Shared Care Guideline
for
the use of anticonvulsants as mood stabilisers

This shared care guideline (SCG) has been written to enable the continuation of care by primary care clinicians of patients initiated on mood stabilisers by South West Yorkshire Partnership NHS Foundation Trust, where this is appropriate and in the patients' best interests. Primary care will only be requested to take over prescribing of mood stabilisers within their licensed indication unless specifically detailed otherwise below.

Introduction

Indication/Licensing information

- **Semisodium valproate and sodium valproate** are used for the treatment of manic episodes associated with bipolar disorder (although the former is the only one licensed for this indication). Valproate (valproic acid and sodium valproate) is also used for the prophylaxis of bipolar disorder; however, it should **not** normally be prescribed for women of child-bearing potential (see Appendix B below)
- **Carbamazepine** may be used under specialist supervision for the prophylaxis of bipolar disorder (manic-depressive disorder) in patients unresponsive to lithium therapy.
- **Lamotrigine** is licensed for the prevention of depressive episodes in patients with bipolar I disorder who experience predominantly depressive episodes in people over 18 years of age

- Refer to national prescribing guidance e.g. NICE guidelines for bipolar disorder in adults and BAP guidelines (links in reference section below).

Pharmacology

Dosage and administration

- **Semisodium Valproate** Mania, initially 750 mg daily in 2–3 divided doses, increased according to response, usual dose 1–2 g daily; doses greater than 45 mg/kg daily require careful monitoring
- **Carbamazepine** Prophylaxis of bipolar disorder unresponsive to lithium by mouth, initially 400 mg daily in divided doses increased until symptoms controlled; usual range 400–600 mg daily; max. 1.6 g daily
- **Lamotrigine** Initially 25 mg once daily for 14 days, titration from there will depend on if the patient is using valproate and/or other enzyme inducers. Due to complexity it is advised to consult the summary of product characteristics for titration regime. Lamotrigine 25 mg tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk).

Responsibilities of the specialist clinician initiating treatment

Summary

- Initiate and stabilise treatment with semisodium or sodium valproate, carbamazepine or lamotrigine. To initiate therapy, arrange prescription and evaluate over the first 3 months
- To discuss the benefits and side effects of treatment with the patient/carer and the need for long term monitoring if applicable. Obtain informed consent in line with national guidance. This is particularly important for unlicensed products. To discuss the patient's responsibilities (see relevant section) in relation to the shared care agreement.
- To perform baseline tests and if appropriate routine tests until the patient is stable (see details of baseline and routine tests which should be carried out by the specialist in the monitoring section below).
- To prescribe for the first 12 weeks of treatment (include if the specialist will review the patient after initiation before prescribing is picked up in primary care).
- To ask the GP whether they are willing to participate in shared care.
- To provide the GP with a summary of information relating to the individual patient to support the GP in undertaking shared care (see shared care request form in Appendix A which includes a link to the shared care guideline).
- **For Sodium Valproate/Semisodium Valproate (see Appendix B):** Link to healthcare professional guide Healthcare Professional Guide.pdf.
- **For Sodium Valproate/Semisodium Valproate (see Appendix B):** To provide the GP with risk assessment forms for proof so they can ensure that the required process has been adhered to Document (medicines.org.uk) (female), Document (medicines.org.uk) (male).
- **For Sodium Valproate/Semisodium Valproate (see Appendix B):** For female patients an annual risk assessment form (ARAF) must be completed and sent to the service users GP.
- To advise the GP of any dosage adjustments required, monitoring required, when to refer back, and when and how to stop treatment (if appropriate).
- To advise the GP when the patient will next be reviewed by the specialist but if ongoing specialist co-ordination of the patient's care is not required, an individual care plan should be agreed on a case-by-case basis
- To monitor the patient for adverse events and report to the GP and where appropriate Commission on Human Medicines/MHRA (Yellow Card scheme).
- To provide the GP with contact details in case of queries.
- To provide patient / carer with contact details for support and help if required; both in and out of hours.

