% will continue to experience some signs of illness. Various other drugs have been added to the antipsychotic medication to try and reduce the symptoms these people experience. One such group of drugs are sodium and magnesium valproate, medication usually used to treat epilepsy or to stabilize mood in people who have bipolar disorder and those who have symptoms of schizophrenia and mood disorder together (schizoaffective disorder). This [review](#) looks at trials which attempt to compare valproate with [placebo](#) and also looks at valproate in combination with an antipsychotic compared to the antipsychotic alone. The studies included 519 people in seven trials, with the largest [trial](#) containing 249 people and the smallest, 12 people. All of the trials used an antipsychotic, and compared it to the antipsychotic plus valproate. There were no trials comparing just valproate with [placebo](#). The antipsychotic used in three trials was haloperidol, one [study](#) compared risperidone and olanzapine, with and without valproate and in the other three trials the antipsychotic(s) used were not given. For the majority of [outcome](#) measures including becoming more well and improvement in mental state there was no significant difference between those on valproate plus antipsychotic compared to antipsychotic alone. However in one [trial](#) it was found that taking valproate lead to some people showing an improvement sooner, although by the end of the [trial](#) there was no difference between the two groups. Valproate also increased [sedation](#). None of the studies were longer than 12 weeks so it is not known whether there would be a difference between the groups in the longer term. In addition, it was difficult to compare one [trial](#) with another because they recruited people with different groups of symptoms, used several different antipsychotics and looked at a diverse range of outcomes. The use of valproate for schizophrenia would benefit from some bigger and longer trials.

(Plain language summary prepared for this [review](#) by Janey Antoniou of RETHINK, UK www.rethink.org)

Abstract (click to read)

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