

Oxcarbazepine tied to nontrauma fracture in children aged 4 to 13 with epilepsy

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(HealthDay)—For children aged 4 to 13 years with epilepsy, initiating

oxcarbazepine, but not levetiracetam, antiseizure medication (ASM) is associated with an increased risk for nontrauma fracture, according to a study published in the September issue of *Epilepsia*.

Daniel G. Whitney, Ph.D., from the University of Michigan in Ann Arbor, and colleagues extracted claims data for [children](#) aged 4 to 13 years with at least five years of continuous health plan enrollment. Children with epilepsy who were ASM-naïve were grouped according to treatment initiation, including [levetiracetam](#) or oxcarbazepine, and were compared to children without epilepsy and without ASM exposure. For up to four years of follow-up, the crude incidence rate (IR, per 1,000 person-years) and IR ratio (IRR) were estimated for nontrauma fracture.

The researchers found that the crude IR for nontrauma fracture was 21.5, 19.8, and 34.4 for non-ASM users without [epilepsy](#), those taking levetiracetam, and those taking oxcarbazepine, respectively. The crude IRR of nontrauma [fractures](#) was similar for levetiracetam and non-ASM users (IRR, 0.92; 95 percent confidence interval, 0.63 to 1.34) and was elevated for oxcarbazepine (IRR, 1.60; 95 percent confidence interval, 1.09 to 2.35); compared with levetiracetam, the crude IRR was elevated for oxcarbazepine (IRR, 1.74; 95 percent confidence interval, 1.02 to 2.99). After adjustment for covariates, the findings were consistent, except for the comparison of oxcarbazepine with levetiracetam (hazard ratio, 1.71; 95 percent confidence interval, 0.99 to 2.93).

"Knowing that oxcarbazepine is associated with a higher fracture risk will allow clinicians to be more thoughtful about to which children they prescribe the medication," a coauthor said in a statement.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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