Responsibilities of the primary care clinician

Acceptance of Responsibility by the Primary Care Clinician
It is optional for the primary care clinician to participate in taking on responsibility for shared care for the patient. Primary care clinicians will take on shared care only if they are willing and able.

Summary

- To reply to the request for shared care as soon as possible.
- **For Sodium Valproate/Semisodium Valproate (see Appendix B):** Receive confirmation that 2 specialists have agreed to initiate the medication (for male and female patients)
- **For Sodium Valproate/Semisodium Valproate (see Appendix B):** To check that an annual risk assessment form has been completed by the specialist and saved on the patient record for female service users only.
- **For Sodium Valproate/Semisodium Valproate:** Highly effective contraception is preferred, including: the copper IUD, levonorgestrel-releasing IUS, progestogen implant. See the MHRA aide-memoir table for details on contraceptive efficacy and pregnancy testing requirements.
- To prescribe and adjust the dose as recommended by the specialist.
- To ensure there are no interactions with any other medications initiated in primary care.
- To continue monitoring as agreed with secondary care in the monitoring section below.
- To inform the specialist if the patient discontinues treatment for any reason.
- To seek the advice of the specialist if any concerns with the patient's therapy. For example:
  - Patient or general practitioner is **not** comfortable to continue with the existing regime due to either change in condition or drug side effects.
  - Advice in respect of concordance.
  - Special situations, (e.g. Pregnancy).
- Discontinue the drug as directed by the specialist if required.
- To conduct an annual medication review or more frequently if required.
- To identify adverse events if the patient presents with any signs and liaise with the hospital specialist where necessary. To report adverse events to the specialist and where appropriate the Commission on Human Medicines/MHRA (Yellow Card scheme).

Responsibilities of Patients or Carers

Summary

- To be fully involved in, and in agreement with, the decision to move to shared care.
- To attend hospital and primary care clinic appointments and to bring monitoring information e.g. booklet (if required). Failure to attend will potentially result in the medication being stopped.
- Present rapidly to the primary care prescriber or specialist should the clinical condition significantly worsen.
- Report any suspected adverse effects to their specialist or primary care prescriber whilst taking semisodium or sodium valproate, carbamazepine or lamotrigine.
- To read the product information given to them.
- To take semisodium or sodium valproate, carbamazepine or lamotrigine as prescribed.
- Inform the specialist, primary care prescriber or community pharmacist dispensing their prescriptions of any other medication being taken – including over-the-counter medication.
- Inform the specialist, primary care prescriber if planning to become pregnant or suspected pregnancy at the earliest possible opportunity.

Clinical Particulars

The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (https://www.medicinescomplete.com/#/) and the SPC (https://www.medicines.org.uk/emc/) remain authoritative.

