

Elderly and Epilepsy

Information for Elderly people
with Epilepsy



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- What is Epilepsy?
- Living Well with Epilepsy
- Children, Adolescents and Epilepsy
- Women and Epilepsy
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- My Epilepsy Information Card

Epilepsy is the most common disorder of the nervous system affecting about 50 million people world wide.

Many people think that epilepsy is more common in childhood and adolescence, but this is not completely true. In the European countries and the US, epilepsy is a common illness in older people.

Irrespective of age, epilepsy, if managed well, does not have to stop the person from realising their goals, or continuing to live a fulfilling life.

What is Epilepsy?

Epilepsy is a disorder of the nervous system that can affect people of any age, sex, race, social class or nationality.

Although epilepsy can affect people at any age, epidemiological studies have shown that there are two specific groups that are affected more by epilepsy than other ages; young children (aged under 9 years) and adults (aged over 65 years). Whilst young children mostly have generalised epilepsies (seizures affecting both hemispheres of the brain from the start), the older adults tend to have partial or focal epilepsy (seizures initially affecting only part of the brain).

In the elderly, the most common causes of epilepsy are:

- a cerebrovascular accident (stroke),
- other illnesses such as tumours, metabolic disorders, trauma, Alzheimer's disease etc,
- return of seizures experienced in earlier years.

However, for one in four people (25%) the cause remains unknown.

Epilepsy is diagnosed when there are repeated seizures (sometimes called fits) during a certain period in a person's life. If you only have one seizure it is often not epilepsy.

What is a seizure?



A **seizure** is the result of a brief disturbance to the brain's electrical activity. This results in the brain's messages becoming temporarily halted or mixed up. The number of seizures can vary from less than one a year to several times a day. Seizures can happen at any time. They generally last only a matter of seconds or minutes, after which the brain cells return to normal.

Our brains are responsible for most of our bodily functions, so what someone experiences during a seizure will depend on the part of the brain affected and how widely and rapidly it spreads. For this reason, there are many different types of seizure, and everyone will experience epilepsy in a way that is unique to them.

Seizures are classified into two types - generalised seizures and partial seizures:

- Generalised seizures involve most or all of the brain.
- Partial seizures involve a limited part of the brain, and can be either **Simple** or **Complex**.

Epilepsy and the Elderly

Almost all seizures seen in people over 60 years of age are complex partial seizures affecting movement or sensitivity. These seizures start in A specific part of the brain and often lead to people remaining immobile and unresponsive for a few seconds or minutes, and, on occasions, having small repetitive movements (called automatisms) involving their hands or mouth, such as chewing, rubbing their hands, straightening their clothes etc. Other times they may move as if they were conscious, but act strangely and not respond when spoken to.

However, there may be occasions when a partial seizure can spread throughout the brain and lead to a generalised seizure. This will result in a longer loss of consciousness (with falling to the ground), movement of extremities and incontinence or uncontrolled bowel movement.

Diagnosing Epilepsy

A clinical history from the person suffering a seizure, their family and those witnessing it is vital in diagnosing the type of epilepsy. This is particularly important for older people, who are more likely to suffer from other illnesses and which as a result make it more difficult to diagnose actual epileptic seizures.



Illnesses and Symptoms Commonly Confused with Epilepsy

Symptom	Illness often confused with
Loss of consciousness	Fainting or syncope is the most common cause of the loss of consciousness in the old. Often with faints, the person feels nauseous a few seconds before losing consciousness, going pallid and weak, and recovering soon after being laid down.
	Low blood sugar can also lead to temporary disorientation or even loss of consciousness, if it is very intense. It can often affect diabetics undergoing treatment for other illnesses.
Non-epileptic seizures	Generalised changes such as fevers, infections, medicines to aid sleep or injury (which are very common in the old) can lead to difficulties in determining what are actually epileptic seizures.
	Disorders affecting sleep are common amongst the elderly. Movements that are more intense than usual, that affect all people when they sleep, and nightmares causing high levels of agitation may appear to be seizures.
	Non-epileptic seizures may lead to episodes of loss of consciousness, sometimes involving rhythmic movements, which can be confused for epileptic seizures.
	Transient ischemic attacks (TIA) are common amongst the elderly, in particular when they affect functions such language (broken speech, stuttering, incoherent language) or when they lead to a rapid loss of muscle strength (drop attacks), and can sometimes be difficult to differentiate from seizures.
Post seizure confusion	Global transitory amnesia leads to prolonged episodes in which the person is unable to remember events or words. It is very important to differentiate these from epileptic seizures; generally speaking, episodes of global transitory amnesia last longer and the results of the electroencephalogram (EEG) study are normal.

