



Recommendations for a Better Control of Seizures in Epileptic Patients

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Dear Editor-in-Chief

Epilepsy is one of the most common chronic neurological conditions. However, epilepsy do not reduce life expectancy markedly but it affect patient's quality of life. An outstanding characteristic of epilepsy is the unpredictability. Therefore, these patients need more attention. Here I aimed to convey this importance and mention some advices for physicians and patients to handle this situation better.

The chance of having a healthy live in epileptic patients is impacted by some factors including diet, smoking, alcohol, other substance abuse, weight, medical conditions and environmental factors.

Sometimes, epilepsy diagnosis do not change the routine life negatively; in fact, some of patients adopt a healthier lifestyle after diagnosis including lose weight, lower alcohol consumption and less smoking (1).

Because of high prevalence of epilepsy and impact of its consequence on patient's life such as depression, anxiety, dependency, unemployment, etc. the lifestyle should be modify. All patients with epilepsy should receive the highest quality of services that can be provided (1). In addition, it is necessary to consider the specific needs of young adults with epilepsy (2).

Many patients are confronted with restrictions such as exclusion from several professions and some sports, not being allowed to drive, prohibition of alcohol (3). So, due to the limitations and chronicity of the condition, they benefit from taking anti anxiolytic-antidepressant (1).

Lack of adherence to medication is an important problem in treatment. This can result in break-

through seizures and serious destructive effects on patient's quality of life.

There are some advises for improving patient's adherence as follow:

- Make drug regime less complex to reduce forgetfulness.

- Use simplest drug regime including dosage, number of tablets with fewer side-effects.

- Doctor and patient should plan drug regime together.

- Discuss patient's thoughts and fears in control and regulating medication regimes and consider their problems in taking medication.

- Develop self-care ability of a patient from a young age, in other words enable "Socialization" with the health care system via family, school and health education programs (4).

There are some suggestions for health care team that could be helpful for improving quality of care:

- Giving epilepsy ID card

- Educating First aid and safety information

- Lifestyle advices

- Recording BMI, height, weight, diet, exercise, smoking status, alcohol intake

- Explaining type of seizure, trigger factors, drug side-effects

- Monitoring bone health advice for relevant antiepileptic drugs

- Considering specific issues for female patients including contraception, preconception, pregnancy, and menopause (5).

Home based lifestyle managements in obese patients are safe and helpful and result in weight loss and improvement in quality of life (6). Epileptic

patients face with barriers to physical activity, fear of exercise-induced seizures, and confusing advice about safety of exercise. Moreover, obesity and lack of physical activity are an increasing problem. Therefore, patient-specific education about the benefits of exercise needs to be initiated by physicians (7).

Another significant issue is sleep hygiene. Sleep deprivation also affect seizure control in patients with epilepsy and is a trigger of seizure occurrence. On the other hand, a regular sleep schedule can play an important role in controlling seizures (8).

It seems that alcohol affected on seizure frequency. There was a strong and consistent association between the amount of alcohol consumed daily and the probability of seizure occurrence. Maybe this effect is exclusive for heavy drinking. Alcohol users with epilepsy would qualify for the criteria of alcohol dependence (3). “There is a risk of epilepsy misconceptions for young patients who obtain information from parents or from their own efforts. Accurate epilepsy knowledge strongly aides psychosocial adjustment” (9).

In one study, patients expressed the limitation of doctors' time to explain the condition and how to manage it. Therefore, a trained nurse could be highly valuable especially at the time when epilepsy was first diagnosed in order to explain the social aspects of epilepsy (10).

The next serious point is controlling seizures in adolescent patients. Because of adolescence experience rapid physical, psychological and social changes, they are facing many difficulties with their diagnosis, treatment and lifestyle restrictions and they suffer psychosocial problems such as social isolation, stigma, low self-esteem, feelings of being different, depression and impaired independence (2). Use of educational programs to provide information about epilepsy, AEDs, adherence for them and involve them in decision-making can be helpful (4).

Healthcare professionals should not only be interested in medical management but also discuss with patients, especially young ones primarily about diagnosis and their routine life. There is some evi-

dences that structured psycho-educational and age-appropriate methods increased patients' knowledge and positive trend to enhance quality of life (9).

Conflict of interest

The author declares that there is no conflict of interest.

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