

# Antiseizure medicine use in patients who are older

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# Learning Objectives

- To understand the different characteristics of older individuals that are important for managing anti-seizure medicine (ASM) therapy
- To identify the problems related to using enzyme-inducing ASMs in older individuals
- To compare trials of anti-seizure medicines in older and younger people
- To identify the best choices for anti-seizure medicines in older people with newly diagnosed epilepsy.

# Key message:1

- Epilepsy in older individuals is common
- Selecting an anti-seizure medicine for older people is complicated by physiologic changes that occur as a person ages, (including changes in protein binding, hepatic metabolism, and kidney function that may reduce drug clearance, and changes in GI motility that can cause variable absorption)
- As people age, they are more and more likely to take other medications, and therefore it is preferred to select an ASM with few or no drug interactions
- ASMs may cause more tolerability issues in people with epilepsy, including cognitive dysfunction, mood issues, and gait disturbance.

## Key Message: 2

- When initiating an ASM in an older person, the best approach is to “start low and go slow”
- Individuals in nursing homes are at risk of variable levels
- The best ASMs for use in older individuals with newly diagnosed epilepsy are lamotrigine, levetiracetam and lacosamide, because they are well tolerated, and cause few drug interactions.

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