

PHENOBARBITAL SHOULD BE A FIRST-LINE AGENT FOR THE TREATMENT IN EPILEPSY

Umaiorubahan Meenakshisundaram

India

Phenobarbital was first synthesized in 1911. In the century since, it has been the most misunderstood and underrated anti epileptic drug.

Around 50 million people worldwide have epilepsy and nearly 90% of them are found in developing countries. Three-fourths of the patients in these countries do not get the necessary treatment. In such countries, atleast until a few decades ago, epilepsy was a social stigma and, in some, it is commonly viewed as a reason for annulling a marriage. Phenobarbital is one of the cheapest and least toxic anti-epileptics, with a broad spectrum efficacy. It is the oldest anti-epileptic still commonly used. WHO recommends its use as a first-line drug for partial and generalized tonic-clonic seizures in developing countries?

The advantages of phenobarbital are:

1. Efficacy against all types of seizures except absences
2. Seizure freedom rates comparable to the "costlier" AEDs
3. Starting dose if within the effective range
4. Low life threatening risk
5. Linear pharmacokinetics
6. Once daily dosing
7. Easy availability and low cost
8. Parenteral formulations

The fear of side-effects that are often attributed to phenobarbital is unfounded as this was brought about by a flurry of uncontrolled, observational studies from the 1970s and 1980s. None of the nine masked clinical trials of phenobarbital in febrile in febrile seizures or epilepsy has shown an excess of behavioral adverse effects over placebo or active treatment. The evidence for phenobarbital's excessive adverse effects was never examined in critical detail.