

JOINT EVENT

4<sup>th</sup> International Conference on **Epilepsy & Treatment**  
&  
4<sup>th</sup> World Congress on **Parkinsons & Huntington Disease**  
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**Managing epilepsy in older people by geriatricians: Where are we today?****Divya Tiwari**

Princess Royal University Hospital – King's College Foundation Trust, UK

**Background:** Annual incidence and prevalence of epilepsy increases with the age and these older patients are usually cared by geriatricians. We conducted a survey among geriatricians looking at provision of services and management of epilepsy in older people.

**Method:** A questionnaire was distributed to delegates at the 2016 BGS Spring meeting, epilepsy session. Seventy-nine responses were returned; the majority (n=48, 66%) were senior fellows - consultants (92%) and associate specialists (8%).

**Results:** The vast majority of older adults with diagnosis of epilepsy were seen in general geriatric clinics and only 3% of respondents ran a service which offered specialist epilepsy clinics for older people. 58% of respondents would see between 1-5 patients per month. Only 30% (n=23) of respondents would routinely follow-up these patients. Even a smaller number (15%) had access to enlist the help of epilepsy nurse specialist for management and or follow up. When it came to treatment, 22% would routinely refer their patients with epilepsy to a neurologist rather than instigating treatment, whereas 18% of geriatricians would treat themselves. The remaining 60% would do either. 44% (n=35) would start anti-epileptic treatment (AEDs) after the first seizure. Of these, nearly 70% (n=24) would commence AEDs only if either imaging or EEG was abnormal while the remainder would rely on clinical picture to make the diagnosis. The drug of choice by far was levetiracetam; it was the preferred first line treatment for both generalised and complex partial epilepsy. Valproate was the second choice for generalised seizures whereas carbamazepine was second choice for complex partial epilepsy. Lamotrigine lagged behind the above 2. Phenytoin ranked low and only considered as a possible third alternative in generalised epilepsy. Despite the fact that cerebrovascular and small vessel disease were the most common causes of epilepsy in old age, the majority did not routinely prescribe antiplatelet therapy (68%). Even fewer would prescribe osteoprotection for these patients (25%).

**Conclusion:** The survey highlights the paucity of services for this common problem in older people and the variation in practice among geriatricians. Although a small sample, the results do indicate the need for better service and training.

dtiwari@doctors.org.uk