- Many elderly people may have epilepsy but have not been diagnosed and therefore may not be receiving optimal treatment for their epilepsy.

How is Epilepsy treated?

The aim of epilepsy treatment is to stop seizures completely but without causing problems (reactions to the medication).

Most people with epilepsy are prescribed Antiepileptic drugs to re-establish the electrical balance of the brain. There are several antiepileptic drugs available today. They are used to control or, for some people, even stop seizures by reducing the sensitivity of the neurons that cause them.

Antiepileptic treatment for the elderly is not very different to that for other age groups. The choice of treatment with an **Antiepileptic drugs** is not a random decision. It will depend on various factors, including:

- your age,
- type of epilepsy,
- your response and tolerance to the medication (older people tend to be more sensitive to side effects of medications),
- medicines you may also need to take (e.g. medicines for high blood pressure or high cholesterol etc.).

As we get older, our body undergoes changes, which can affect the absorption, processing, protein binding or the elimination of medicines. As a result older people may not tolerate medicines as well as younger people. For this reason treatment usually starts at a lower dosage and is slowly increased. This helps your body to get used to the medication and can reduce the impact of unwanted side effects.

Medication side effects

Any type of medication, not just anti-epileptic drugs, can have side effects. These side effects can range from mild to severe. You may easily become used to your epilepsy treatment without realising how it is affecting you. To help your doctor identify the treatment that may be best for you, try to be aware of the number of seizures you are having (if any), and also how any drugs you are taking make you feel. Many people accept having treatment side effects as being part of having epilepsy. But this needn't be the case.

Examples of short-term effects

Some side effects happen at the start of taking anti-epileptic drugs, while the body is adjusting to them. Once this has happened, some of them may lessen or disappear completely.

- Sleepiness / fatigue
- Feeling unsteady, 'woozy' or dizzy
- Irritability
- Allergic reaction / skin rash (these may not disappear)

Side effects of particular concern in older people with epilepsy

- Sensitivity to sedation or agitation.
- Unsteady and clumsy movement (called ataxia) from several drugs, with risk of falls.
- Risk of slower heart rate (bradycardia) especially in patients with heart problems can be further worsened by certain anti-epileptic treatments.
- Risk of low blood sodium levels (hyponatremia) or changes in levels of blood platelets (thrombocytopenia) responsible for blood clotting – especially in people taking antiplatelet agents or anticoagulants.

- Worsening of tremor (unintentional, rhythmic trembling) especially in people with preexisting essential tremor or Parkinson's disease.

Adapted from: Bromfield EB. Epilepsy and the elderly.

- Always inform your doctor if you are taking any other medications or if you notice these side-effects. Never stop or change the dose of drugs yourself.

What should I know about my anti-epileptic treatment?

There are several antiepileptic medicines available. Although they may have similar efficacy in terms of controlling seizures, they can have very different effects on other medicines you may be taking and so this should be discussed with your treating healthcare professional.

- If you have an underlying illness (hypertension, diabetes mellitus, cardiac diseases, renal diseases) and are being treated for this, it is important to inform your doctor that you have epilepsy and of the medication you have been prescribed for it, in order to ensure you receive optimal treatment for your epilepsy and any other illness you may have.

Your doctor may ask you to have several blood tests. Do not be concerned as these tests are really to make sure that you are receiving the right amount of medication to control your seizures and that you do not have too many unwanted side effects. You may find the Epilepsy Diary particularly useful in keeping track of when your seizures occur in general. This may be of help to your neurologist to adjust the treatment.

