

**A Double-Blind Placebo-Controlled, Randomized Trial
of Divalproex Sodium for Posttraumatic Irritability
Greater Than 1 Year After Mild to Moderate Traumatic
Brain Injury**

**Principal Investigator:
Thomas Beresford, M.D.**

**Denver Research Institute
Dept. Veterans Affairs, Denver
School of Medicine, UC Denver**

**Congressionally Directed Medical Research Programs, Dept of Defense
Award Number: PT075168
Award Amount: \$756,000 total**

mTBI Study Team

Co-Investigators:

David Arciniegas, M.D., U New Mexico

Hal Wortzel, M.D., Ph.D., Colorado

Patrick Ronan, PhD, U South Dakota

Consultant:

Christos Davtazikos, Ph.D. , U. Penn

Brie Thumm, RN, MSN, MBA, Study Manager

Sharron LaVoy, EdM , Research Associate

Colin Coleman, Research Assistant

Benjamin Temple, Research Assistant

David Weitzenkamp, PhD, Statistician

"My Sweetest Child"/"DATC"/ "Rodeo"

**25 y/o AA male,
OIF, E-3, HumVee
turret gunner**

**37 y/o w male,
OIF, E-9, tank
commander**

**26 y/o w male,
OIF, O-2, platoon
leader**

Roadside explosive

Rocket attack

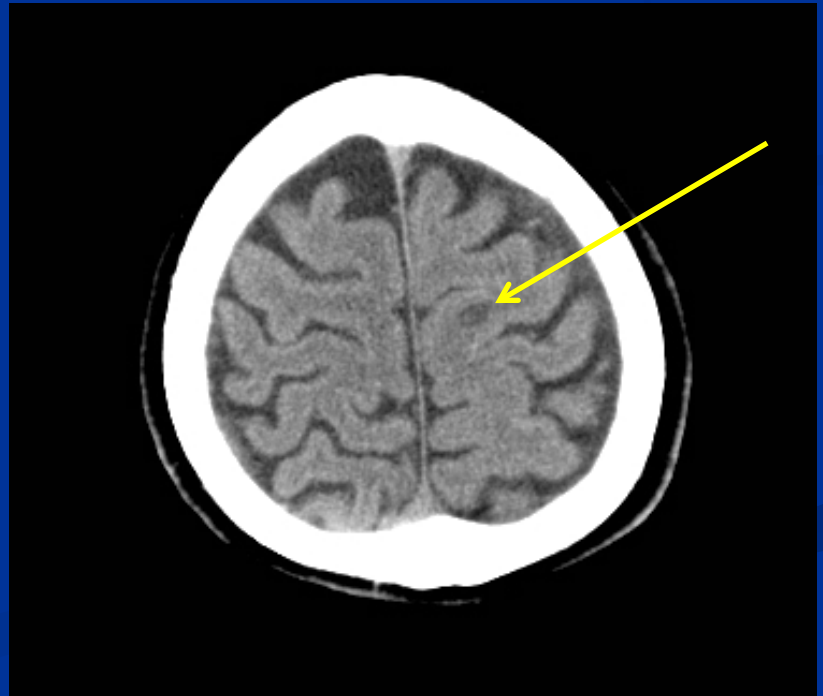
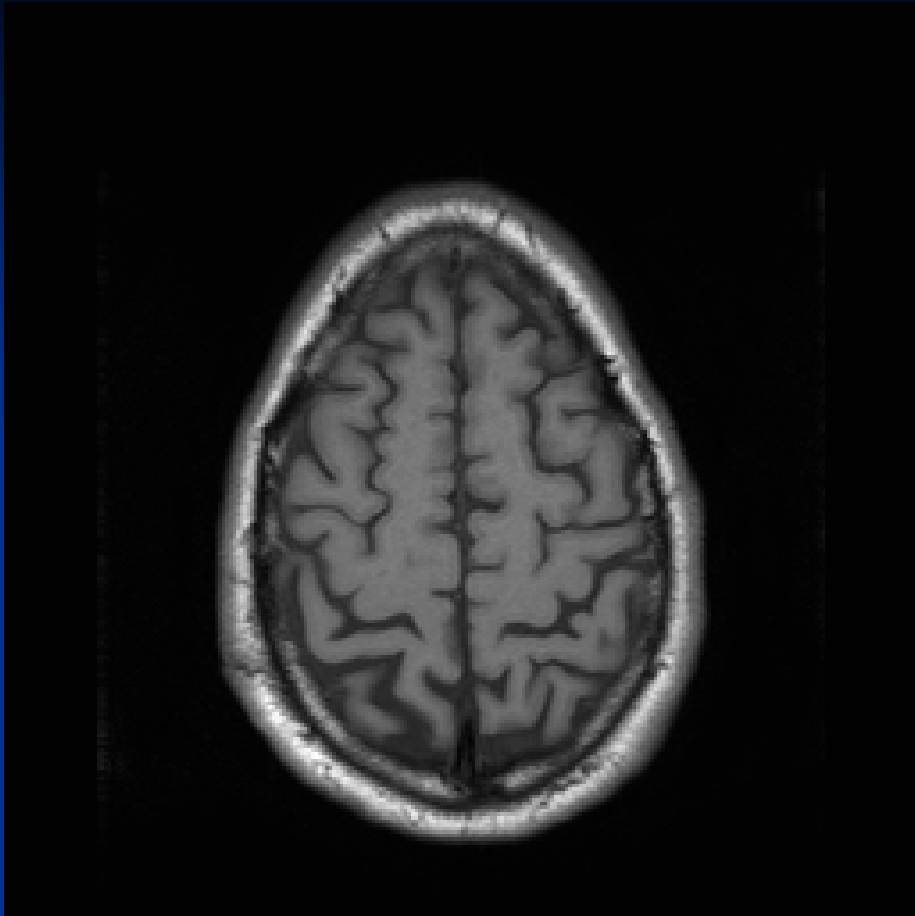
Trap explosive

