

Optimising Epilepsy Care to Enhance Patient Quality of Life

Mitigating treatment-related adverse effects, managing comorbidities, and integrating mental health care

People with epilepsy (PwE) are at a risk of reduced quality of life (QoL)¹



Impaired daily functioning due to recurrent seizures



Adverse effects associated with anti-seizure medications (ASMs)

Some PwE may justifiably reject seizure-eliminating treatments²



Mismatch in perspectives: Patients may prefer to maintain their condition, while clinicians aim to eliminate seizures²

Clinicians may contribute to overtreatment by²:



Presenting seizure elimination as the only option



Pressuring the patient



Undermining patient confidence in their own judgment



Overwhelming the patient



Overtreatment may further compromise QoL¹

- Increased toxicity burden
- Worsening of existing comorbidities

Optimising epilepsy management is critical to enhance QoL in PwE



Physicians should re-evaluate the balance between seizure control and medication-related toxicity



Reducing overtreatment should involve assessing side effects



It is crucial to implement educational or supportive measures to optimise patient care

Optimisation of epilepsy management

Incorporating patient perspectives is essential to achieve an optimal balance between:



Therapeutic benefits



Adverse effects and potential reductions in QoL



Risks associated with comorbidities

Managing sleep-wake-related comorbidities³

Sleep plays a vital restorative role, and its disruption creates a vicious cycle with epilepsy



Seizures during wakefulness in temporal lobe epilepsy is associated with:



Lower sleep efficiency



Higher drowsiness



Greater intensity/duration of sleep-related seizures



Management of sleep-wake disorders in PwE

Diagnosis

- Collect the patient's medical history
- Assess risk factors
- Use diagnostic scales for identifying sleep disorders

Management strategies after confirmed diagnosis



Individualised treatment plan to minimise side effects of treatment



Deep brain stimulation therapy



Epilepsy surgery



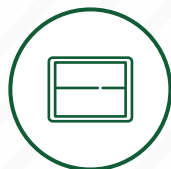
Vagus nerve stimulation therapy

Managing sleep-related symptoms in PwE needs a personalised approach based on individual factors and preferences³

Cardiovascular diseases³



60–80%
PwE report
cardiovascular
comorbidities



2–3x
Higher risk of
pre-mature
death in PwE



Pre-mature deaths
due to sudden
cardiac death (SCD)

Management of cardiovascular comorbidities in PwE³



- Assess SCD risk and cardiac arrhythmias

- Identify potential cause: epileptic disorder/acute seizure activity/ASM

- Assess medical history

- 12-lead electrocardiography

Diagnosis

Management strategies after confirmed diagnosis

- Cardiac pacemaker (ictal bradyarrhythmia)
- Defibrillator (ictal/postictal ventricular tachycardia or fibrillation)
- Discontinuation of enzyme-inducing ASMs
- Discontinuation of high-dose sodium channel blockers

The risk of SCD in PwE is about three times higher than in the general population, underscoring the need for focused research to reduce this risk

Cognitive dysfunction³

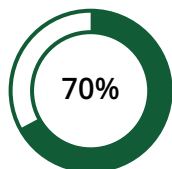


Long-term use of
ASM polypharmacy

Associated with:



Cognitive functioning



PwE (newly diagnosed or new-onset epilepsy) have cognitive deficit

Management of cognitive dysfunction in PwE³



- Clinical history of the patient

- Neuropsychological evaluation

- Assessment of risk factors and neuropathologies

- Magnetic resonance imaging to assess secondary hippocampal sclerosis

Diagnosis

Management strategies after confirmed diagnosis



Ensure epilepsy treatment does not impact the cognitive and daily functioning of patients



Conduct periodical cognitive assessments



Conduct EpiTrack evaluation to track cognitive side effects of ASMs

Timely identification and intervention can help avoid negative impact on cognitive abilities and educational development

Depression³



Individuals with controlled epilepsy report depressive symptoms



Individuals with drug-resistant epilepsy report depressive symptoms

Management of depression in PwE³

Screening

- Evaluation of depressive episodes and suicide risk
- Evaluation of seizure severity and frequency
- Assessment of recent treatment changes: ASMs or anti-depressive treatment
- Assessment of family history for psychiatric illnesses

Management strategies for “mild” depression³

- Pharmacologic therapy (selective serotonin reuptake inhibitors)
- Supportive therapy (psychotherapy, exercise, and cognitive-behavioural therapy)

Management strategies for “moderate or major” depression³

- Pharmacologic therapy (selective serotonin reuptake inhibitors)
- Supportive therapy (psychotherapy, exercise, and cognitive-behavioural therapy)
- Switch to alternative drugs or add mirtazapine to selective serotonin reuptake inhibitors

Integrated mental health care for PwE⁴



Mental health screening

+



Psychoeducation

+



Optimised seizure care

Benefits of mental health screening⁴



- Increased detection of psychiatric disorders

- Improved mental health care

- Sufficient acceptability among PwE



Digital technologies for assisted screening and automatic scoring further improve mental health care in PwE

Key message



Effective epilepsy management demands a multidisciplinary approach that addresses both seizures and associated comorbidities to optimise patient outcomes

References:

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2. De Souza, S. M. (2018). Too much of a good thing: overtreatment in epilepsy. *Journal of Evaluation in Clinical Practice*, 24(5), 1049–1054.
3. Peltola, J., Surges, R., Voges, B., & Von Oertzen, T. J. (2023). Expert opinion on diagnosis and management of epilepsy-associated comorbidities. *Epilepsia Open*, 9(1), 15–32.
4. Gandy, M., Wu, W., Woldhuis, T., Bennett, S. D., Baslet, G., Araujo-Filho, G., ... & Clary, H. M. M. (2025). Integrated care for mental health in epilepsy: a systematic review and meta-synthesis by the International League Against Epilepsy Integrated Mental Health Care Pathways Task Force. *Epilepsia*, 66(4), 1024–1040.

