

TREATMENT GOALS FOR EPILEPSY

The treatment goal for epilepsy is freedom from seizures and side effects, as soon as possible. However, this is unmet. The three main strategies to tackle this includes -

- ↑ Improving research
- Removing public health barriers
- Early and appropriate referral

Early referral to an epilepsy centre provides the best opportunity to avoid a lifetime of disability, irreversible psychological and social problems, and premature death.

DRUG RESISTANT EPILEPSY (DRE)

A failure of an adequate trial of 2 tolerated, appropriately chosen and used antiseizure drugs (whether as monotherapy or in combination) to achieve sustained seizure freedom is DRE.

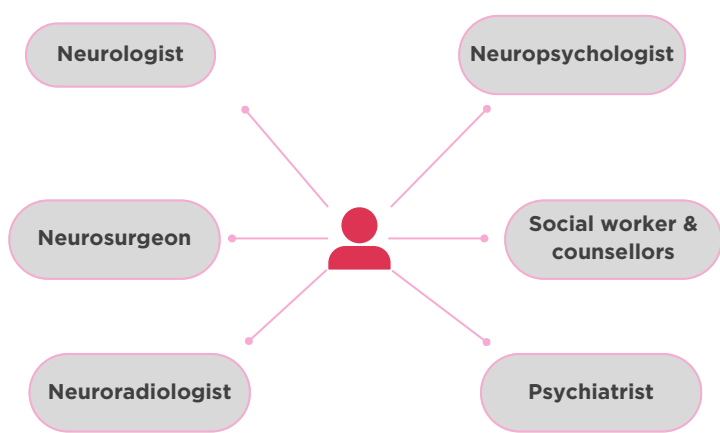


PSEUDORESISTANCE

Refractory seizures can be due to

- Nonadherence to medication
- Seizures that are not epilepsy
- Treatable underlying conditions
- Misdiagnosis of epilepsy syndromes
- Treatment with the wrong drug or dosage
- Remediable lifestyle issues such as substance abuse, sleep deprivation

MULTIDISCIPLINARY EPILEPSY TEAM



WHY ARE THERE LESSER REFERRALS?

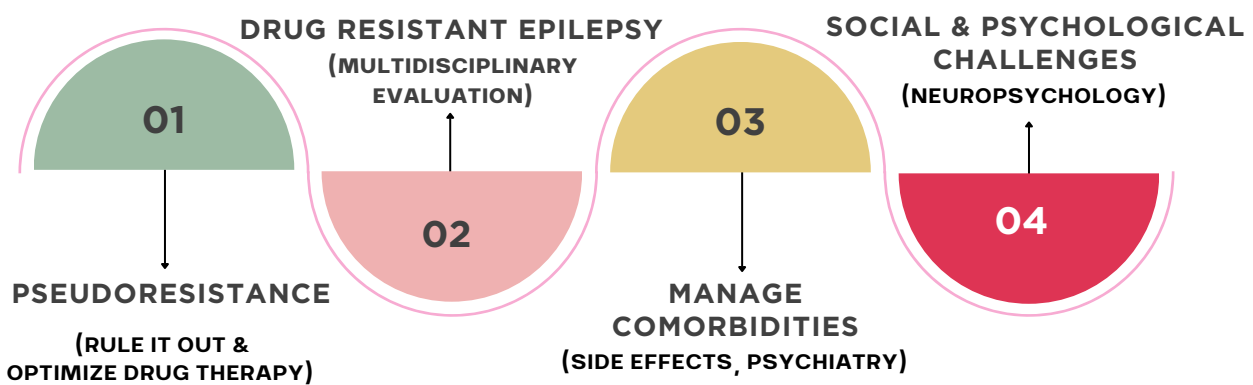
- Fear of surgery
- Lack of information
- Expense
- Age factor
- Unclear expectations from surgery



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ROLE OF EPILEPSY CENTRE

IS TO RECOGNIZE AND ADDRESS



EPILEPSY SURGERY FACTS

- 01 > 2 drugs**
Seizure freedom is less likely
- 02 If primary cortex is involved**
Essential functions can be localized & protected
- 03 Memory deficits**
Poor memory will not get worse, and could get better
- 04 Bilateral EEG spikes**
Not a contraindication. Seizures with unilateral onset can have bilateral spikes
- 05 Normal MRI**
Is not a contraindication to surgery
Better epileptogenic zone detection techniques may be required
- 06 Multiple/diffuse MRI lesions**
Can undergo surgery since only a part of the entire lesion might be causing seizures.
- 07 Focal epilepsies**
Also need complete presurgical evaluation to confirm seizure onset zone
- 08 IQ <70**
Outcomes of the surgery will depend on the type of epilepsy & surgery
- 09 Chronic psychosis**
Is not a contraindication. Patients will still benefit if seizures are controlled.

GENERAL THUMB RULE : REFER IF



Anyone < 70 years, with failure of two antiseizure drugs, & seizures interfering with school, work, or relationships



Lesional epilepsy - refer if patient is seizure-free on 1 or more drugs but has a brain lesion in non-eloquent cortex