

Epilepsy—Antiepileptic drugs (AEDs)

The majority of people with epilepsy will be prescribed AEDs.

AEDs do not cure epilepsy – their aim is to control seizures using the lowest possible dose and if possible without causing side effects.

In the majority of cases seizures can be controlled with medication.

1. **When should treatment for seizures be started?**

AEDs are not usually prescribed until the diagnosis of epilepsy has been confirmed by an epilepsy specialist.

2. **How soon after taking my first dose of medication will it be effective?**

Everyone has a different response to antiepileptic medication, so it can take a while to arrive at an effective dose. To reduce the likelihood of side effects, you will be started on a low dose which will be increased gradually over a period of weeks or months. The aim of the treatment is to control seizures with the lowest possible dose of medication.

3. **Can you take more than one type of AED at the same time?**

You may be prescribed only one AED (monotherapy) or a combination of AEDs (polytherapy) to control seizures.

4. **Why do some patients have their blood tested at clinic appointments and others don't?**

Blood tests may be useful in some circumstances, e.g. if you are starting treatment, if you are still having seizures, if you have other medical conditions or take other medications, if you are pregnant, or to adjust dosages of some AEDs.

5. **What about the side effects of AEDs?**

Taking any epilepsy medication may cause side effects for some people, particularly at the start of treatment. The Patient Information leaflet which comes with your medication will indicate possible side effects. If you think you are having side effects, do not stop taking your AEDs, but tell your GP so that this can be looked at.

Speak to your GP/epilepsy specialist immediately if:

- a rash appears as this could be potentially serious
- you notice bruising
- you are excessively sleepy and vomit

as any one of these could be potentially serious.

Some AEDs are associated with bone density loss which may need to be monitored. Seek advice from your epilepsy specialist or GP.

6. **What should I do if I miss a dose of my medication?**

Take the missed dose as soon as you remember unless it is almost time for your next dose or your GP has advised you to take a double dose. If unsure, check with your epilepsy specialist or GP.

AEDs can be stored on a daily/weekly basis in pill boxes available from Epilepsy Connections or pharmacies.

7. **What if I vomit after taking my AEDs?**

You should take another dose of your tablets if you vomit within 30 minutes of taking them or if you can see the tablets in your vomit. If not, take your next dose at your usual time. If you keep being sick over a number of hours contact your GP.

8. **What if I have diarrhoea?**

Diarrhoea may reduce the amount of your tablets in your system. If you are worried about this, contact your GP. Continue with your normal medication and drink plenty of fluid to counteract dehydration. If you buy an over-the-counter remedy for diarrhoea ask your community pharmacist if it's safe to take with your AEDs.

9. **Can being constipated affect my seizures?**

Constipation is unpleasant and can affect your wellbeing. Some AEDs can cause constipation. If you want to buy an over-the-counter remedy for constipation ask your community pharmacist if it's safe to take it with your AEDs. If the constipation continues, it is best to consult your GP.

10. **Can AEDs cause impotence/loss of interest in sex?**

Some AEDs may contribute to sexual difficulties, but other factors can also contribute, e.g. anxiety, depression. Seek advice from your epilepsy specialist, GP or Well Woman/Well Man Clinic.

11. **Can I use contraception with AEDs?**

Some AEDs interact with the contraceptive pill meaning you could become pregnant while taking it. Always ask your GP/epilepsy specialist before starting the pill. Contraceptive implants, injections and the morning after pill could also be affected. Always check with your GP/epilepsy specialist or Family Planning Clinic.

12. **Is it OK to take AEDs during pregnancy?**

The majority of pregnant women who are on AEDs have normal pregnancies, deliveries and healthy babies.

Some AEDs may slightly increase the chance of your baby being born with birth abnormalities.

If you are planning pregnancy you should discuss this with your epilepsy specialist well in advance.

If you are already pregnant, to make sure you are on the safest possible treatment, you should continue to take your current AEDs and seek advice from your GP/epilepsy specialist as soon as possible.

Seizures can be dangerous to you and your unborn child, so following an agreed treatment plan is very important.

It is recommended that women with epilepsy should be prescribed folic acid supplement, whether or not they are taking AEDs, ideally 3 months prior to conception and until at least the end of the first 3 months of pregnancy.

13. **Can AEDs affect memory and concentration?**
Some AEDs may affect alertness, concentration and cognition (thinking processes) which in turn can affect memory. Other factors that can affect memory are frequent seizures, anxiety, depression and sleep disturbance. Tell your GP if you are concerned about your memory. (See our leaflet on Epilepsy and Memory’).
14. **My child was first prescribed medication in a syrup form but this has been changed to a tablet. Will this be as effective?**
The dose will have been adjusted to match your child’s weight and age and will have the same effect.

