

Fact Sheet 25

Epilepsy and the older person

Many of us can hope to live well into old age but, unfortunately, it is in our later years when we can possibly develop epilepsy for the first time. In the UK, it is estimated that at least 25% of people with epilepsy are over the age of 60 years, with a proportion of that age group living in nursing homes. We can only assume, then, that similar proportions would apply here in New Zealand.

Epilepsy is the most common, serious neurological disorder in the older person after strokes and dementia, and yet it is often missed in diagnosis. Rapid investigation, a correct diagnosis, a comprehensive treatment plan, and a multidisciplinary team approach, recommended by a neurologist, would ensure a better quality of life for those affected by seizures associated with epilepsy.

Known causes of epilepsy in the older person

Epilepsy is a tendency to experience recurrent, unprovoked seizures and is often a symptom of other medical conditions.

The many causes of epilepsy in the older person can be because of:

1. **Vascular disease:** a disease that affects the veins and arteries and can cause life-threatening conditions such as strokes. Strokes are the leading cause of new-onset epilepsy.
2. **Dementia:** a disease caused by brain cell death that leads to significant memory loss and which may account for 20% of epilepsy in the older person.
3. **Brain tumours:** abnormal cell growth within the brain which can be cancerous or benign.
4. **Head trauma:** occurs when a bump, blow, jolt etc causes damage to the brain.
5. **Metabolic disorders:** abnormal chemical reactions in your body such as hyperglycaemia and hypoglycaemia.
6. **Alcohol abuse and withdrawal:** seizures usually occur between 6 to 72 hours after cessation of alcohol and are typically tonic clonic. Any traumatic brain injury, such as a result of alcohol withdrawal seizures, increases the likelihood of focal seizures.
7. **Infections of the central nervous system** such as meningitis, malaria, or Lyme disease.
8. **Depression and anxiety:** these are very common psychiatric conditions experienced by those with epilepsy.

In many cases, an underlying cause for having epilepsy is unknown but research has shown that a person with epilepsy is at greater risk of having a vascular or coronary artery disease than someone in the general population.

Seizures should therefore be regarded as warnings of that potential risk, and attention should be given to blood pressure and cholesterol checks, atrial fibrillation tests and smoking cessation discussions.

Behaviours that imitate epilepsy

These are seizures that mimic epileptic ones such as fainting, sleep disorders, panic attacks, mechanical falls, confusion and memory problems. These 'imitators' can lead a doctor into making a wrong diagnosis of epilepsy or, worse, possibly misdiagnosing a life-threatening condition.

How epilepsy is diagnosed

There is no simple test for epilepsy but rather a series of seizure assessments that include visual accounts, physical examinations, blood tests, diagnostic tests (i.e. MRI, EEG) and a neurologic evaluation performed by a neurologist. See <https://ewct.org.nz/epilepsy-diagnosis-treatment/>.

An accurate diagnosis of epilepsy in the older person is challenging, and is possibly undetected because of the presence of 'imitators', co-morbidities or lack of epilepsy awareness. Because of this, it has been suggested that older people comprise a large but somewhat neglected group when it comes to care, support and advice.

Medication as a treatment plan

Many older people with epilepsy often have other medical disorders (co-morbidities), which are treated with medications. These medications have the potential to interact with antiseizure medications (ASMs) and so the principal tenet of starting 'low and slow' to help to minimise side effects is given. As we age our metabolic rate slows down which makes us more likely to have dose-related side effects, such as pronounced tremors resembling Parkinson's disease. In other cases, some medications may induce more seizure activity. ASMs, therefore, are chosen according to what is known about a person's seizure type (e.g. focal, tonic clonic or myoclonic), knowing his/her known co-morbidities and the possible medication side-effect profiles. The aim of giving ASMs is to improve the quality of life of a person living with epilepsy and not to compound his/her overall health issues.

Adhering to a medication regime is paramount to reducing seizures and the potential risk of serious injury or death. Any medication concerns must be discussed with a neurologist or GP.

The epilepsy burden in old age

Despite the growing numbers of older people being affected by epilepsy today, there is little research to show how best to support them. Epilepsy is usually intermittent and unpredictable. It is not easy to diagnose and it poses many challenges to the person concerned, such as:

1. Having epilepsy which has not been diagnosed and therefore no treatment, care and support plans have been put in place
2. Having seizures which have the potential to be longer lasting, resulting in status epilepticus, and are therefore more life-threatening
3. Being at increased risk of fractures due to osteoporosis or falls or both
4. Fearing seizures because of the associated risk of injury and/or death
5. Feeling vulnerable because of the unpredictable nature of epilepsy and therefore becoming socially isolated
6. Becoming inactive as a result of the fears listed above
7. Experiencing social isolation because of society's fear and prejudice
8. Experiencing increased memory issues as a result of seizures or medications or both
9. Feeling unsupported by a lack of epilepsy awareness
10. Possibly losing a driver's licence and, with it, independence
11. Living alone and with no support during, and after, a seizure

For more information on the epilepsy burden please go to:

<https://ewct.org.nz/living-challenges-epilepsy/>

There is epilepsy support at hand

Contact your EWCT epilepsy advisor, Maria Lowe (021 888 293 or maria@ewct.org.nz), for epilepsy information advice and support. Maria will also liaise with the appropriate social services to help improve the quality of life for those living with epilepsy.

Disclaimer: this fact sheet is for education purposes only. Please consult your doctor or other health professional for advice regarding your epilepsy.