Immediate

- Loss of Consciousness ~ 1 hour**
- No memory of the event**
- Dazed concussive like symptoms for days**
- No open cranium injury**
- Brain MRI negative**

At One Year

- Easily irritable with poor control**
- Unable to participate in sustained relationships**
- Unable to hold a job involving work with others**



Study Background/Rationale

Clinical observation: 1) taking TBI histories in the SATP
2) drinking following head injury and in response to affective lability.

Rationale: treat “upstream”--valproate and carbamazepine clinically for affective control.

Clinical series: markedly reduced drinking in TBI cases
Beresford, TP, Arciniegas, DB, et al. Anticonvulsant Treatment Of Affective Lability and Alcohol Dependence Following Traumatic Brain Injury. *Brain Injury*, 19: 309-13, 2005

Proof: Can this be shown in double blind, randomized, placebo controlled trial?

Goal: A specific treatment for Irritability leading to improved function and recovery of work and family, and secondary effect of drinking reduction

Hypotheses

**Hypothesized Path From TBI Through Irritability
To Heavy Alcohol Use**

Primary Hypothesis:

valproate > placebo in reducing Irritability

Secondary Hypothesis:

reduced alcohol use in the active drug group

Design and Methodology

Design: placebo controlled, randomized, double blind, 8 week trial, adults of both genders, vets and non-vets, N = 50 randomized cases, intent to treat analysis.

