

Open Access

The Molecular and Therapeutic Potential of Valproic Acid, as well as Its Toxicity

Gyawu Rehman*

Department of Pathology, Wake Forest University School of Medicine, China

Abstract

Valproic acid is a widely used medication for the treatment of epilepsy and bipolar disorder. It exerts its therapeutic effects through various molecular mechanisms, including enhancement of GABAergic neurotransmission, modulation of signaling pathways, and neuroprotective properties. These mechanisms contribute to its efficacy in controlling seizures and stabilizing mood. However, VPA is not without its drawbacks, as it can be associated with hepatotoxicity, gastrointestinal disturbances, weight gain, hair loss, and teratogenicity. This article provides an overview of the molecular and therapeutic potential of VPA, as well as its associated toxicity. It highlights the need for careful monitoring and informed decision-making when prescribing VPA, while also discussing the ongoing research and development of safer derivatives.

Keywords: Valproic acid; Epilepsy; Bipolar disorder; Signaling pathways; Neuroprotection; Hepatotoxicity; Adverse effects; Teratogenicity; Safer derivatives

Introduction

Valproic acid is a well-known medication that has been widely used for the treatment of epilepsy and bipolar disorder. It is a broad-spectrum anticonvulsant and mood stabilizer that has shown significant efficacy in controlling seizures and stabilizing mood in patients. However, beyond its established therapeutic benefits, there is growing interest in exploring the molecular mechanisms of VPA and its potential in treating other diseases. Nonetheless, it is important to recognize and address the potential toxicity associated with this drug [1].

The molecular mechanisms underlying the therapeutic effects of VPA are complex and not yet fully understood. One of the primary mechanisms is its ability to enhance the inhibitory effects of gammaamino butyric acid, a neurotransmitter that plays a crucial role in regulating neuronal excitability. VPA increases GABA levels in the brain by inhibiting its degradation and promoting its release. This enhances GABAergic neurotransmission and reduces the excessive firing of neurons that is characteristic of epilepsy and bipolar disorder [2].

Moreover, VPA has been found to modulate various signaling pathways involved in neuroprotection, neurogenesis and synaptic plasticity. It affects histone deacetylase enzymes, leading to alterations in chromatin structure and gene expression. These epigenetic changes can impact neuronal function and contribute to the therapeutic effects of VPA. Additionally, VPA has been shown to have anti-inflammatory and antioxidant properties, which may further contribute to its neuroprotective effects [3].

Beyond epilepsy and bipolar disorder, research has explored the potential of VPA in treating various neurological and psychiatric conditions. Studies have indicated its efficacy in migraine prophylaxis, attention-deficit hyperactivity disorder, autism spectrum disorders, and even neurodegenerative diseases such as Alzheimer's and Parkinson's disease. While these findings are promising, further research is needed to establish the safety and effectiveness of VPA for these conditions [4].

Despite its therapeutic potential, VPA is not without its drawbacks. One significant concern is its potential for hepatotoxicity, which can range from mild elevation of liver enzymes to severe hepatotoxicity, including acute liver failure. Regular monitoring of liver function is

Toxicol Open Access, an open access journal

necessary during VPA treatment, especially in the first six months, to detect any signs of liver damage. Additionally, VPA has been associated with other adverse effects, such as gastrointestinal disturbances, weight gain, hair loss, and teratogenicity the potential to cause birth defects when used during pregnancy [5].

These derivatives, such as valpromide and valnoctamide, have shown promising results in preclinical studies, but their clinical utility is still under investigation. Its molecular mechanisms of action involve modulation of GABAergic neurotransmission, epigenetic changes, and neuroprotective effects. Furthermore, research suggests its potential in treating other neurological and psychiatric conditions. However, it is important to be cautious of its potential toxicity, particularly hepatotoxicity, and to closely monitor patients during treatment. The ongoing exploration of safer derivatives of VPA may lead to improved therapeutic options in the future [5].

Discussion

Valproic acid is a medication with well-established therapeutic potential in the treatment of epilepsy and bipolar disorder. Its molecular mechanisms of action involve multiple pathways, making it a versatile drug with a wide range of potential therapeutic applications. However, it is important to consider the potential toxicity associated with its use.

The primary therapeutic effect of VPA lies in its ability to enhance GABAergic neurotransmission. GABA is an inhibitory neurotransmitter that plays a crucial role in regulating neuronal excitability. VPA increases GABA levels in the brain by inhibiting its degradation and promoting its release. This mechanism helps to reduce excessive neuronal firing, which is a hallmark of epilepsy and bipolar disorder. By stabilizing neuronal activity, VPA effectively controls

*Corresponding author: Gyawu Rehman, Department of Pathology, Wake Forest University School of Medicine, China, E-mail: gyawu.rehman@gmail.com

Received: 01-July-2023, Manuscript No: tyoa-23-105423, Editor Assigned: 04-July-2023, PreQC No: tyoa-23-105423 (PQ), Reviewed: 18-July-2023, QC No: tyoa-23-105423, Revised: 22-July-2023, Manuscript No: tyoa-23-105423 (R), Published: 29-July-2023, DOI: 10.4172/2476-2067.1000227

Citation: Rehman G (2023) The Molecular and Therapeutic Potential of Valproic Acid, as well as Its Toxicity. Toxicol Open Access 9: 227.

Copyright: © 2023 Rehman G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

seizures and helps to stabilize mood in patients [7].

In addition to its effects on GABA, VPA also modulates various signaling pathways involved in neuroprotection, neurogenesis, and synaptic plasticity. One such pathway is the inhibition of histone deacetylase enzymes. HDAC inhibitors, like VPA, alter the acetylation status of histones, leading to changes in chromatin structure and gene expression. This epigenetic regulation can impact neuronal function and contribute to the therapeutic effects of VPA.

