

Stavzor dosing



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Stavzor (generic: valproic acid) is a delayed release medication for the treatment of seizure, manic episodes and migraine headaches (Kinze et al. , 2001). This drug is manufactured in capsule format in concentrations of 125, 250 and 500 mg. Clinical trials have shown that Stavzor of up to 60 mg/kg/day is safe for administration hence a dosing schedule should be established using the available concentrations to assure the patient of safety and prevent the patient from complications such as toxicity. Since Stavzor can be administered to different indications, appropriate dosing schedules may be followed based on the target population.

In the case of manic episodes for patients positively diagnosed with bipolar disorder, the patient can be prescribed with 750 mg of Stavzor daily, in portioned concentrations and then suddenly increasing the dose to the lowest concentration that reaches the optimal plasma concentration. In the case of patients suffering from complex seizures, the patient may be initially administered with Stavzor at 10 – 15 mg/kg/day. For the subsequent weeks, the dosage can be increased by 5 – 10 mg/kg/day until the optimal response is observed in the patient.

It is thus important that follow-up appointments be made with the patient, with weekly checkups being the ideal scenario because the increase in the dosage will be done every week. At the same time, the concentration of valproate in the patient's blood serum should be checked for verification of the optimal dose. For patients experiencing absence seizures, the initial dose may be prescribed at 15 mg/kg/day and also increasing each week by 5 – 10 mg/kg/day until the patient does not experience any seizures. Once this is

observed, the serum concentration of valproate of the patient should be determined for clinical records.

For patients suffering from migraines, the ideal dose should be 250 mg, administered twice a day. The prescribed dosing schedule should be critically followed by a patient because the drug is a recent release and there is not much information with regards to high doses and side effects. In addition, the long-term administration of Stavzor has not yet been documented. The clinical trials on Stavzor only involved three-week investigations of patients positively diagnosed with epilepsy, seizures or migraines (Shinohara et al. , 2007; Yurekli et al. , 2007).

The physician should therefore take note of the initial dosing of the patient and make frequent checks on his patient in order to determine whether there are any complications that have arisen after administration of the drug for several weeks. The dosing schedule affects the compliance of the patient because it is actually easier for a patient to take a drug once a day than to take it several times a day. There are patients who may have no patience to deal with several intakes of the drug and some patients may even forget to take the medicine several times a day.

Hence it is important that the patient follows the dosing schedule especially if the drug should be taken several times a day in order to achieve an optimal working dose for the specific disease he is experiencing. It is also important that serum valproate levels be determined when the symptoms have subsided, especially in epileptic patients. The physician may be able to collect the serum valproate levels of several of his epileptic patients and

conclude, based on his case studies, that a specific dose can be administered to epileptic patients for a duration of time, at such specific doses, in order to prevent seizures.

An alternative dosing schedule could employ the lowest possible dose, such as 125 mg per day and this can be administered for a week or two. After such duration, the patient should go back to his physician and describe how he feels after two weeks of taking the drug at such dose. If the patient feels much better or his condition improves, then that specific dosage is enough for the patient. Such setting will also solve the cost of buying the drugs at higher doses, as well as compliance of the patient to a dosing schedule.