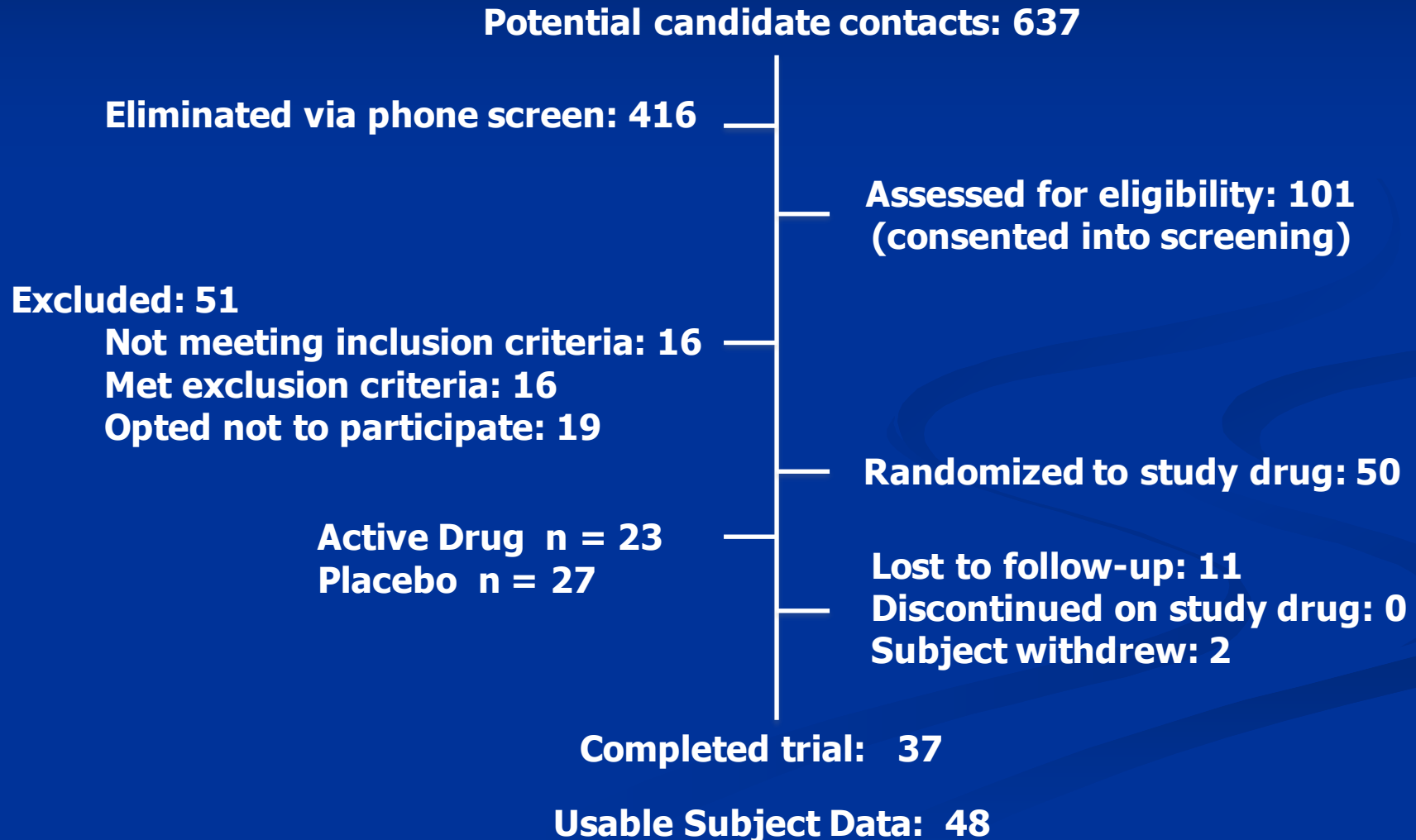
Inclusion: Irritability and alcohol abuse after mild to moderate TBI (non-penetrating), symptoms present 1 year after TBI; significant other (S/O) reports s's Irritability and problematic alcohol use.

Exclusion: penetrating injuries.

Outcome measures:

- Subject and S/O: S's affective measures at interview
- Subject and S/O: Time Line Follow Back (TLFB) of S's Alcohol Use

Enrollment Log



Results 1

Randomized: Drug 23 Placebo 27

Gender: 46 male, 4 female, equal distribution

Age: 47 yrs +/- 14 yrs; range 25 – 62 yrs

Subject Cognition (n = 45):

Frontal Assessment Battery (FAB):

below 2 stdev	5	11%
below 1 stdev	7	16%
below mean	10	22%
at/above mean	23	51%

Table 1: Demographics and Baseline Values Of Outcomes

	Divalproex sodium (n=23)	Placebo (n=27)	Overall (n=50)	p-value
Male - n (% in group)	20 (87.0%)	20 (74.1%)	40 (80.0%)	0.8572
Female – n (% in group)	3 (13.0%)	7 (25.9%)	10 (20.0%)	
TBI severity				0.5660
Mild	12 (57.1%)	13 (59.1%)	25 (58.1%)	
Moderate	5 (23.8%)	7 (31.8%)	12 (27.9%)	
Severe	4 (19.1%)	2 (9.1%)	6 (14.0%)	
Drinks/wk at baseline	19.5 (SD=33.2)	17.9 (SD=20.0)	18.7 (SD=26.7)	0.8370
Age at consent	46.2 (SD=10.99)	45.3 (SD=9.66)	45.7 (SD=10.23)	0.7498
FAB	16.0 (SD=16.04)	16.5 (SD=16.5)	16.3 (SD=1.57)	0.3329
Trails B	98.9 (SD=40.50)	87.6 (SD=34.22)	93.4 (SD=37.49)	0.3068
NRS	10.1 (SD=4.08)	12.3 (SD=4.38)	11.4 (SD=4.27)	0.0901
ABS - self	12.4 (SD=1.50)	12.7 (SD=2.16)	12.65 (SD=1.93)	0.5288
CGI - self	3.3 (SD=1.25)	3.5 (SD=1.60)	3.4 (SD=1.40)	0.6390
CGI - provider	3.3 (SD=1.14)	4.0 (SD=0.98)	3.7 (SD=1.09)	0.0311

