Treatment for epilepsy

In this leaflet Professor Liam Gray, a neurosurgeon in Cardiff specialising in epilepsy surgery, talks about the treatment options for epilepsy and when they are used.

Once a diagnosis of epilepsy has been confirmed, your neurologist will recommend a treatment plan based on your medical, social and lifestyle needs. This leaflet describes epilepsy treatments and steps you can take to improve your wellbeing. Please note that not all of the treatments described will be suitable for you or your type of epilepsy.

Anti-epileptic drugs (AEDs)

AEDs are usually the first choice of treatment for epilepsy, and the majority (approximately two thirds) of people with epilepsy will have their seizures controlled by AEDs.

For more information about AEDs, see our leaflet entitled ‘Anti-epileptic drug treatment’.

Surgery

Surgery for epilepsy has been carried out since the 19th century and has a good success rate in suitable cases. It involves removing or disconnecting areas of the brain where epileptic activity starts.

Surgery may be an option if:

- adequate trials of AEDs fail to control seizures
- tests clearly indicate that the epileptic activity starts in a single identifiable area of the brain, and removal of this area is unlikely to cause significant damage or disability

A full assessment by a specialist team is necessary before the person with epilepsy and the surgical team can make a final decision about surgery. This assessment usually involves a number of tests and may take up to a year.

Vagus Nerve Stimulator (VNS)

A VNS is a small device that is surgically implanted near the left collarbone in an hour-long operation. It is attached to the vagus nerve and is programmed to send electrical messages to the brain to reduce the frequency and duration of seizures. It does not cure seizures.

VNS may be an option if:

- AEDs have failed to control seizures
- epilepsy surgery is not an option

A VNS should only be fitted after a thorough epilepsy evaluation, and most people will continue to need AEDs.
Ketogenic diet

The ketogenic diet is sometimes used in children with difficult-to-control seizures that do not respond to AEDs. It is based on a high-fat, low-carbohydrate intake and needs to be carefully worked out and monitored by a dietician.

Families and people with epilepsy can find the diet challenging to maintain, but recipe books with varied and imaginative meal suggestions are available and success in controlling seizures has been reported.

Diet

A balanced diet with regular healthy meals is of benefit in maintaining general health and wellbeing. Eating plenty of fresh fruit and vegetables, regulating alcohol intake and avoiding foods and drinks that are high in additives are all recommended.

You should seek your doctor’s advice on the following issues:

• The body’s vitamin and mineral stores can be affected by AEDs and specific supplements may be advisable
• Women planning to become pregnant should take a higher daily supplement of 5mg of folic acid
• Food allergies can occasionally trigger seizures

Complementary therapies

Many complementary therapies are becoming popular in the UK and may be of benefit to people with epilepsy. The most useful are those that aid relaxation and reduce stress.

However, some complementary therapies are potentially harmful for people with epilepsy – for example there are certain aromatherapy oils and herbal remedies that may provoke seizures. It is therefore very important that you seek your doctor’s advice before trying a complementary therapy.

If you gain your doctor’s approval for complementary therapy, you should find a qualified therapist who is registered with a national governing body, and make sure that he/she knows about epilepsy.

Support and counselling

Support and counselling are vital to any treatment programme.

Your local epilepsy support organisation can:

• provide information about epilepsy, seizures and treatment
• help people come to terms with a diagnosis of epilepsy
• enable people to ask questions especially about their fears and anxieties
• suggest ways of managing epilepsy and seizures
• support families, friends and carers
• provide epilepsy education

To find your nearest support group, please visit: www.epilepsy.org.uk

This is one in a series of information leaflets about epilepsy.

To access the others, or to find out more about our research, please visit our website: www.epilepsyresearch.org.uk

Text adapted from material supplied by Epilepsy Connections, February 2014.