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Classification

The ILAE 2017 Framework for the Classification of Epilepsy defines three diagnostic levels:1,2

. Seizure type ¹⁻³		2. Epilepsy type ^{1,2}	3. Epilepsy syndrome ^{1,2}	
Focal onset	Generalised onset	Unknown onset	Focal	Focal
2.99 cases per I,000 people*	4.33 cases per 1,000 people*	0.81 cases per 1,000 people*	Generalised	Generalised
ware	Motor	Motor	Generalised & focal	Generalised & focal
mpaired awareness Motor onset	Tonic-clonic Other motor	Tonic-clonic Other motor	Unknown	Syndromes associated with DEE or progressive neurological deterioration
lon-motor onset	Non-motor	Non-motor		
Focal to bilateral onic-clonic		Unclassified		

Other considerations

Aetiology ¹			Comorbidities ¹ (list not exhaustive)			
Structural	Genetic	Infectious	Learning Intellectual Autism spectrum difficulties disability disorder			
Metabolic	Immune	Unknown	Depression Motor deficits Movement disorders			

*Estimated prevalence



Represents a cluster of features that tend to

An epilepsy syndrome:1,4

- occur together
- May have distinctive comorbidities and specific findings on EEG and imaging

May have associated aetiological, prognostic,

and treatment implications

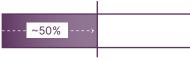
Actions:1

epilepsy at each diagnostic level Consider the aetiology of the epilepsy

Where possible, define a patient's

and the presence of comorbidities

Comorbidities



disorder, many of which are associated with poor long-term outcomes5-7

Roughly 50% of adults with active epilepsy

have at least one comorbid medical



response to ASMs8



and active epilepsy is associated with a 5.8-fold increased risk of sudden cardiac death versus matched controls.9,10

Increased prevalence of:*11



e.g., depression, anxiety



e.g., ADHD, ASD

*Versus general population



Actions:

routine patient care12

Ask about comorbidities as part of

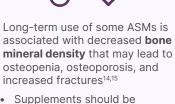
Side effects of ASMs

Regularly screen patients to identify

any mental health problems¹¹

complaints, or are receiving medication potentially targeting the heart, for cardiovascular comorbidities

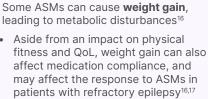
using a 12-lead ECG¹



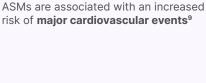
Actions:

of ASMs with patients12

considered for patients at risk11



Monitor patients who report cardiac complaints, or who Regularly review the potential adverse effects are receiving medication that may affect the heart, with a



Contraception

Actions:19

The use of some types of ASM during pregnancy has been associated with a range of harmful effects to the baby, including major congenital malformations, adverse effects on neurodevelopment, and fetal growth restriction19

These ASMs are therefore contraindicated in people of childbearing potential, unless a pregnancy prevention programme is in place19

At each annual review for females with epilepsy, discuss the risks associated with ASMs and with untreat epilepsy during pregnancy, and review treatment according to their clinical condition and circumstances

Adherence

Urgently refer any patient currently taking ASMs for specialist advice if they are planning a pregnancy, or if



they are pregnant

Adherence to medication among patients with epilepsy is suboptimal²⁰ Poor adherence to ASMs is associated with

increased mortality, emergency department visits,

hospitalisations, fractures, and head injuries20

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8. 9.

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Abbreviations ADHD: attention deficit hyperactivity disorder; ASD: autism spectrum disorder; ASM: anti-seizure medication; DEE: developmental and/or epileptic encephalopathy; ECG: electrocardiography; EEG: electroencephalography; HR-QoL: health-related quality of life; ILAE: International League Against Epilepsy; QoL: quality of life.