

Diagnosis and Treatment

DIAGNOSIS

It is quite common for people in their later years to experience seizure symptoms that are not always recognised as being epileptic in nature. Misdiagnosis can happen when behavioural changes are assumed to be related to another condition or the ageing process and not to epilepsy. This makes it hard to diagnose epilepsy in people in their later years.

Friends, family or carers of the person with epilepsy may notice behavioural, physical or emotional changes that suggest something might be wrong, and worthy of investigation. For example, sometimes epilepsy can cause cognitive impairment and confusion – this may look like dementia in an older person. However, a diagnosis of epilepsy is more likely if these symptoms occur whilst the person is in specific postures, displays particular motor movements, and/or if the length of time associated with confusion following an episode is longer than an hour. Final diagnosis should only be made by a specialist, but it is important to have accurate observations about any episodes in order to provide doctors with as much information as possible.

Medical history, any eyewitness accounts, and medical tests are needed to make a diagnosis of epilepsy by a specialist. Medical tests may include [blood tests](#), [an EEG \(electroencephalogram\)](#), [a CT scan \(computerized tomography\)](#) or [an MRI \(magnetic resonance imaging\)](#).

TREATMENT

The [treatment of epilepsy](#) in older people follows many of the same procedures as for the general population, although there are also some special considerations.

Like the general population, the first line of treatment is the use of [anti-seizure medications \(ASMs\)](#), which generally work well once the right ASM and dose are found. However, it is more likely that doctors and specialists will have to assess how these ASMs interact with current medications, as many people in their later years take medications for other conditions. Seizures can usually be controlled in older adults with low doses of ASMs.

As it is not uncommon for people to struggle with memory in their later years, a system should be in place to ensure medications are taken as prescribed to ensure seizure control. For some, the use

of blister packs or alarms can be useful. Scheduling your medication around regular meals can also be a good option.

Make sure you tell your treating doctor and pharmacist about any other medications you are taking. [Click here](#) for more information about medications.