

<シンポジウム 08—3>臨床に役立つてんかん診療の最前線 (日本てんかん学会との共同開催)

## Clinical characteristics and treatment for new onset epilepsy in the elderly

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(臨床神経 2010;50:895)

**Key words** : epilepsy, elderly

Old age is the most common time to develop epilepsy. In the era of aged-society, epilepsy in the elderly is an important issue not only medically but also socially and financially. They often present with complex partial seizures, that makes a secure diagnosis can be difficult. A range of conditions mimic epilepsy including syncope, transient ischemic attack, metabolic disorders and so on. Some patients present with status epilepticus as an initial symptom. The causes are different from the younger patients.

Symptomatic epilepsies including post-stroke ones are the leading cause, however, non-lesional cases are not rare. The goal of the management is maintenance of a normal life, ideally with complete cessation of seizures and without side effects. In the elderly persons with a first seizure, starting an-

antiepileptic drug treatment should be considered, especially in patients at high risk of recurrence, such as patients with structural lesions on brain imaging study or an epileptiform discharges on electroencephalogram. Epilepsy in the elderly generally responds well to antiepileptics. Our study showed up to 90% of patients maintained seizure freedom on medication. Most of the patients did well on relatively low dose of carbamazepine. Considering the side effect profile, newer drugs including gabapentin, lamotrigine and levetiracetam can be the first-line treatment in the elderly. Epilepsy can have profound psychological impact in older age. Stigma associated with diagnosis of epilepsy can be particularly hard to deal with at this age. Assured education and sympathetic support is crucial.