Results 2

Primary Outcome (n=48):

mean S/O rated Agitated Behavior Scale

Drug, n=22: 12.7 +/- 1.1

Placebo, n=26: 16.3 +/- 1.3

p = 0.0399, Cohen's d = 0.44 medium

Secondary Outcome:

Mean standard drinks/week (TLFB)

VPA: 22.4 +/- 5.6

Placebo: 14.1 +/- 5.9

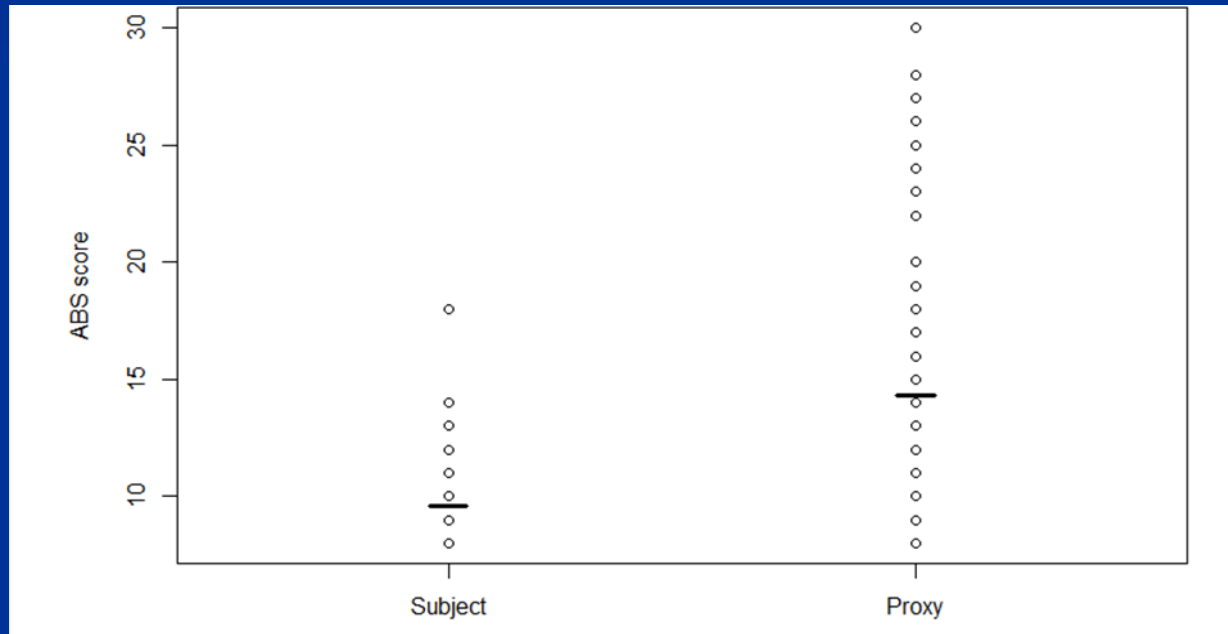
p = 0.31, n. s.

