Epilepsy in elderly people: Management issues

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Old age is the most common time for people to develop seizures [1, 2]. There is, however, a misconception among many clinicians that the condition is rare at this time of life. One postal survey of general practitioners found that 25% of respondents had never been aware of a first presentation of epilepsy in an elderly patient [3]. As a consequence, epilepsy in old age is frequently underdiagnosed or misdiagnosed. The situation is not […]
People with epilepsy require long term specialist follow up. Although this is currently provided in mainly in secondary care (including nurse led clinics), improved liaison with primary care should enable improved access to epilepsy services. Epilepsy care should be multidisciplinary and long term, linking primary and secondary care, and empowering patients towards improved management of their condition. AED, antiepileptic drug. Blackouts management in the elderly patient is complicated for several reasons. Patients often live alone (no witness account), may have poor recall of events, and other medical problems with pre-existing polypharmacy. Epilepsy nurse input into antenatal clinics helps management of epilepsy in pregnancy (about 0.5% of all pregnancies). ABSTRACTNew-onset epilepsy in the elderly is difficult to diagnose, owing to atypical presentation, concomitant cognitive impairment, similarities with other common disorders, and nonspecific changes on electroencephalography (EEG). Its management is also challenging because of its deranging physiology, comorbidities, and polypharmacy. Antiepileptic drugs must be carefully chosen and closely monitored. Support of the patient and caregiver is key.