**Treatment**

**CHOICE of Anti-Epileptic Drug (AED) – NICE Recommendations**

**Factors to Consider**
- Seizure Type
- Epilepsy Syndrome
- Co-medication
- Side effect profile of AED
- Co-morbidity
- Lifestyle
- Preferences of the individual (and family and/or carers as appropriate)

- Use monotherapy whenever possible
- If first treatment is unsuccessful, try monotherapy with another first line AED
- If an AED has failed because of adverse effects or continued seizures, start the second drug (alternative first line or second line) and built up to an adequate or maximum tolerated dose and only then taper off the first drug slowly
- If the second drug is unhelpful, taper either the first or second drug (depending on the relative efficacy, side effects and tolerability) before starting another drug.
- Consider combination therapy if seizures continue/or desired improvement not achieved
- If trials of combination therapy do not bring about worthwhile benefits, revert to the regimen (monotherapy or combination therapy) that has provided the best balance between tolerability and reducing seizure frequency.
- Then regular review and monitoring by community team and/or outpatients clinics
- When any changes to medication are instigated consider the use of GEOS 35\(^5\) as a baseline measure of quality of life (see Appendix 35b). This can then be repeated every six-twelve months to ensure there is improved quality of life following appropriate management or treatment.
- **When considering which AED’s to prescribe/change always refer to the NICE 2012 recommendations which give details.**
- Psychological interventions may be useful in some cases when used in conjunction with AED therapy (relaxation, CBT, biofeedback) if available and appropriate for use in individual cases. (NICE 2012).