Table 3: Estimated Mean Outcomes Between Weeks 2 And 8, Adjusting For Repeated Measures, By Treatment Group

Outcome	Divalproex sodium Mean (SE)	Placebo Mean (SE)	p-value
TLFB	22.43 (5.63)	14.08 (5.92)	0.3081
Days drinking	2.31 (0.47)	1.59 (0.46)	0.2794
FAB	16.58 (0.38)	16.38 (0.33)	0.6953
Trails B	92.16 (10.00)	86.13 (9.59)	0.6725
NRS	5.16 (0.80)	6.63 (0.82)	0.2025
ABS - self	9.21 (0.24)	9.43 (0.25)	0.5141
ABS - proxy	12.72 (1.09)	16.25 (1.26)	0.0399
CGI - self	2.52 (0.27)	3.09 (0.28)	0.1523
CGI - provider	2.73 (0.25)	2.96 (0.26)	0.5362

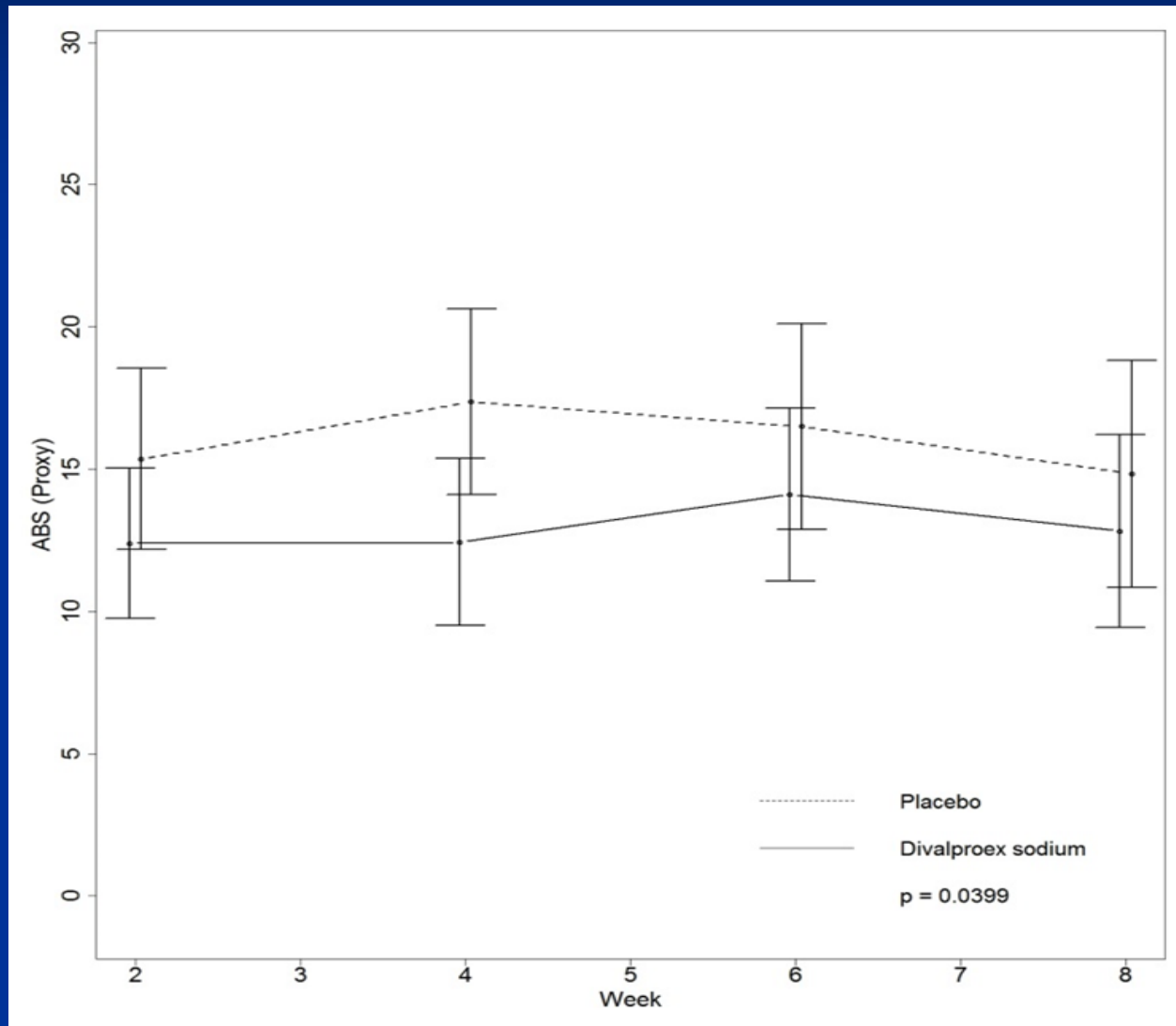
Figure 1: Self and Proxy ABS scores

Figure 2. Subject and Informant ABS Ratings At Baseline



Legend Figure 2. Means: Subject 9.5 ± 2.5 , Informant 14.8 ± 3.2 ($p < 0.05$)

Figure 2: Plot of ABS proxy scores (95% CIs) between 2 and 8 weeks by treatment group



Conclusions

Valproate appears effective against “permanent” Irritability after mild to moderate TBI.

