

Should AEDS be pushed up to the highest tolerated dose before changing AEDS?

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What is the appropriate technique to use when adding an antiepileptic drug (AED) to the refractory epilepsy patient or when starting a new drug in a new onset seizure patient? Historically the same practice is taught around the world and still is. The procedure is to start or add a new AED at a low dose and slowly titrate up to a medium effective dose. The patient then reports to the doctor or epilepsy nurse. If seizure free, the dose will remain the same and there will be continued monitoring. If further seizures occur, then the dose of the AED will be gradually titrated up until the patient begins to experience side effects or until seizure free. Only if the patient does not become seizure free or has disturbing side effects will the drug be reduced and stopped. In order to evaluate seizure freedom, the AED needs to be gradually titrated up to the most effective but lowest dose in order to prevent side effects from occurring. In this way the patient can fully test the AED to see if it is the appropriate for his/her epilepsy. This is the standard approach and standard of care when treating people with epilepsy.