

# Dementia and epilepsy



*Epilepsy in people in their later years is distinct from other age groups due to other factors which commonly occur as we age.*

*It is important for those working with older people to understand the correlation between epilepsy and dementia.*



## Dementia and epilepsy in the later years

There are many underlying causes for developing epilepsy but in people in their later years dementia is a significant factor. People with dementia have a 10-fold increased risk of developing epilepsy. 10–20% of older people with dementia also have a diagnosis of epilepsy.

It is estimated that by the year 2025, 50% of new onset seizures will be in older people.

Seizures in older people often go unnoticed.

The most common types of seizures seen in older people are focal seizures which are less obvious than generalised seizures. However, for older people with dementia, and in particular Alzheimer's disease, the most common seizure type is generalised seizures. Often the seizure event is mistaken for the general ageing process or signs of dementia.

Epilepsy is not usually linked to dementia associated with diseases such as Huntington's and Parkinson's disease.

## What does this mean for the older person?

For older people with dementia and epilepsy:

- Seizures are more likely to be unprovoked meaning there is no known trigger for the seizure. These unprovoked seizures can have significant consequences on the prognosis of dementia.
- Research suggests that seizures are more likely to occur in the advanced stage of dementia but they can occur at any stage.
- Symptoms of seizure activity can be confused with dementia symptoms. Confusion in an older person may be due to a seizure or may be a symptom of dementia just as fluctuations in consciousness may be a seizure or part of the dementia.

For older people with dementia and epilepsy, seizure symptoms are more understated than in younger people. These symptoms can include:

- confusion
- hearing or seeing things
- suspended awareness
- sporadic memory loss

---

## What can you do to help?

- Difficulties in differentiating mood disorders (common in people with epilepsy) from dementia in older people, need to be taken into account.
- Diagnosis of epilepsy in people with dementia is challenging as seizures may look the same as other behaviours in people with dementia. The presence of dementia can make recognition and recording of seizures particularly difficult and must be taken into account by staff and carers.
- It is important to keep a record of any variations in signs or symptoms in those with dementia for use by a doctor when investigating the possibility of an epilepsy diagnosis.
- Some medications used in the management of dementia may cause seizures so it is important to monitor this.
- Support the person to get adequate sleep and maintain a good diet. Implement strategies to manage stress, limit alcohol, increase opportunities to get plenty of exercise and engage in stimulating activities all of which can help in seizure management.
- If seizures are well controlled, epilepsy doesn't preclude an older person from living independently and having a fulfilling life.

---

Epilepsy New Zealand <http://epilepsy.org.nz/>

Dementia New Zealand <https://dementia.nz/>



**EPILEPSY NEW ZEALAND®**  
THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND  
*Kia tūhoro ki te tangata - see the person*

### **National Support Centre**

Epilepsy House, 6 Vialou Street, Hamilton  
Central, Hamilton 3204  
PO Box 1074, Hamilton 3240  
Phone: 07 834 3556  
Email: [national@epilepsy.org.nz](mailto:national@epilepsy.org.nz)