

# New epilepsy drugs give options, complicate decisions

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A dozen new epilepsy drugs are giving doctors and patients more options, but making treatment decisions more complex, a Loyola epilepsy specialist reports in the journal *Neurologic Clinics*.

“Clinicians practice in an era of abundance of anti-epileptic drugs,” Dr. Jorge J. Asconapé wrote. The new drugs provide “an opportunity to better meet the needs of more patients.”

Asconapé’s article will appear in the November issue of *Neurologic Clinics*, now available online.

Since 1993, the Food and Drug Administration has approved 12 new anti-epileptic drugs: felbamate (brand name, Felbatol) gabapentin (Neurotin), lamotrigine (Lamictal), lacosamide (Vimpat), levetiracetam (Keppra), oxcarbazepine (Trilepal), pregabalin (Lyrica), rufinamide (Banzel), tiagabine (Gabitril), topiramate (Topamax), vigabatrin (Sabril) and zonisamide (Zonegran).

Epilepsy is one of the most common chronic neurologic conditions, affecting as many as 45 million people worldwide. Infants and the elderly are at the highest risk. About two-thirds of epilepsies are localized, meaning seizures involve part of one side of the brain. The other cases are generalized, involving both sides of the brain, Asconapé wrote.

Between 60 percent and 70 percent of patients have an adequate

response to drugs. But a patient who does not benefit from two drugs in a row probably won't respond to any medication. For such patients, alternative treatments include special diet, behavioral modification, hormonal therapies, neurostimulation and immunotherapy.

Drugs are divided into two groups: narrow-spectrum, which are mostly effective in focal seizures, and broad spectrum, which work for both focal and generalized seizures.

“Pediatricians and primary-care physicians ought to consider using broad-spectrum drugs rather than drugs such as phenobarbital and phenytoin, especially in children and adolescents, given the high incidence of generalized epilepsy syndromes in these age groups,” Asconapé wrote. Asconapé is a professor in the Department of Neurology at Loyola University Chicago Stritch School of Medicine.

The newer drugs generally do not work better than the older drugs. But the newer drugs are easier to use, with fewer adverse interactions when taken in combination with other drugs. The newer drugs also have expanded the availability of broad-spectrum medications. This is a “major benefit for patients with generalized epilepsies,” Asconapé wrote.

The long list of anti-epileptic drugs has also benefited epilepsy patients who have other diseases or conditions. This often allows for the use of drugs that either help or at least have no negative effects on those conditions, Asconapé wrote.

Asconapé's review is among 15 articles in the November issue of *Neurologic Clinics* that detail latest advances in the treatment and management of [epilepsy](#) and other neurological disorders. Guest editor is Dr. José Biller, chairman of the Department of Neurology at Loyola University Chicago Stritch School of Medicine.

“Great therapeutic strides in the clinical neurosciences have been made in the past decades,” Biller wrote in the preface to the November issue. “It is likely that subsequent decades will bring even greater advances in neurologically oriented therapies.”

Provided by Loyola University Health System

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