to countries with better provision of intensive care units. However, for the United Kingdom, non-invasive ventilation for patients with mild to moderate acidosis due to decompensated chronic obstructive pulmonary disease is a highly effective technique that improves clinical outcomes, reduces demand for intensive care, and, from the hospital’s perspective, reduces costs.

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Changing prescription patterns for lithium and valproic acid in old age: shifting practice without evidence

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Over the past decade, valproic acid (prescribed as divalproex in North America) has been marketed as an alternative to lithium for treating bipolar disorders. For elderly patients, however, there is no clear evidence that valproic acid is more beneficial than lithium. Moreover, the evidence for the superiority of valproic acid in treating bipolar disorders—mixed episodes and rapid cycling—has been challenged in a recent Cochrane review. Valproic acid has not benefited patients with manic and psychiatric symptoms in dementia, despite the growing use of the drug in the management of these conditions. Recently, the relatively rapid shift in prescription patterns has been questioned. We describe trends in the use of lithium and valproic acid in a large population of people over 65.

Methods and results

We obtained information on drug use from the Ontario Drug Benefit Program, which provides comprehensive drug benefits to all residents aged 65 or older in Ontario, Canada. We identified all patients who had been taking lithium or valproic acid between 1993 and 2001 (prevalent users) and we further identified those patients who had not previously taken lithium or valproic acid (new users). We restricted our study to patients aged 66 or more to enable us to examine their previous drug use for a minimum of one year. Using unique encrypted health card numbers, we linked data on this cohort to two other large datasets—the Canadian Institute for Health