BNF therapeutic class	**Valproate** Treatment of mania and hypomania (sodium valproate is licensed for epilepsy but is also used as a mood stabiliser) **Carbamazepine** prophylaxis of bipolar disorder unresponsive to lithium **Lamotrigine** is licensed for the prevention of depressive episodes in patients with bipolar I disorder who experience predominantly depressive episodes in people over 18 years of age
Cautions and Contraindications	**Valproate** Active liver disease Personal or family history of severe hepatic dysfunction, drug related Hypersensitivity to valproate semisodium or sodium or any other ingredient of the preparation. Porphyria Renal insufficiency may need to reduce dose **Carbamazepine** cardiac disease AV conduction abnormalities (unless paced); history of bone-marrow depression, acute porphyria, blood, hepatic or skin disorders. MHRA advises consider vitamin D supplementation in patients who are immobilised for long periods or who have inadequate sun exposure or dietary intake of calcium. Test for HLA-B*1502 allele in individuals of Han Chinese or Thai origin and consider testing in other at-risk Asian populations such as individuals of Filipino or Malaysian origin (avoid unless no alternative) due to the increase risk of Steven-Johnson syndrome (SJS). **Lamotrigine** Parkinson's disease
Pregnancy and breast feeding	**Valproate (see Appendix B): Highly Teratogenic** – Avoid in women of childbearing potential unless no other alternatives. If a woman using Valproate becomes pregnant, she must be immediately referred by her GP to a specialist to consider alternate treatment options. Not suitable for breastfeeding unless recommended by specialists. **Carbamazepine: Teratogenic -** if a woman using Carbamazepine becomes pregnant, she must be immediately referred by her GP to a specialist to consider alternate treatment options. Not suitable for breastfeeding unless recommended by specialists. **Lamotrigine:** A large amount of epidemiological study data from more than 12,700 pregnancies exposed to lamotrigine monotherapy, including more than 9,100 pregnancies exposed during the first trimester, do not indicate that lamotrigine therapy at maintenance doses is associated with an increased risk of major congenital malformations. Ideally inform perinatal mental health if a woman becomes pregnant on this medication. 50% of lamotrigine levels pass to breast milk. The potential benefits of breast-feeding should be weighed against the potential risk of adverse effects occurring in the infant. Should a woman decide to breast-feed while on therapy with lamotrigine, the infant should be monitored for adverse effects, such as sedation, rash and poor weight gain.
Adverse Drug Reactions	**Valproate:** Liver dysfunctional including hepatic failure (v rare), pancreatitis (rare), increased suicidal ideation and behavior (unknown), weight gain (v common). **Carbamazepine:** Agranulocytosis (unknown), severe hepatic reactions (v rare), increased suicidal ideation and behavior (unknown), Stevens Johnson syndrome (v rare), hyponatraemia, hypothyroidism, anti-cholinergic effects, psychiatric effects. **Lamotrigine:** skin rashes (mainly mild but can be severe/life threatening like SJS) 1:500 to 1:1,000 If rash develops patient should be advised to stop lamotrigine and speak with their prescriber. Increased suicidal ideation and behavior (unknown), interferes with folate metabolism (v rare), brugada-type ECG & other cardiac rhythm & conduction abnormalities, haemophagocytic lymphohistiocytosis (v rare), • Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard
Monitoring	**Sodium Valproate/Semisodium Valproate:** **At 6 months:** FBC, LFT & BMI **Annually:** FBC, LFT & BMI

	Carbamazepine: **Baseline:** req'd: FBC, LFT, U&E, BMI Consider: HLAB* 1502 allele · if Han Chinese or Thai origin patient & ECG if CVD risk factors or disease **Upon starting or dose changes**: 6 months FBC, U&E, LFT, BMI, TSH (if hypothyroid patient on medication) Consider: at dose changes consider ECG if CVD risk factors or disease **Annual:** FBC, U&E, LFT & BMI • **Lamotrigine:** no blood monitoring. Be vigilant for new rashes especially in the early stages and stop medication/refer if concerns (see adverse drug reactions section above) • **Sodium Valproate/Semisodium Valproate** ▼ are black triangle drugs; report ALL suspected adverse reactions to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard
Interactions	**Valproate:** May potentiate effects of anti-psychotics, anti-depressants, MAOI's & benzodiazepines. Phenobarbital, phenytoin, primidone, carbamazepine, lamotrigine, salicylates, acetazolamide. **Carbamazepine: very numerous so refer to SPC:** contraceptive pills, MAOI, macrolide antibiotics, fluoxetine, paroxetine, trazodone, itraconazole, ketoconazole fluconazole voriconazole, olanzapine, ritonavir, acetazolamide, diltiazem, verapamil, grapefruit juice, theophylline, aminophylline, doxycycline, warfarin, DOAC's **Lamotrigine:** contraceptive pills, valproate, carbamazepine, phenytoin, phenobarbital, primidone, rifampicin, ritonavir. These medications will impact upon the titration of Lamotrigine.
Additional information	Less reliance of brand specific prescribing compared to use in epilepsy as small differences in bioavailability are less critical.
Re-Referral guidelines	• If any significant changes in a patients mood after a long period of stability please use the contact details in the communication section to discuss the case with a member of the team.
Ordering information	NA

