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Letter to the Editor

Effect of Divalproex Combined with Olanzapine or Risperidone in Patients with an Acute Exacerbation of Schizophrenia

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Sir

We were impressed by the results with Divalproex combined with olanzapine or risperidone in patients with an acute exacerbation of schizophrenia. One of us (MBI) runs a locked, male-only, ten-bedded, psychiatric intensive care unit, and often uses the combination of sodium valproate (mean dose, 1200–2000 mg per day in divided doses) and atypical antipsychotic drug. We are currently engaged in an open label study in the unit to try to analyze individual predictors of response to antipsychotic medication. Patients give informed consent to the use of the data when they have the capacity to do so. The study is ongoing, with annual interim reports. The unit has a combination of forensic patients waiting for placement in high security and they are not included in the analysis. The patients are detained against their will under the UK Mental Health Act (1983). The patients may appeal against detention through independent Mental Health Review Tribunals as well as to the board of managers of the hospital. Patients are transferred to an 'open' psychiatric ward if they are settled enough to be managed in such a setting, or the appeal tribunal so directs. Of 57 patients admitted to my unit over the past year, 30 male patients with a diagnosis of schizophrenia (ICD-10) consented to take part in the study. We used the Brief Psychiatric Rating Scale (BPRS, Overall JE and Gorham DR (1988). *Psychopharmacol Bull* **24:** 97–99), and the Temperament & Character Inventory (TCI-240, Cloninger R (1987). *Arch. Gen Psychiatry* **44:** 573–588) instruments in the assessment. We tabulate the results as follows:

	Atypical antipsychotics alone	Combination of atypical+sodium valproate	Typical antipsychotics alone
BPRS day 0	98.94 ± 19.21 (18)	108.10 ± 26.05 (10)	112.50 ± 3.53 (2)
BPRS day 14	82.12 ± 20.15 (16)	88.00 ± 21.08 (9)	92.50 ± 31.81 (2)
BPRS day 28	69.62 ± 19.08 (16)	81.57 ± 20.95 (7)	91.5 ± 33.23 (2)
Admission dates	63.56 ± 39.09	60.60 ± 41.22	97.9 ± 89
P (reward dependence, TCI-240)	13.83 ± 2.51*	16.88 ± 2.1*	14.5 ± 2.12

*F=4.998; Sig <0.008

We wish to point out the comparatively high BPRS scores in this group. There are no statistical differences in BPRS or admission dates. However, from 18 patients treated with atypical antipsychotics alone, two patients were well enough to return to an 'open' ward within 28 days, compared with three of the 10 treated with the combination of atypical antipsychotics and sodium valproate. There were differences in the scores of the Reward Dependence in the TCI-240, where patients taking the combination have higher scores. We did not use valproate in the Divalproex formulation, and that may explain the lack of differences in BPRS.

We agree with the authors that the combination probably has implications for the length of the stay of the admission, and support their call for further research in the area.

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