

# Epilepsy: routine care

- If the patient is fitting →5 to control the fit. If the patient is not known with epilepsy and has had a fit →5 to assess and manage further.
- **Epilepsy is a doctor diagnosis** in the patient who has had at least 2 definite fits with no identifiable cause. If new fits after meningitis, stroke or head trauma; or focal seizures, discuss with specialist.

## Assess the patient with epilepsy

Assess	When to assess	Note
Symptoms	Every visit	Manage symptoms as on symptom page.
Fit frequency	Every visit	Review fit diary. Assess if fits prevent patient from leading a normal lifestyle.
Adherence	Every visit, if fits occur	Assess attendance and pill counts. If still fitting on treatment consider doing drug level.
Side effects	Every visit	Side effects (see below) may explain poor adherence. Weigh up side effects with fit control or consider changing medication.
Other medication	At diagnosis, if fits occur	Check if patient is on other medication like TB treatment, ART or contraceptive. See below for interactions and discuss with doctor if needed.
Risky alcohol/drug use	<ul style="list-style-type: none"> <li>• At diagnosis</li> <li>• If fits occur or adherence poor</li> </ul>	If yes to ≥ 1 →83: drinks alcohol every day, > 14 drinks <sup>1</sup> /week, ≥ 5 drinks <sup>1</sup> /session, loses control when drinking; used illegal drug or misused prescription or over-the-counter medication in the past year.
Family planning	Every visit	<ul style="list-style-type: none"> <li>• If patient is pregnant or planning pregnancy, refer to specialist.</li> <li>• Assess contraceptive needs →91. Avoid oral contraceptive and subdermal implant if on phenytoin<sup>2</sup>.</li> </ul>
Drug level	Only if needed	Check drug level if unsure about adherence, patient uncontrolled on maximum dose of anti-convulsant medication or signs of toxicity (see below).

## Advise the patient with epilepsy

- Educate about epilepsy and need for adherence to treatment. Advise patient to keep a fit diary to record frequency of fits.
- Refer to support group and help patient to get a medical bracelet →104.
- Advise avoiding lack of sleep, alcohol/drug use, dehydration and flashing lights. These may trigger a fit.
- Advise avoiding dangers like heights, fires, swimming alone, cycling on busy roads, operating machinery. Avoid driving until fit free for 1 year.
- Advise patient there are many medications that interfere with anti-convulsant treatment (see below) and to discuss with doctor when starting any new medication.
- Advise patient to use reliable contraception and to seek advice if planning a pregnancy.

## Treat the patient with epilepsy

Medication	Dose	Note
<b>Valproic acid</b>	Start 600mg daily in 2 divided doses. Increase daily dose by 200mg every 3 days to maintenance dose of 1-2 g daily in divided doses. Maximum dose: 2.5g daily.	Avoid if liver problem, pregnant or a woman of childbearing age unless on reliable contraception. Use as first choice in patient on ART. Side effects: drowsiness, dizziness, weight gain, temporary hair loss. Drug interactions: zidovudine, aspirin.
<b>Phenytoin</b>	Start 150mg daily. If needed, increase gradually every week to maintenance dose of 300mg daily or in divided doses. Maximum dose: 600mg daily.	Avoid in pregnancy. Side effects: coarse facial features, facial hair (avoid in women if possible), drowsiness, large gums. Toxicity: balance problem, double vision, slurred speech. Drug interactions: TB treatment, ART, furosemide, fluoxetine, fluconazole, theophylline, oral and subdermal contraceptive.

- If fit free review 3 monthly. Doctor to review monthly the patient who is uncontrolled until improves. If still uncontrolled after trying 2 medications for 1 month each, refer.
- Consider stopping treatment if no fits for 2 years. Reduce dose gradually over 2 months.

<sup>1</sup>One drink is 1 tot of spirits, or 1 small glass (125mL) of wine or 1 can/bottle (330mL) of beer. <sup>2</sup>Advise patient to use condoms consistently or offer switch to IUD or injectable contraceptive.