



**Report Title:** Sodium Valproate  
Official Information Act Request

**Prepared for:** facsnz  
Foetal Anti-Convulsant Syndrome New Zealand

**Prepared by:** New Zealand Pharmacovigilance Centre  
30 May 2017

**Specific Request:** How many reported cases of exposure to sodium valproate during pregnancy have been reported?  
  
What dosage of sodium valproate caused the effects?

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## Results

### Exposure to sodium valproate during pregnancy

Cases reported to CARM - 01 April 1965 to 31 March 2017  
identifying sodium valproate treatment during pregnancy

25

### Dosage of sodium valproate

These 25 cases describe Intra-uterine absorption and a dose cannot be quantified therefore

Each case has been reviewed to identify the daily dose of sodium valproate administered to the mother and this has been provided on 17 of the 25 cases.

mg/day	Number of Cases
600	1
900	1
1000	2
1200	1
1250	1
1400	1
1500	1
2000	6
2300	1
2400	1
2500	1

## CAVEAT DOCUMENT

Accompanying statement to data released from the  
NEW ZEALAND CENTRE FOR ADVERSE REACTIONS MONITORING

The Centre for Adverse Reactions Monitoring (CARM) has only limited details about each suspected adverse reaction contained in its Database. It is important that the limitations and qualifications which apply to the information and its use are understood.

The data made available represent the collection of spontaneous reports in the CARM database associated with therapeutic products/vaccines granted regulatory approval for use in New Zealand.

Reports have been submitted to the Centre since April 1965 and in many instances describe no more than suspicions which have arisen from observation of an unexpected or unwanted event. This level of reporting is due to CARM encouraging reporters to report events they suspect may be associated with a pharmaceutical product/vaccine irrespective of whether or not they believe it was the cause. CARM accepts all reports and proof of causality is not required when submitting a report to CARM. Coincidental events that may be unrelated to pharmaceutical product/vaccine exposure may be reported. This is particularly possible when the product has widespread use, or is used in targeted strategies such as vaccination campaigns.

In most instances it cannot be proven that a pharmaceutical product or ingredient is the cause of an event in the Database. Reports vary in quality, completeness and detail and may include detail that is incorrect. Consequently, a report in the CARM database of an event does not confirm that the pharmaceutical product/vaccine caused the event.

The volume of reports for a particular product may be influenced by the extent of use of the product, publicity, nature of reactions and other factors which vary over time and from product to product. It is generally accepted internationally that systems such as CARM are subject to under-reporting which may result in scant reports for events perceived by the reporter to be minor or well recognised, whilst more serious or unexpected events are possibly more likely to be reported, even if they are coincidental. Moreover, no information is provided on the number of patients exposed to the product.

The data contained in these tables are further subject to ongoing internal quality controls, review and updating and therefore may be subject to change, particularly if follow-up information is received.

For the above reasons interpretations of adverse reaction data, and particularly those based on comparisons between pharmaceutical products, may be misleading. Any use of this information must take into account at least the above. Although this information is now released, it is strongly recommended that prior to any use of such information, CARM is contacted for interpretation.

Any publication, in whole or in part, of the obtained information must have published with it a statement:

- (i) of the source of the information
- (ii) that the information is not homogenous at least with respect to origin or likelihood that the pharmaceutical product/vaccine caused the adverse reaction,
- (iii) that the information does not represent the opinion of the NZPhvC or CARM.

Director  
**New Zealand Pharmacovigilance Centre**