



I really could not find any evidence base that supports utilizing valproic acid for dementia related behaviors. Most resources also believe that the risk outweighs the benefits and the consensus seems to be that we should not be using it for this purpose. That opinion is mainly based on the fact that it does not really separate from placebo when used for this purpose and the risk profile of the medication is too significant to utilize it without efficacy. So, for dementia, I can't really support the use of valproic acid. The three psychiatrists I talked to, independently, confirmed that conclusion. I basically just asked that role they thought VA had in treating dementia.

When I reviewed the hospice/palliative care literature, it is less definitive but it does not recognize VA as one of the top 3 treatments for acute delirium and terminal agitation. There may be a place for it in patients that do not respond to first, second, or third line treatment for delirium/terminal agitation.

Obviously, if the patient is on a terminal trajectory and their life expectancy is short, there is much more therapeutic flexibility. We are essentially looking for anything that would make the patient comfortable. Having said that, it looks like Haldol plus or minus lorazepam is the most effective therapy. I'm obviously not as familiar with this literature base so forgive me if my interpretation is way off base.

Essentially, I don't think that using valproic acid for dementia related behaviors is supported by evidence and the three knowledgeable psychiatrists that I consulted had the same interpretation of the literature. I don't think we can say that using valproic acid for dementia behaviors follows the standard of care. I think that the potential harms far outweigh any benefits. If you have literature proving otherwise, I am certainly open to reviewing it and reconsidering my opinion.

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