How the rate of titration of lamotrigine influence to its tolerability and frequency of side effect and is it really optimal?

A. Dubenko[1,2]
[1]*Epilepsy Department, Institute of neurology, psychiatry and narcology NAMS of Ukraine, Ukraine*
[2]*Epilepsy Department, Institute of neurology, psychiatry and narcology NAMS of Ukraine, Ukraine*

The prescription lamotrigine without titration significantly increases the risk of adverse reactions - most often a skin rash, which is the most common reason for early discontinuation of this drug. But in the available literature there is no clear substantiation of the rate of titration of lamotrigine suggested in the instructions. We studied the tolerance and safety of lamotrigine in 186 patients with epilepsy who have used the schemes more rapid titration, depending on additionally using AED. The drug as a first monotherapy was administered to 27 patients, 106 patients were used lamotrigine as an additional AED (without using valproic acid), and 43 - lamotrigine was added to valproic acid. The age of study participants was 18 to 54 years. Patients in history with a skin rash associated with the use of medicines or other allergic reactions associated with the medication, the study was not included. Monitoring of patients was carried out monthly for 12 weeks after lamotrigine prescription and dose beginning. For further analysis, we considered the frequency of such side effects as skin rashes, dizziness, nausea, vomiting and sleep disturbances as the most frequent for lamotrigine using. The frequency of adverse events in the study were compared with data from metaanalyses and multicenter clinical trials. Comparison of survey data with that obtained in the sources of the literature showed that increasing the speed of the titration of lamotrigine twice does not affect the increase in the frequency of more often side effects lamotrigine and the percentage of patients requiring drug discontinuation because of their appearance, as for all patients which used lamotrigine and as for separate clinical groups.