

# Special considerations for managing epilepsy in specific groups of people

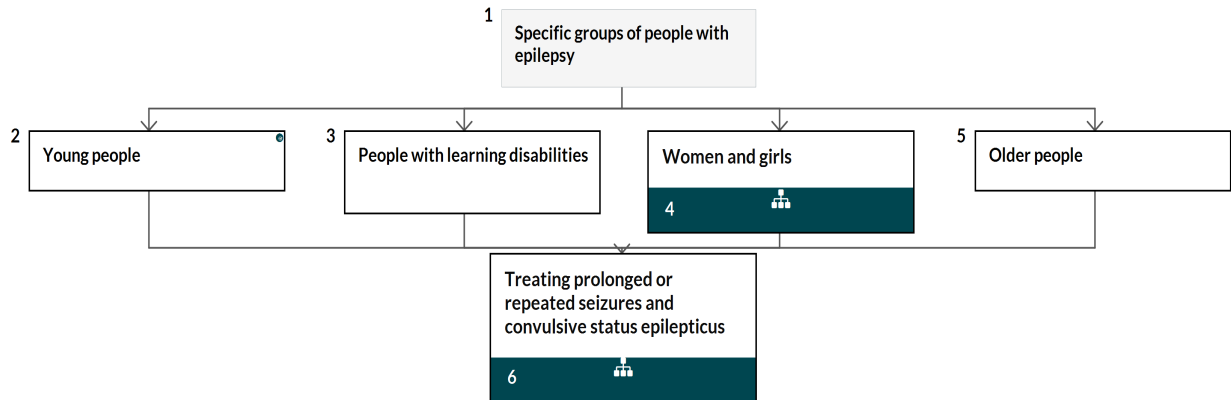
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/epilepsy>

NICE Pathway last updated: 30 July 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Specific groups of people with epilepsy

No additional information

## 2 Young people (aged 12 to 17 years)

The physical, psychological and social needs of young people with epilepsy should always be considered by healthcare professionals. Attention should be paid to their relationships with family and friends, and at school.

Healthcare professionals should adopt a consulting style that allows the young person with epilepsy to participate as a partner in the consultation.

Decisions about medication and lifestyle issues should draw on both the expertise of the healthcare professional and the experiences, beliefs and wishes of the young person with epilepsy as well as their family and/or carers.

### **Service organisation and transition to adult services**

During adolescence a named clinician should assume responsibility for the ongoing management of the young person with epilepsy and ensure smooth transition of care to adult services, and be aware of the need for continuing multi-agency support.

Multidisciplinary services provided jointly by adult and paediatric specialists have a key role in the care of the young person with epilepsy. This can facilitate the transition from paediatric to adult services and aid in the dissemination of information.

Before the transition to adult services is made, diagnosis and management should be reviewed and access to voluntary organisations, such as support groups and epilepsy charities, should be facilitated.

See also [the NICE Pathway on transition from children's to adults' services](#).

### **Quality standards**

The following quality statements are relevant to this part of the interactive flowchart.

9. Transition from children's to adult services (children and young people)

## 9. Transition from children's to adult services (adults)

### 3 People with learning disabilities

Enable children, young people and adults who have learning disabilities, and their family and/or carers where appropriate, to take an active part in developing a personalised care plan for treating their epilepsy while taking into account any comorbidities.

Ensure adequate time for consultation to achieve effective management of epilepsy in children, young people and adults with learning disabilities.

In making a care plan for a child, young person or adult with learning disabilities and epilepsy, particular attention should be paid to the possibility of adverse cognitive and behavioural effects of AED therapy.

The recommendations on choice of treatment and the importance of regular monitoring of effectiveness and tolerability are the same for those with learning disabilities as for the general population.

Do not discriminate against children, young people and adults with learning disabilities, and offer the same services, investigations and therapies as for the general population.

Every therapeutic option should be explored in children, young people and adults with epilepsy in the presence or absence of learning disabilities.

Healthcare professionals should be aware of the higher risks of mortality for children, young people and adults with learning disabilities and epilepsy and discuss these with them, their families and/or carers.

All children, young people and adults with epilepsy and learning disabilities should have a risk assessment including:

- bathing and showering
- preparing food
- using electrical equipment
- managing prolonged or serial seizures
- the impact of epilepsy in social settings
- SUDEP

- the suitability of independent living, where the rights of the child, young person or adult are balanced with the role of the carer.

#### **4 Women and girls**

[See Epilepsy / Special considerations for women and girls with epilepsy](#)

#### **5 Older people (aged 65 years and older)**

Do not discriminate against older people, and offer the same services, investigations and therapies as for the general population.

Pay particular attention to pharmacokinetic and pharmacodynamic issues with polypharmacy and comorbidity in older people with epilepsy. Consider using lower doses of AEDs and, if using carbamazepine, offer controlled-release carbamazepine preparations.

#### **6 Treating prolonged or repeated seizures and convulsive status epilepticus**

[See Epilepsy / Treating prolonged or repeated seizures and status epilepticus](#)

## Glossary

### AED

(anti-epileptic drug: medication taken daily to prevent the recurrence of epileptic seizures)

### AEDs

(anti-epileptic drugs: medication taken daily to prevent the recurrence of epileptic seizures)

### Polypharmacy

(multiple different drugs used in a patient's treatment, which could include anti-epileptic drugs)

### SUDEP

(sudden unexpected death in epilepsy: sudden, unexplained, witnessed or unwitnessed, non-traumatic and non-drowning death in people with epilepsy, with or without evidence for a seizure, and excluding documented status epilepticus, in which post-mortem examination does not reveal a toxicological or anatomic cause for death)

## Sources

[Epilepsies: diagnosis and management](#) (2012 updated 2021) NICE guideline CG137

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Technology appraisals**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

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careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.