Alcohol Dependence/Abuse (ICD-10) insufficient to test in this sample.

No statistical relation to Histories of PTSD, anxiety, or veteran status in this sample

Lessons

- 1) TBI studies require data from SO's, not just subjects and observers.
--behaviors rather than words

Anisognosia?

- 2) Does post-TBI Irritability impair family relations?

“Absence of evidence is not evidence of absence.” -- Carl Sagan

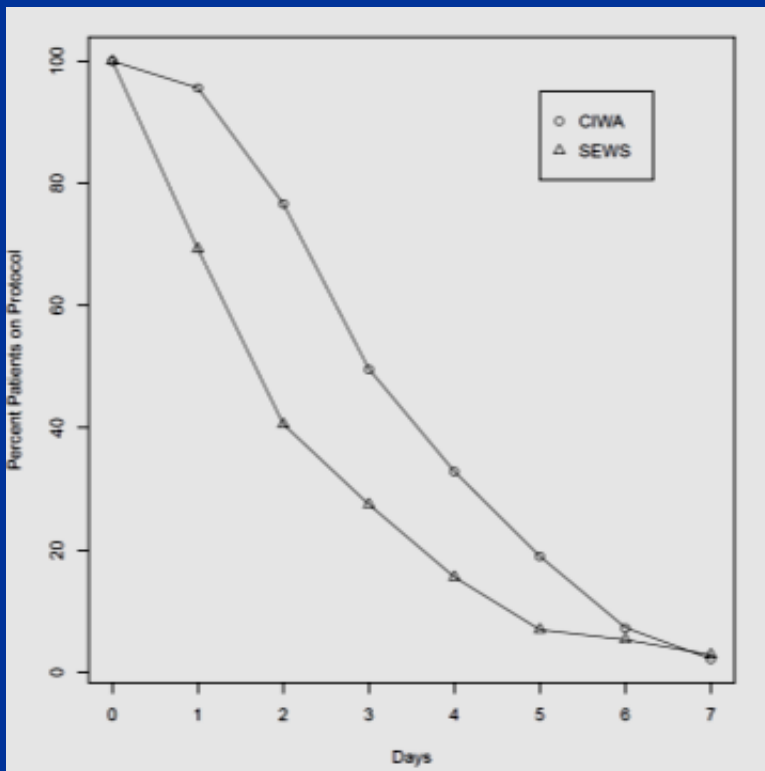
LCTRP: improving practice by learning from practice

Deliverables:

- Rational clinical assessment of alcoholic persons requesting liver transplant**
- Immunosuppressants reduce alcohol intake in mice; humans?**
- Methylphenidate treatment of central pontine myelinolysis brain effects**
- Practical approach to Psychological Adaptive Mechanism recognition**
- SEWS: Severity of Ethanol Withdrawal Scale – clinically effective**

Improving Alcohol Withdrawal Treatment

- Figure: % on Protocol by Day SEWS (n = 244) and CIWA-Ar (n = 137)



SEVERITY OF ETHANOL WITHDRAWAL SCALE (SEWS)	Y E S	S C O R E
ANXIETY: do you feel that something bad is about to happen to you right now?	3	
NAUSEA <u>and</u> DRY HEAVES or VOMITING?	3	
SWEATING (includes moist palms, sweating now)?	2	
TREMOR: with arms extended, eyes closed	2	
AGITATION: fidgety, restless, pacing	3	
ORIENTATION		
Name and place but not date	1	
Name but not place and date	3	
HALLUCINATIONS		
Auditory only (check for major psychotic disorder)	1	
Visual, tactile, olfactory, gustatory (any)	3	
VITAL SIGNS: <u>ANY</u> of the following	3	
Pulse >110		
Diastolic BP >90		
Temp >99.6		
TOTAL SCORE =		
Total Score < 6: low to mild withdrawal severity		
Total Score = or > 6: moderate severity		
Total Score = or > 12: high severity		