Communication and contact details

Specialist to primary care clinician
The specialist will inform the primary care clinician when they have initiated drug X. When the patient is near completing the satisfactory initiation period, the specialist will write to the primary care clinician to request they take over prescribing and where possible give an indication as to the expected length of treatment. The specialist will also send a shared care request form to support the primary care clinician in undertaking shared care. **(Appendix A)**

Primary Care Clinician to specialist
If the primary care clinician has concerns over the prescribing of drug X, they will contact the specialist as soon as possible.

Contact names and details

Contact Details	Telephone number	Email
Kendray Pharmacy Team	01226 644338	kendraypharmacyteam@nhs.net
Dr K Rele (Enhanced West)	01226 644190	kiran.rele@swyt.nhs.uk
Dr Ampi (Core Team)	01226 645048	ampi.meenad@swyt.nhs.uk
Dr Fletcher (Enhanced East)	01226 645001	Kelsey.Fletcher@swyt.nhs.uk
Dr Mahmoud (early intervention team)	01226 644166	Shahzad.Mahmood@swyt.nhs.uk

Shared Care Guideline –remains open to review in light of any new evidence
***Amber** = To be initiated and titrated to a stable dose by a specialist with follow up prescribing and monitoring by primary care under a shared care agreement.*

References

https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf
MHRA Valproate safety measures – includes links to all up to date guides and paperwork Valproate safety measures - GOV.UK (www.gov.uk)
Lamotrigine SPC Lamotrigine 25 mg tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)
Depakote SPC Depakote 250mg Tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)
Sodium Valproate Liq SPC Sodium Valproate 100mg/ml Solution for Injection or Infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)
NICE Bipolar Assessment & Management Overview | Bipolar disorder: assessment and management | Guidance | NICE
NICE Bipolar Disorder in Adults Overview | Bipolar disorder in adults | Quality standards | NICE
British Association for Psychiatry (BAP) Bipolar guidelines BAP_Guidelines-Bipolar.pdf
Specialist Pharmacy Service – monitoring for Carbamazepine Carbamazepine monitoring – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
Specialist Pharmacy Service – monitoring for Valproic Acid and Sodium Valproate

Development Process

This guidance has been produced by Patrick Cleary following an AMBER classification status of Carbamazepine, Lamotrigine, Semisodium Valproate/Sodium Valproate by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by SWYPFT and was ratified by the Area Prescribing Committee on 8th January 2025.

Appendix A – Shared Care request form (Amber) for [insert drug name or clinical area]

- Specialist to complete when requesting primary care clinician to enter a shared care arrangement.
- Primary care clinician to return signed copy of form. [Insert details of how to return the form e.g. to a safe haven e-mail address, postal address if the form should be returned by post]
- Both parties should retain a signed copy of the form in the patient's record.

From (**Specialist**): _____ **To** (**Primary care clinician**): _____

As per the agreed Barnsley shared care guideline for [insert drug name or clinical area], this patient is now suitable for prescribing to move to primary care.

The patient fulfils the criteria for shared care and I am therefore requesting your agreement to participate in shared care. I have carried out baseline tests and initial monitoring as detailed in the shared care guideline.

Patient details

Name: _____ NHS Number: _____

Address: _____ DOB: _____

Diagnosed condition: _____

Amber Drug details

Drug name: _____ Dose and frequency: _____

Date of initiation: _____ Length of treatment: _____

The patient has been provided with sufficient medication to last until: _____

The patient will be reviewed by the consultant on: _____

The patient should be reviewed by the primary care clinician by: _____

Monitoring

The following monitoring should be undertaken by the primary care clinician. Refer to the monitoring section of the shared care guideline.

