Study on Optimal Dose of Sodium Valproate (VPA) in Treating Bipolar Mood Disorder (BMD) Patients in Hospital Melaka

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ABSTRACT

Introduction: Sodium Valproate (VPA) has been commonly used as mood stabilizers worldwide in treating Bipolar Mood Disorder (BMD). Suboptimal dosing or poor clinical responses towards VPA often resulted in relapse episodes among BMD patients. Evaluation of aggressive initial dosing and serum level with efficacy and BMD relapse are crucial in maximizing clinical benefits while minimizing undesirable adverse events or incidence of relapse. This study aimed to compare dose and serum level of VPA among BMD patients during acute and remission phase. Methods: A cross sectional study was conducted in the Psychiatric Clinic Hospital Melaka, Malaysia from August 2017 till August 2019. We reviewed all patients diagnosed with BMD and on VPA. Out of 68 BMD patients included, only 49 patients were included for further analysis by SPSS version 21. Non parametric Mann-Whitney Test was used in determining differences between VPA doses and serum level between patients with history of admission and without admission. A value of p<0.05 was considered statistically significant. Meanwhile, paired t-test was used in comparison of VPA doses and serum levels during acute and remission phase among patients who have been admitted. Results: Among the 49 included patients, 20 patients had a history of relapse. The VPA doses among patients with a history of relapse were statistically significantly higher (921.5 [371] mg and 600 [396] mg, p=0.003). However, the serum level between patients with and without history of relapse were not statistically significant (65.5 [57.8] mcg/ml and 46.53 [18.29] mcq/ml, p=0.668). Among patients with relapse, the VPA dose and serum level prior to admission were not significantly different compared to dose and level after admission. Only 12 patients experienced side effects while on VPA. The most commonly reported side effect was sedation. Conclusion: Our study did not show a significant difference in the dosing among BMD patients during acute and remission phase. Further study should focus on other factors that affect the control of BMD.

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Minilaparotomy Hysterectomy as an option for Hysterectomy: Literature Review

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ABSTRACT

Introduction: Minilaparotomy approach emerges as an effective alternative to hysterectomy for benign gynaecological diseases when vaginal or laparoscopic route is difficult or not feasible. It employs traditional open techniques with less invasive surgical access hence shorter learning curve and more cost-effective than laparoscopic procedures yet comparably postoperative recovery. The objective of this study was to report our experience with minilaparotomy hysterectomy. Methods: Data was retrospectively collected from medical records of all patients who underwent minilaparotomy hysterectomy in a single medical centre in Johor Bahru, Malaysia over three-year duration from 1st January 2018 to 31st December 2020. Results: There were total 10 cases reviewed. The age range patients were between 42 to 77 years. Two had previous surgery and 4 with underlying comorbidity. The median operation time and intraoperative blood loss were 92.5 min (IQR 44min) and 745ml (IQR 400ml). Histopathology report revealed 6 with fibroid, 3 adenomyosis with endometrioma and 1 benign cystadenoma. The median uterine weight was 655.5 gm (range 564gm). The median post-operative hospital stay was 2 days (IQR 1 day). Conclusion: Minilaparotomy hysterectomy is safe and feasible surgical approach for women with benign gynaecological diseases. It should be considered as valid option when vaginal or laparoscopic-assisted vaginal hysterectomy is difficult or contraindicated. It allows more rapid conversion to normal laparotomy compared to vaginal and laparoscopic route. Its minimally invasive approach improves the postoperative outcomes as compared to conventional abdominal hysterectomy. The use of traditional instruments is cost-effective and with its short learning curve making it more available even in low-resource settings.