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Management of Epilepsy

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Letter

In the United States, status epilepticus is becoming a more widely acknowledged public health issue. The duration of the disease before receiving treatment, the aetiology of the ailment, and the patient's age are all factors in the high fatality risk linked with status epilepticus. As new drugs become available, treatment evolves. Fosphenytoin, rectal diazepam, and parenteral valproate are three novel formulations with implications for the management of status epilepticus. According to researchers, status epilepticus is frequently overlooked in intensive care patients with altered awareness. Physicians should be better prepared to obtain electroencephalography to diagnose status epilepticus in patients with chronic disturbance of consciousness for which there is no obvious explanation. To better care for this neurologic emergency, doctors should follow a defined strategy for managing status epilepticus. Status epilepticus is a medical condition that goes unnoticed yet has a high rate of morbidity and fatality. In the United States, an estimated 152,000 cases occur each year, leading in 42,000 deaths and an annual inpatient cost of $3.8 to $7 billion.

The focus of this review is on the clinical management of status epilepticus (especially convulsive status epilepticus), the theoretical and clinical considerations involved in selecting an antiepileptic drug to treat this emergency situation, and the consensus protocol developed by the Epilepsy Foundation of America (EFA) Working Group on Status Epilepticus. The use of powerful intravenous medicines to treat status epilepticus has the potential to cause serious side effects. As a result, the first step in treating the condition is to confirm that the patient has tonic-clonic status epilepticus and that the seizures have been prolonged or recurring. A single generalised seizure that is followed by a full recovery does not necessitate treatment. However, if a diagnosis of status epilepticus is obtained, therapy should begin right away. The patient's airway and oxygenation should be assessed first. Blood pressure and pulse should be monitored, and oxygen should be supplied if the airway is clear and intubation is not required right away. An attempt should be made to identify whether drugs have been taken recently in patients with a history of seizures. To examine for symptoms of a focal intracranial lesion, a screening neurologic examination should be done. The next step is to get intravenous access, after which blood should be submitted to the lab for electrolyte, blood urea nitrogen, glucose, and antiepileptic drug levels, as well as a toxic drug screen and a complete blood cell count. It's time to start an isotonic saline infusion.

If hypoglycemia is detected, 50 mL of 50 percent glucose should be given immediately because it can produce status epilepticus and is easily reversible. To guarantee appropriate oxygenation, blood gas levels should be measured after oxygen administration. Acidosis, hyperpyrexia, and hypertension do not need to be treated at first because these are frequent symptoms of early status epilepticus and should go away on their own with fast and effective general treatment. If seizures occur despite the use of first-aid techniques, medicines should be used. After the airway and circulation have been stabilised, computed tomography imaging is suggested.

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