Parameter	Date next test due	Frequency

Communication

Consultant
Telephone number: _____ Fax number:_____

Email address: _____

Specialist Nurse
Telephone number: _____ Fax number: _____

Email address: _____

Confirmation of acceptance of shared care

Specialist (Doctor/Nurse) name: _____

Specialist (Doctor/Nurse) signature: _____ Date: _____

I, [insert name of primary care clinician] can confirm I :

☐ accept the request to participate in shared care for the patient named above and will complete the monitoring as set out in the shared care guideline for this medicine/condition.

☐ reject the request to participate in shared care for the patient named above. The reason for this being ……

Signature of primary care clinician: _____Date:_____

To save resources you have been sent appendix A of the shared care document. The full document (*Shared Care Guideline for the use of Anticonvulsants as mood stabilisers, date approved January 2025)* can be accessed on the Barnsley BEST website at the following link:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/
Or via the Barnsley Area Formulary www.barnsleyformulary.nhs.uk

Appendix B – IMOC Valproate information

Responsibilities of Secondary Care Clinician

Special considerations that apply to valproate

From January 2024, valproate must not be initiated in new patients (male or female) younger than 55 years, unless two specialists* independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply. This decision must be documented, and a Risk Acknowledgement Form (female or male) completed and shared with the GP, and patient.
See below for the additional responsibilities required for women of childbearing potential.

Note: Male patients only require a Risk Acknowledgement form at initiation, NOT annually.
Male patients established on valproate prior to January 2024 should be informed about a possible increased risk of neurodevelopmental disorders in children born to men treated with valproate in the 3 months prior to conception. As a precaution, male patients should be advised to use effective contraception throughout the valproate treatment period and for 3 months after stopping valproate. The MHRA visual risk communication diagram and PIL can be used to support discussions. More details can be found in the MHRA alert and educational materials (Valproate Patient Guide, Healthcare Professional Guide and Patient Card). [Add links when available]

*A specialist prescriber, who initiates treatment, is a consultant neurologist, psychiatrist or paediatrician who regularly manages complex epilepsy or bipolar disorder.
The second specialist signatory could include the following:

- Consultant adult or paediatric neurologists
- Consultant psychiatrists
- Speciality and associate specialist doctors in psychiatry and neurology
- Speciality doctors in psychiatry
- Paediatrician with special interest in epilepsy
- Paediatrician who regularly manages complex epilepsy or bipolar disorder
- Epilepsy Nurse Consultant
- Specialist Nurses in relevant disciplines
- Specialist Pharmacists in relevant disciplines

Women of childbearing potential

- From January 2024, at their next annual specialist review, women of childbearing potential and girls receiving valproate should be reviewed using the revised valproate Annual Risk Acknowledgement Form. A second specialist signature will be needed if the patient is to continue on valproate. Subsequent annual reviews only require one specialist signature.
- The valproate decision support tool can be used to support discussions: Bipolar disorder: is valproate the right treatment for me?
- If valproate is being used, the conditions of the Pregnancy Prevention Programme (PPP) must be fulfilled, as applicable, ensuring:
  - Pregnancy is excluded before treatment initiation.
  - The patient (or their carer) is made aware of, and understands, the risks and is supplied with the Patient Guide
  - The patient understands the need to comply with effective* contraception throughout treatment (if necessary) and undergo pregnancy testing when required.

* Highly effective contraception is preferred, including: the copper IUD, levonorgestrel-releasing IUS and progestogen implant. See the MHRA aide-memoir table for details on contraceptive efficacy and pregnancy testing requirements.

- All patients are reviewed at least annually to re-evaluate treatment, contraception (if necessary), discuss risks and sign an updated Annual Risk Acknowledgement Form. Copies must be forwarded to the patient's GP.
- If the PPP is not required*, the reason is documented in Step 1 of the Annual Risk Acknowledgement Form and shared with the patient and the patients GP.

- Further details on the responsibilities of the specialist are given in the Guide for Healthcare professionals.

* **PPP not required**

If the reason is **permanent** (e.g. hysterectomy, bilateral oophorectomy, post menopause) Step 1 of the updated ARAF only needs to be completed on one occasion.

