Divalproex and lithium are similarly cost effective for adults with bipolar disorder

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Is divalproex more cost effective than lithium for adults with bipolar disorder?

**METHODS**

- Design: Randomised controlled trial.
- Allocation: Not clear.
- Blinding: Unblinded.
- Follow up period: Twelve months.
- Setting: Thirty three university and community based psychiatric practices, USA; 1995–97.
- Patients: 221 people 18 years or over with bipolar disorder (DSM-IV) hospitalised for an acute manic or mixed episode. Exclusions: serious neurological abnormalities; seizure disorders; drug or AIDS induced mania; uncontrolled medical comorbidity; taking anticoagulants; breastfeeding likely to become pregnant.
- Intervention: Divalproex sodium (15–20 mg/kg/day) or lithium (up to 1800 mg/day in the acute treatment phase, 900–1200 mg/day in the maintenance phase). All participants also received usual psychiatric care.
- Outcomes: Quality of life (QOL; SF-36 mental and physical component summaries, Mental Health Index-17); months without DSM-IV mania and depression estimated direct medical costs (estimates in 1997 US$).
- Patient follow up: 77.8% at 12 months.

**MAIN RESULTS**

There were no significant differences at 12 months between divalproex and lithium in quality of life or time spent with mania and depression (see http://www.ebmentalhealth.com/supplemental for table). Most participants discontinued their medication during follow up (61% with divalproex and 60% with lithium). Overall medical costs were similar in the two groups (mean annual cost: US$28,911 divalproex v US$30,666 lithium, p = 0.693).

**CONCLUSIONS**

Clinical outcome, quality of life, and medical costs were similar with lithium and divalproex in people with bipolar disorder.

**NOTES**

In addition to their allocated treatment, participants could be prescribed other drugs as needed. During the first three months of the study, 14% of the divalproex group also received lithium and 18% of the lithium group also received divalproex, which may bias towards finding no difference between treatments. Analyses were not by intention to treat, because people who did not provide any follow data were excluded.

**Commentary**

This pragmatic study comparing divalproex and lithium in the treatment of bipolar disorder reveals important and clinically relevant information pertaining to effectiveness and associated costs of treatment that are far too often neglected in both our scientific literature and our day to day practice of medicine.

Revicki et al studied 221 people randomly assigned to treatment with either divalproex or lithium hospitalised manic or mixed episodes and followed out for one year. Their finding of no significant difference between groups in terms of length of hospital stay (about 11 days in each group) is similar to previous findings. There were no significant differences between groups in terms of length of hospital stay among patients with bipolar disorder.

Revicki et al rightly point out implications for clinical practice based on their observation that early treatment dropouts were more likely to have a history of suicidal behaviour and were more likely discharged into an unsupervised residential setting— that post discharge planning is essential for optimising recovery of health and functioning. Clinicians should strive to improve the continuity of care for inpatients into the outpatient setting and the continuation of care once thus established, in the hope of improving adherence and effectiveness which directly affect costs of care.

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