There are a range of doses and formats, e.g. tablets, chewable or crushable tablets, capsules, liquids.
15. **For how long will I need to take AEDs?**
Many people may need to take AEDs for life.

People who have been seizure free for at least 2 years may wish to discuss possible risks and benefits of withdrawing medication with their epilepsy specialist. Withdrawal is only carried out gradually and under medical supervision and sometimes tests are repeated first.
16. **What would happen if I decided to stop taking my AEDs?**
Stopping AEDs suddenly can have serious consequences and may lead to status epilepticus and death (See the section on seizures in our booklet Epilepsy – An Introduction). **Withdrawal should only be carried out under medical supervision.**
17. **Can a person become addicted to antiepileptic drugs?**
This is not a feature of most AEDs. Speak to your GP/epilepsy specialist if you are concerned.
18. **What is rescue medication and when is it used?**
Rescue medication is prescribed to stop prolonged and serial seizures:
 - Midazolam is administered between the gum and the cheek or nasally and is rapid, effective and easy to give.
 - Diazepam is administered rectally and is also rapid and effective.
Only persons with appropriate training can administer these drugs and must follow protocols agreed by the person with epilepsy, their epilepsy specialist and family/ carers.

Epilepsy Connections can offer training both in Epilepsy Awareness and the administration of rescue medication. Visit our website or phone the office for further details. (Contact information is on the back page of this leaflet).
19. **Can other medication interact with AEDs and affect my seizures?**
 - AEDs can be adversely affected by **some other prescribed medicines**, including **some antibiotics**.
 - **Hormone replacement therapy** can sometimes affect seizure frequency.
 - Commonly used **anti-depressants and anti-psychotic drugs** may cause an increase in seizures.
 - Some **anti-malarial drugs** are not suitable for people with a history of epilepsy.
 - Some **non-steroidal anti-inflammatory drugs** may interact with phenytoin.
 - Some **asthma medications** may interact with some AEDs.

For all the above, discuss with your epilepsy specialist, GP or community pharmacist.

20. Is it safe to take over-the-counter medicines?

Some over-the-counter remedies may affect AEDs, e.g. antihistamines, antacids. Some aromatherapy oils (rosemary, hyssop, fennel, sage and wormwood) and some herbs taken orally (St John's Wort, Gingko Biloba, Evening Primrose Oil and Starflower Oil) are not recommended for people with epilepsy.

Always ask your GP or community pharmacist for advice.

21. Is it safe to try complementary therapies when taking AEDs?

There is no evidence to support or exclude the use of any type of complementary therapy to reduce seizures.

However, if you want to try a complementary therapy, you should discuss this with your GP/epilepsy specialist in the first instance and then, if you decide to go ahead, go to a qualified therapist **and keep taking your AEDs.**

For oils and herbs used by therapists, see Question 20.

22. Is it safe for me to drink alcohol when taking AEDs?

Some people find that even moderate use of alcohol can make their seizures worse and can impair memory, which can lead to forgetting to take medication. However, many people taking AEDs enjoy alcohol in moderation, i.e. up to 1-2 units per day without any problems. For more information see the Leisure and Pleasure section within our Safety booklet.

23. Would recreational drugs interfere with AEDs?

Recreational drugs are not subject to 'quality control'; it's not possible to be sure of what they might contain. Recreational drugs can cause seizures and can be potentially dangerous. See the Leisure and Pleasure section within our Safety booklet.

24. What about travelling?

- It's important to take your AEDs at the prescribed intervals. On long journeys plan ahead and ask advice from your GP or community pharmacist.
- Keep all of your medication in its original container or packaging in your hand luggage along with a copy of your prescription.
- It's advisable to take more medication than you expect you will need.

Please note that some AEDs have different names abroad.

Epilepsy Connections can give you information about local epilepsy organisations in countries to which you are travelling. See our booklet on Driving and Travel for more information.

25. There seem to be different versions of my AEDs, all with different names. Does it matter if I'm given a different version to the AED I usually take?

It's sometimes assumed that all versions of AEDs are the same. However, due to the differences in the way versions of AEDs are formulated, some people who switch between different versions can experience an increase in side effects, different types of seizures or more seizures or "breakthrough" seizures, i.e. a seizure after a long period of seizure freedom. If this happens, you should discuss with your GP or epilepsy specialist. There is also a 'Yellow Card' scheme for reporting this at www.yellowcard.mhra.gov.uk

It's therefore important always to take the same version of the drug your GP has prescribed.

26. What if AEDS don't work for me?

Alternative treatment options such as surgery and vagus nerve stimulation implants can be discussed with your epilepsy specialist.

For a list of some of the most common AEDs, see the leaflet on our website at www.epilepsyconnections.org.uk

This is one of a series of information leaflets available to download from our website for personal use only, subject to the Terms and Conditions for use of our site, which are shown on our Home Page.



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