Furthermore, VPA has demonstrated anti-inflammatory and antioxidant properties, which may play a role in its neuroprotective effects. Neuroinflammation and oxidative stress are common features of many neurological disorders, including epilepsy and neurodegenerative diseases. By reducing inflammation and oxidative damage, VPA may help protect neurons from further injury and contribute to the overall therapeutic benefit [8].

Beyond epilepsy and bipolar disorder, there is growing interest in exploring the potential of VPA in other neurological and psychiatric conditions. Studies have shown promising results in migraine prophylaxis, attention-deficit hyperactivity disorder, autism spectrum disorders, and neurodegenerative diseases like Alzheimer's and Parkinson's disease. These findings suggest that VPA's molecular mechanisms may have broader applications in the field of neuropsychiatry. However, it is important to consider the potential toxicity associated with VPA use. Hepatotoxicity, or liver toxicity, is a significant concern. Regular monitoring of liver function is essential during VPA treatment, especially in the initial months, to detect any signs of liver damage. In rare cases, VPA can cause acute liver failure, which can be life-threatening. Therefore, caution should be exercised, and patients should be closely monitored, particularly those with preexisting liver conditions [9, 10].

Other adverse effects associated with VPA include gastrointestinal disturbances, weight gain, hair loss, and teratogenicity. Teratogenicity is a significant concern for women of childbearing age as VPA has been associated with an increased risk of birth defects when used during pregnancy. Women taking VPA should be informed about the potential risks and alternative treatment options available. To mitigate the potential toxicity of VPA, efforts have been made to develop safer derivatives with similar therapeutic efficacy. These derivatives, such as valpromide and valnoctamide, aim to minimize adverse effects while retaining the drug's effectiveness. While these alternatives show promise in preclinical studies, further research is needed to evaluate their clinical utility and safety [11].

Conclusion

In conclusion, valproic acid has demonstrated significant molecular and therapeutic potential in the treatment of epilepsy and bipolar disorder. Its ability to enhance GABAergic neurotransmission, modulates signaling pathways, and exerts neuroprotective effects contribute to its efficacy in controlling seizures and stabilizing mood. Furthermore, research suggests that VPA may have applications in other neurological and psychiatric conditions, although further investigation is necessary. However, it is crucial to consider the potential toxicity associated with VPA. Hepatotoxicity, characterized by liver damage, is a significant concern and requires regular monitoring of liver function during treatment. Additionally, VPA can cause adverse effects such as gastrointestinal disturbances, weight gain, hair loss, and teratogenicity, which poses risks to pregnant women.

To address these concerns, ongoing efforts focus on developing safer derivatives of VPA that retain its therapeutic benefits while minimizing toxicity. Safer alternatives such as valpromide and valnoctamide are being explored, offering potential improvements in treatment options. In clinical practice, healthcare professionals must carefully weigh the benefits and risks of VPA treatment, considering individual patient characteristics and closely monitoring for adverse effects. Open communication with patients, particularly regarding teratogenicity risks, is essential to make informed decisions.

Conflict of Interest

None

Acknowledgement

None

References

- Sudo K, Ema H, Morita Y, Nakauchi H (2000) Age-associated characteristics of murine hematopoietic stem cells. J Exp Med 192:1273-1280.
- Chambers' SM, Shaw CA, Gatza C, Fisk CJ, Donehower LA, et al (2007) Aging hematopoietic stem cells decline in function and exhibit epigenetic dysregulation. PLoS Biol 5: 201-203.
- Miraglia S, Godfrey W, Yin AH (1997) A novel five-transmembrane hematopoietic stem cell antigen: isolation, characterization, and molecular cloning. Blood 90: 5013-5021.
- Ten Oever J, Kox M, Veerdonk FL van de (2014) The discriminative capacity of soluble toll-like receptorand sTLR4 in inflammatory diseases. BMC Immunol 15:1-1.
- MacCannell KA, Bazzazi H, Chilton L, Shibukawa Y, Clark RB, et al. (2007) A mathematical model of electrotonic interactions between ventricular myocytes and fibroblasts. Biophys J 92: 4121-4132.
- Thompson SA, Burridge PW, Lipke EA, Shamblott M, Zambidis ET, Tung L (2012) Engraftment of human embryonic stem cell derived cardiomyocytes improves conduction in an arrhythmogenic in vitro model. J Mol Cell Cardiol 53: 15-23.
- Chang MG, Tung L, Sekar RB (2006) Proarrhythmic potential of mesenchymal stem cell transplantation revealed in an in vitro coculture model. Circulation 113:1832-1841.
- Askar SFA, Ramkisoensing AA, Atsma DE, Schalij MJ, Pijnappels DA, et al. (2013) Engraftment patterns of human adult mesenchymal stem cells expose electrotonic and paracrine proarrhythmic mechanisms in myocardial cell cultures. Circ Arrhythm Electrophysiol 6: 380-391.
- Rubach M, Adelmann R, Haustein M (2014) Mesenchymal stem cells and their conditioned medium improve integration of purified induced pluripotent stem cell-derived cardiomyocyte clusters into myocardial tissue. Stem Cells Dev 23: 643-653.
- Kolossov E, Bostani T, Roell W (2006) Engraftment of engineered ES cellderived cardiomyocytes but not BM cells restores contractile function to the infarcted myocardium. J Exp Med 203: 2315-2327.
- 11. Hannes T, Halbach M, Nazzal R (2008) Biological pacemakers: characterization in an in vitro coculture model. J Electrocardiol 41: 562-566.