Derbyshire Medicines Management UPDATE

www.derbyshiremedicinesmanagement.nhs.uk

Handy Hints for Epilepsy Management in Primary Care

Date Updated: May 2018

Written by: Alison Holmes, Epilepsy Specialist Nurse, Royal Derby Hospital and Vicki Starkey, Medicines Management Pharmacist SDCCG

Suspected Seizures

- Obtain an eye witness account where possible
- For those who live alone – assess for signs of seizure activity
  - Waking on the floor/missing time
  - Sore / bitten tongue
  - Post ictal confusion
  - Loss of control of bladder or bowel
  - Other unexplained injuries
- Refer to neurology – advise person to attend with an eye witness
  - Provide first aid information
  - Safety Information (work, bathing, leisure (e.g swimming, heights)
- DVLA advice – cease driving pending assessment.

When to refer back to neurology

- Patients that are not controlled (>1 seizure per year) and/or not on maximal tolerated medication and/or anyone attending A+E
- Patients who have been seizure free for more than 24 months and *are contemplating drug withdrawal*
- Anyone not satisfied with medication or seizure control
- Patients who report any other health concerns or anyone requiring additional support for their epilepsy that cannot be managed in primary care
- Female patients contemplating pregnancy

Diagnosed Patients

- Verify seizure type(s) – ensure you are aware of epilepsy syndrome if this has been identified
  - Seizure descriptions/ eye witness accounts are helpful
- If seizure free **do not** discontinue treatment without the advice of a specialist
  - Sudden reductions can result in severe worsening or status epilepticus
  - Many people with epilepsy will relapse off medication, this risk should be clearly explained
  - Certain epilepsy syndromes may require lifelong medication
- If not seizure free ensure follow up remains under the care of the neurologist/ specialist
  - Consider small adjustments of current medication if seizures persist, all increments should be small and infrequent
  - Verify adherence with prescribed medication

Newly Diagnosed Patients

- Verify that diagnosis made by a neurologist or if diagnostic doubt refer to neurology
- Ensure continuity of prescription

Antiepileptic Medication

Derbyshire JAPC classification: **GREEN** after consultant initiation
GPs in North Derbyshire may follow the Sheffield Neurology guidance where all antiepileptic drugs are classified as **AMBER**

- **Clonazepam**
- **Carbamazepine (Tegretol)**
- **Ethosuximide**
- **Gabapentin**
- **Lacosamide**
- **Lamotrigine**
- **Levetiracetam**
- **Oxcarbazepine**
- **Phenobarbital and other barbiturates**
- **Phenytoin**
- **Pregabalin**
- **Sodium Valproate* see below**
- **Topiramate**
- **Zonisamide**

If drugs are titrated to usual maintenance and seizures are still not controlled seek neurology advice. Consider the possibility of Non Epileptic seizures

*Valproate medicines

Valproate medicines must no longer be used in any woman or girl able to have children unless she has a pregnancy prevention programme (PPP) in place.

- Regulatory measures include an absolute contraindication of the use of valproate medicines for migraine or bipolar disorder during pregnancy. If indicated to treat epilepsy the contraindication for use in pregnancy applies unless there are no suitable alternatives.
- Healthcare professionals who seek to prescribe valproate to their female patients must make sure they are enrolled in the PPP to ensure all female patients taking valproate medicines:
  - have been told and understand the risks of use in pregnancy using the 'Patient Guide'
  - are on highly effective contraception if necessary (such as long-acting reversible contraceptives)
  - are reviewed at initiation and at least every year by a specialist, discussing the risks of valproate in pregnancy and completing and signing the Risk Acknowledgment Form (a copy of which must be given to the patient and GP)

Midazolam Oromucosal Solution

- Only prescribe for those who have had prolonged seizure(s) – prescribe by brand as per individual management plan
- Be aware of product differences between Buccolam (JAPC preferred choice) and Epistatus (For use in existing patients until reviewed)
- Ensure direction for use/ seizure management plan has been provided by the prescriber stating when and how to use these products

Derbyshire Medicines Management UPDATE

www.derbyshiremedicinesmanagement.nhs.uk

Handy Hints for Epilepsy Management in Primary Care

Date Updated: May 2018

Antiepileptic medicines have been classified into three categories help prescribers and patients decide whether it is necessary to maintain continuity of supply of a specific manufacturer's product (when used for epilepsy):

Category 1	Doctors are advised to ensure that their patient is maintained on a specific manufacturer's product	Phenytoin, Carbamazepine, Phenobarbital, Primidone
Category 2	Doctors are advised to use their judgement (in consultation with their patient and/or their carer) to determine whether it would be advisable for them to be maintained on a specific manufacturer's product.	Valproate, Lamotrigine, Perampanel, Retigabine,Rufinamide, Clobazam, Clonazepam, Oxcarbazepine, Eslicarbazepine, Zonisamide, Topiramate
Category 3	Doctors are advised that it is usually unnecessary to ensure that their patients are maintained on a specific manufacturer's product.	Levetiracetam, Lacosamide, Tiagabine, Gabapentin, Pregabalin, Ethosuximide, Vigabatrin

Special Groups

Women

- Re-visit preconception/contraception advice regularly **VALPROATE medicines see page 1
- Consider referring to local preconception clinic if available
  - North Derbyshire – no clinic at CRH, if necessary, women already under the neurologist can be referred for counselling.
  - Southern Derbyshire – clinic at RDH
- *Information about the risks of taking valproate medicines during pregnancy: https://www.gov.uk/government/publications/toolkit-on-the-risks-of-valproate-medicines-in-female-patients*
- Commence Folic acid 5mg if contraception is stopped

Learning disability

- Be aware of hidden side effects
- Observe for behavioural changes

Elderly

- Avoid enzyme inducing antiepileptic drugs where possible

Useful Contacts & Websites

Alison Holmes, Epilepsy Nurse Specialist, Derby Hospitals NHS Foundation Trust – 01332 787824
Sheffield, Chesterfield & Rotheram Epilepsy Liaision Service, Royal Hallamshire Hospital, Sheffield – 0114 2712186
Epilepsy Action – www.epilepsy.org.uk Free phone helpline – 0808 800 5050
Epilepsy Society – www.epilepsysociety.org.uk Helpline – 01494 601 400
NICE BITES – Epilepsy NICE BITES
Medical ID – www.medi-tag.co.uk Tel – 0121 200 1616
SUDEP Action – https://sudep.org/

Drug Interactions

Careful assessment of seizure control is recommended whenever a drug is added or removed from a patient's epilepsy medication regimen.
Drug-drug interactions are usually caused by hepatic enzyme induction or inhibition.
Refer to the drug datasheet or BNF.
Some drugs will provoke seizures by reducing the seizure threshold.
Common drug interactions with epilepsy or antiepileptic medication: -

- Other antiepileptic medication
- Contraceptives
- Anti-depressants and antipsychotics
- Anti-coagulants (including NOACs)
- Anti-malarial drugs
- Antibiotics

Drug Levels

- Useful to assess for toxicity or compliance
- Pre – pregnancy values (lamotrigine)
- Phenytoin adjustment – with specialist advice only

Blood Tests

- Before surgery (clotting – valproate)
- Enzyme inducing medication: FBC, U&E, LFT, Vitamin D and other tests of bone metabolism (calcium, alkaline phosphatase)
  - 2- 5 yearly (NICE)
- Refer to UKMi drug monitoring guidance

Enzyme Inducing Anti-Epileptic Drugs

Phenytoin	**Phenobarbital**
Primidone	**Carbamazepine**
Oxcarbazepine (weak)	**Topiramate (higher doses)**