Derbyshire Medicines Management UPDATE

www.derbyshiremedicinesmanagement.nhs.uk

NHS

Handy Hints for Epilepsy Management in Primary Care

Date Updated: March 2017

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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
  - Incontinence
- Refer to neurology – advise person to attend with an eye witness
  - Provide first aid information
  - Safety Information
- 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*
- 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 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

- **Sodium Valproate**
  - 200mg - 300mg increments every 2 weeks
  - Epilim Chrono can be administered once per day
  - Preferably not to be used in women of child bearing years
  - Usual maintenance 600- 1500mg daily
- **Carbamazepine (Tegretol)**
  - 100mg - 200mg increments every 2 weeks
  - Be aware of rash in the first few months after initiation
  - Consider prolonged release formulation in doses above 800mg daily or if side effects apparent
  - Usual maintenance 400 – 1200mg daily
  - Blood levels can be useful
  - Enzyme inducing drug – caution with some forms of contraception
- **Lamotrigine**
  - 25mg increments every 2 weeks, caution with sodium valproate – do not initiate this combination without specialist advice
  - Be aware of rash in the first few months after initiation
  - Usual maintenance 100 twice daily
  - Complex interaction with contraception
- **Levetiracetam**
  - 250mg once or twice daily on initiation
  - Usual maintenance 500 – 1000mg twice daily

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

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 preffered choice) and Epistatus (For use in existing patients until reviewed)
- Ensure direction for use/ seizure management plan has been provided by hospital stating when and how to use these products

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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
- 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
Sue Kuc, Epilepsy Nurse Specialist, Chesterfield Royal Hospital NHS Foundation Trust – 01246 277271
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 – www.sudep.org.uk
DVLA (epilepsy & driving) – www.gov.uk/epilepsy-and-driving

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
  - 2- 5 yearly (NICE)
- Refer to UKMi drug monitoring guidance

Enzyme Inducing Anti-Epileptic Drugs

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