

Is there an advantage to continue trying new antiepileptic drugs indefinitely in refractory epilepsy? Pro

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It is well known that most patients who attain seizure freedom do so with their first or second antiepileptic drug (AED) schedule. There are, however, some people who tolerate AEDs poorly and it may take some time to find an acceptable regimen for them. Others will respond to the addition of a particular drug with a distinct mechanism of action after failing treatment with a range of other options due to lack of efficacy. Some patients will become seizure free with a combination of 2 or 3 AEDs mostly with different mechanisms of action. In our own recently published outcome study in 1795 newly diagnosed patients followed for up to 30 years, 24%, 15%, 14%, 7% and 7% attained seizure freedom for at least one year on an unchanged 3rd, 4th, 5th, 6th and 7th schedule, respectively. I'll also present some individual cases, who have responded unexpectedly well to the addition of a specific AED with a distinct mechanism of action, after more than 10 other drug schedules have failed due to adverse effects and/or lack of efficacy. Continuing to aim for seizure freedom or settling for the best tolerated and/ or most effective regimen often depends on the attitude of the patient and his or her acceptance of a few seizures each month. Nevertheless, while always trying to be honest, I rarely tell my patients that seizure freedom will never be attained. After all, hope springs eternal!