Where the **absence of risk may change** (e.g. pre-menarche, long-term monogamous relationship with a vasectomised male partner, same sex relationship and not planning pregnancy, intellectual disability), the position should be reviewed at least annually in case of changes in circumstances and at least Step 1 of the ARAF completed.

The decision around the absence of risk of pregnancy can be made by the specialist prescriber alone on consideration of the patient's individual circumstances (without the need for countersignature). [This has been confirmed by the MHRA]

Note: Female sterilisation (tubal ligation) is a highly effective form of contraception. However, locally it has been agreed as an exemption from the conditions of the PPP. GPs must inform secondary care if a reversal procedure is performed.

Responsibilities of the primary care clinician

Special considerations that apply to valproate

From January 2024, **all new requests** to prescribe valproate should be accompanied by a completed Risk Acknowledgement Form (female or male), signed by two specialists. See above for the definition of appropriate specialists.

See below for the additional responsibilities required for women of childbearing potential.

Note: Male patients only require a Risk Acknowledgement form at initiation, NOT annually.

Male patients established on valproate prior to January 2024 should be informed about a possible increased risk of neurodevelopmental disorders in children born to men treated with valproate in the 3 months prior to conception. As a precaution, male patients should be advised to use effective contraception[1] throughout the valproate treatment period and for 3 months after stopping valproate. Patients only require referral to the specialist if they are planning a family in the next 12 months or if they wish to discuss alternative treatment options.

The MHRA visual risk communication diagram and PIL can be used to support discussions. More details can be found in the MHRA alert and educational materials (Valproate Patient Guide, Healthcare Professional Guide and Patient Card). [Add links when available]

[1] Effective contraception is classed as condoms, plus contraception used by the female sexual partner. If there is no pregnancy risk or if the woman is already using highly effective contraception, then condom use is not required to prevent pregnancy.

Women of childbearing potential

- Ensure that all women and girls who are of childbearing potential have been reviewed by a specialist in the last year, and a valid Annual Risk Acknowledgement Form has been received and uploaded to the patient record. If they have not been reviewed, refer them urgently for assessment. An appropriate SNOMED code should be assigned – see Valproate Guidance for Primary Care for more information.
- Ensure all women of childbearing potential and girls receiving valproate who are reviewed by a specialist after January 2024 have been reviewed using the revised valproate Annual Risk Acknowledgement Form. A second specialist signature will be needed if the patient is to continue on valproate. Subsequent annual reviews only require one specialist signature.
- Put in place a robust mechanism to ensure that the ARAF is in date when prescriptions are issued and to ensure that patients are recalled or referred back to secondary care before the expiry date. However, a prescription for sodium valproate should not be stopped, simply due to a delay in specialist review/ ARAF completion, as this may put the patient at risk.
- Ensure women of childbearing potential who are taking sodium valproate are complying with the pregnancy prevention programme (where applicable) and:
    - Have a copy of the Patient Guide
    - Are using effective contraception* and understand the need to comply with effective contraception throughout treatment with valproate. For patients not using highly effective contraception, the risk of pregnancy should be assessed prior to issuing each valproate prescription; pregnancy testing may be required.
      * Highly effective contraception is preferred, including: the copper IUD, levonorgestrel-releasing IUS, progestogen implant. See the MHRA aide-memoir table for details on contraceptive efficacy and pregnancy testing requirements.
    - Remind the patient to contact you immediately if they suspect there has been a problem with their contraception or if they may be pregnant.
- Further details on the responsibilities of the GP are given in the Guide for Healthcare professionals. See RCGP / ABN / RCP Guidance Document on application of MHRA guidelines, in individual cases for more information. Seek specialist advice if concerned.
- Ensure appropriate PPP SNOMED codes are assigned to all patients – see Valproate Guidance for Primary Care for more information.

[1] Effective contraception is classed as condoms, plus contraception used by the female sexual partner. If there is no pregnancy risk or if the woman is already using highly effective contraception, then condom use is not required to prevent pregnancy.