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Epilepsy editorial

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Epilepsy affects about 0.5-1% of our population and is one of the commonest neurological disorders worldwide. The underlying etiology is diverse and the clinical manifestations are often variable. Patients with chronic epilepsy should be managed or reviewed regularly by specialists to optimise seizure control and minimize possible side-effects. Although patients who develop their first attack of seizure could be the initial manifestation of epilepsy, this may also be the presentation of a serious acute illness e.g. stroke, viral encephalitis, hypoglycaemia. They should therefore receive fast track evaluation or hospitalised to speed up the diagnostic process. A summary of this initial management is provided in the article on "Management of First Epileptic Seizure", to which the front-line medical staff may find useful.

Multiple data need to be gathered when initiating a treatment plan for a person with epilepsy. Patient factors (e.g. female, elderly, children), disease factors (e.g. underlying brain lesion, encephalitis, genetic or metabolic disorders), and co-morbidities (e.g. mental retardation, depression, liver or renal disease) deserve careful and individual considerations. In this monthly symposium on epilepsy, Dr. Gardian Fong has provided a concise summary for treatment of epilepsy in women (patient factor) and Dr. Fan Yiu-wah has illustrated how brain tumour (the disease factor) will affect the management of epilepsy. Epilepsy associated with brain tumour (i.e. lesional epilepsy) is likely to be drug resistant and the optimal AED treatment in this category of patients remains undetermined. Dr. Fan has highlighted the importance of interaction with chemotherapeutic agents. For this reason, the newer AED with little drug interaction (e.g. gabapentin, levetiracetam, pregabalin) may become the drug of choice. Finally, AED is generally not indicated in patients with only brain tumours and without epilepsy.

There is no doubt that the mainstay of epilepsy is antiepileptic drug (AED) treatment. A number of new drugs have added into our armamentarium in the past decade (e.g. ox-carbamazepine, lamotrigene, levetiracetam, topiramate) although some others are losing popularity. One has to be cautious about any new AED as some serious side-effects may only become apparent years after marketing. This can be exemplified by the visual field constriction and aplastic anaemia attributed to vigabatrin and felbamate respectively. In the drug monograph section, Dr. Patrick Kwan provides us a timely review on the new drug, pregabalin, which is structurally similar to gabapentin but with a much higher potency. In addition, other co-advantages (anti-anxiety, sleep enhancement) render this drug even more promising during add-on therapy for intractable epilepsy.

I hope we are going to have the second symposium dedicated to epilepsy in the future covering the other aspects of treatments (e.g. cognitive aspects, psychosocial and psychiatric issues, learning disabilities). These are important and often neglected areas in the management of chronic epilepsy.