- Antiepileptic medicines can be taken once, twice or three times a day, depending on the way in they are eliminated from the body,
- Always remember to take your medicine regularly and without interruption at the times of day prescribed by your doctor. ,
- Use a pill case with different compartments for each day or week, which can be checked at the end of the day to make sure that all of them have been taken; or sticky notes or calendars showing the times and dosages, or even an alarm on a wristwatch can be used to remind patients when to take their medication.

Antiepileptic medicines are available in tablets, capsules, liquids, powders or suppositories. If you are having difficulty in swallowing please inform your doctor as he/she may decide to prescribe your medication as a liquid or syrup.

- Your neurologist can establish the type of treatment and the correct dose for you.
- It is important that you take your medication as instructed to give yourself the best chance of controlling the seizures and being able to live your life.
- If you, or your family notice any change in the number, frequency or type of seizures you are having or new symptoms please inform your neurologist such as he/she will be able to assess whether your medication needs to be adjusted.



Living well with Epilepsy?

Elderly people with epilepsy are fully capable of continuing to control their lives. It is only when there is an associated illness, such as dementia, that people with epilepsy may not be able to carry out certain daily routines or functions. So is it vital that you continue to enjoy a full and healthy lifestyle.



Try not to worry about your epilepsy as there is a good level of seizure control possible and for many older people even seizure freedom (VA 428 study (Rowan 2005)).



Safety at Home

The security measures used in the home should be those employed for any other person with epilepsy. Some simple precautions can make a big difference to your safety:

Tips around the Home

- When cooking, use back burners on the hob and keep the handles of the pots facing to the back of the cooker.
- Always put knives away inside drawers.
- Always open the cold tap before opening the hot tap.
- Try not to buy clothes/materials that require ironing at very high temperatures.
- Use the shower (it's also faster than taking a bath).
- Use the hand rail when climbing up or down stairs.

Living a well-balanced life

Staying Healthy

Just like everyone, it is important you maintain a well-balanced lifestyle to keep your body healthy. Some simple tips to do so:

- Take time and pleasure in preparing good food for yourself, your family and friends.
- Sleep well and try to limit your stress.
- Avoid unhealthy amounts of coffee or alcohol.
- Avoid emotionally upsetting or fearful situations.



Keeping fit

Take part in exercise appropriate for your age and lead an active life in all aspects, taking part in social activities and other things you enjoy. The majority of well-run leisure activities and sports are possible and highly recommended. You will have many activities to choose from and will have the opportunity to meet new people.

Some simple checks to ensure you are safe:

- If swimming or playing water sports make sure you are with someone who knows about your epilepsy and what to do in case of a seizure.
- Follow all safety recommendations: use a helmet when cycling and wear appropriate clothing, If in doubt about a particular sport, ask your doctor.

Travelling well

Travel is much easier if your epilepsy is well-controlled. Means of transport (plane, train or car) are not factors that aggravate epilepsy but may cause stress and or lack of sleep that could trigger a seizure.

Some ideas to make your journey easier:

Just like everyone, it is important you maintain a well-balanced lifestyle to keep your body healthy. Some simple tips to do so:

- Remember to take your antiepileptic medication at the right time.
- Take extra medication with you (enough for a longer period than the planned trip in case of unexpected events like a late departure).
- It may be useful to carry your Epilepsy Card explaining your condition and treatment (translated into English or into the language of the country you are visiting).



Importance of Regular Reviews with a Specialist

Inform your doctor if you find that you have problems with the medication, or if you notice:

- side effects that are having an impact on your day to day life,
- an increase in seizures,
- a new type of seizure,
- your seizures last a longer time.

Your doctor may decide an appointment with an epilepsy specialist is appropriate. This will be an opportunity for you to find out about any treatment options that could offer improved seizure control and fewer side effects.

Even if you and your specialist decide not to change your medication, there may be ways of reducing the side effects you are experiencing, or the control you have over your seizures. Your specialist should be able to discuss those options with you.

