

FIRST SEIZURE MANAGEMENT

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From the moment a person presents with a first epileptic seizure, determining the **ETIOLOGY** of the patient's seizure should be the clinician's first task.

- Patient's detailed history
- Physical examination
- Neuroimaging (epilepsy-protocol MRI)
- Electroencephalogram (EEG)

ETIOLOGY

Structural
Genetic
Infectious
Metabolic
Immune
Unknown

1 in 10 people world wide will experience at least one seizure in their lifetime



According to the American Academy of Neurology (AAN) & the American Epilepsy Society (AES)

Guidelines:

Seizure risk after an unprovoked first seizure is greatest within the first 2 years (21-45%).

Clinical variables associated with increased risk of seizure recurrence:

- a prior brain injury
- epileptiform activity on EEG
- abnormal brain imaging (CT/MRI)
- a nocturnal seizure



Antiepileptic drug (AED) treatment

Clinicians recommend that first seizure treatment decisions should be individualized according to :

- patient preference
- risk-benefit ratio



AED choice depends on:

- seizure type
- patient's age
- side effect profile
- pregnancy potential

Two main types of AEDs
Broad-spectrum vs Narrow-spectrum

all seizure types focal seizures
(focal, generalized, unknown)

Questions or
concerns



Consult your neurologist

