

# FOUNDATION THERAPY YOU CAN BUILD ON



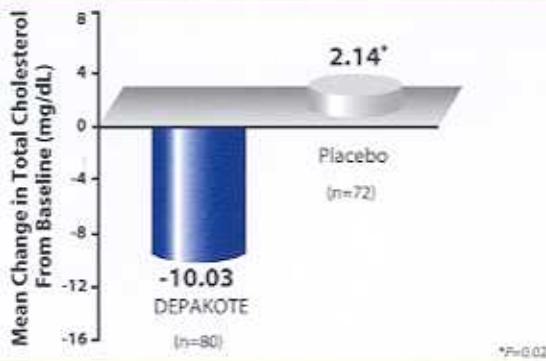
DEPAKOTE

**Depakote**  
divalproex sodium  
Delayed-Release Tablets  
A SOLID FOUNDATION

## Metabolic Effects Are Important When Choosing a Foundation Therapy

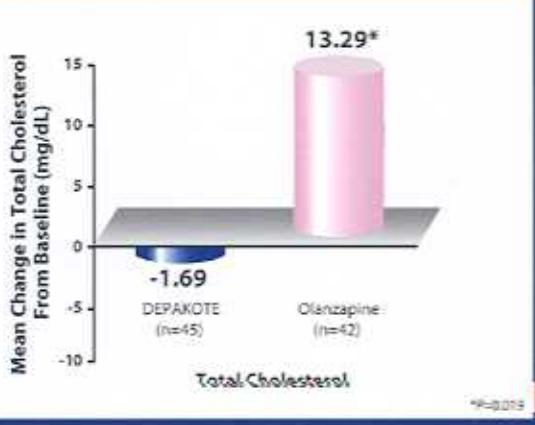
DEPAKOTE Did Not Increase Cholesterol in Clinical Trials<sup>1</sup>

### Cholesterol Results From Pivotal Trials<sup>1</sup>



**Study Design:** A pooled analysis of variance (ANOVA) from studies M87-016 and M88-267. Patients treated for bipolar mania with DEPAKOTE (n=72) and placebo (n=80) were monitored for baseline, total protein, albumin, creatinine and glucose. DEPAKOTE demonstrated a mean reduction in cholesterol from baseline that was statistically significant from placebo (P=0.02).

### DEPAKOTE vs Olanzapine Monotherapy<sup>2</sup>



**Study Design:** In a 12-week, randomized, double-blind, multicenter study of 120 bipolar patients, DEPAKOTE was initiated in 63 patients at 20 mg/kg/day while olanzapine was initiated in 7 patients at 18 mg/day. The primary efficacy measurement was change in MRS scores from baseline to day 21. Mean reduction in MRS scores: DEPAKOTE -14.8; olanzapine -17.2. Mean doses: DEPAKOTE 308; olanzapine 223. Several metabolic parameters were monitored, including total cholesterol, LDL, HDL, triglycerides, glucose, and weight. Mean initial doses: DEPAKOTE 1583 mg; olanzapine 16 mg.

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