

Epilepsy is more likely to develop in later life than at any other age. In people over 65, epilepsy is one of most common neurological disorders.

## What is epilepsy?

Epilepsy is diagnosed when someone has a tendency to have recurrent, unprovoked seizures..

## What are seizures?

A seizure happens when the normal pattern of electrical activity in the brain is disrupted, causing the brain cells (neurons) to rapidly fire all at once. Seizures can cause symptoms such as changes in sensation, movement, awareness and behaviour, or sometimes convulsions, muscle spasms or loss of consciousness, depending on where the seizure starts and spreads in the brain.

Seizures vary greatly and can last from a few seconds to 2-3 minutes. Most seizures are over in less than two minutes. Not all seizures are epilepsy and under certain circumstances anyone can have a seizure.

## Causes of epilepsy

Epilepsy can have many possible causes. Anything that causes damage or scarring to the brain, such as infection, trauma, or lack of oxygen to the brain, can lead to seizures. Sometimes the cause can't be identified, but in the over 60's some known causes are:

- Stroke. This is the most common cause of epilepsy at this age. Seizures occur in more than 15% of people who have had a stroke. Sometimes the first sign of a stroke is a seizure.
- Degenerative brain conditions such as Alzheimer's Disease or dementia can cause the onset of seizures. Alzheimer's has a higher rate of epilepsy than other dementias..
- Head trauma.
- Brain tumours.

Cause	Frequency (%)
<b>Stroke</b>	20-50
<b>Dementia</b>	10-20
<b>Brain Tumour</b>	10-30
<b>Head injury</b>	5-20
<b>Other known cause</b>	2-20
<b>Unknown</b>	20-50

**Table 1**  
Causes of epilepsy in the elderly. Acharaya, J.N. & Acharaya, V.J. 2014

## Seizures that aren't epilepsy

Some seizures happen as a direct consequence of serious illness and/or infections, medications or acute alcohol withdrawal. These have a known cause and are not likely to recur (unless the provocation recurs). These seizures are not epilepsy



## Seizure types

There are two main categories of seizures: focal and generalised onset seizures.

1. In focal onset seizures, seizure activity remains confined to a small area of the brain. This may only cause minor changes such as altered awareness, confusion and changes in behaviour.
2. Generalised onset seizures occur in both sides of the brain simultaneously, so consciousness is usually lost at the onset. The most recognised seizure is a tonic clonic seizure, where the person will have stiffening and then jerking of the limbs and body.

**Focal seizures are the most common type of seizures seen in seniors**

## Diagnosis

Diagnosing epilepsy in seniors is not always straightforward, because focal seizures have more subtle symptoms such as confusion, unusual behaviour, hearing or seeing things and sporadic memory loss.

**These may not be recognised as seizures and can be mistaken for dementia or depression.**

Many people experience confusion, tiredness, and sometimes pain or headache after a seizure. Recovery can take several minutes. However, sometimes in seniors it can be much longer than this, several hours, which can also complicate the picture.

**If the person is confused for a long period, then you should call 000 because sometimes this may be because the seizure is still happening.**

It is important to have a good eyewitness description of the seizure(s) and the surrounding time before and afterwards. If epilepsy is suspected, the doctor may order tests such as:

- EEG (electroencephalogram) which records the electrical activity of the brain.
- Brain scans that will show detailed images of the brain.
- Blood tests to see if there are other reasons for the seizures
- Other tests such as an ECG may be also done to out rule other medical conditions.

## Seizure Management

**In seniors, seizures generally are more likely to be easily controlled with antiseizure medication compared to younger people with epilepsy.**

However, seniors may be more sensitive to medication unwanted side effects.

Starting medication on a low dose and slowly increasing it until seizures stop is generally the approach, with the aim of keeping the dose as low as possible to maintain seizure control.

Some unwanted effects of antiseizure medication include tiredness, unsteadiness, tremor, visual disturbances, changes in mood or behaviour, depression or stomach upsets.



**Seizure Management**, continued.....

**What you may experience**

- Antiseizure medication may react with other medication you are taking. Your doctor should select the best medication for your epilepsy type and consider what medications you are already taking. Check with your doctor or pharmacist about any possible medication interactions, even with over-the-counter medications, vitamins or supplements.
- As you age, you are more vulnerable to medication side effects, which can include dizziness, poor balance and coordination. Unfortunately ageing also makes us more frail and prone to injury. Seizures may cause falls, fractures or injury. To reduce your risk of injury during seizures, put in place sensible and relevant safety measures. See our [Safety Factsheet](#) for some suggestions.
- After-effects of seizures such as confusion, soreness and tiredness can sometimes last several days, even weeks in some cases. This can be problematic, especially if you live alone. It is best to have a plan for times like these if you experience lengthy after-effects of seizures.
- Memory problems affect many people with epilepsy. This may result in forgetting to take medication. Use simple ways to remember such as using a pillbox, reminders or take medication with meals. If you ask, your pharmacist can get your medications put into a pre-packaged pill pack for a small cost.
- Other health problems or medical conditions may affect how your epilepsy is managed.

**If you are having medication side effects that you are not happy with, do not stop taking antiseizure medications without speaking to your doctor.**

**Adjusting medication doses without medical advice can cause seizures which could more severe. Always speak to your doctor about any medication issues.**



## Things to think about

- A new diagnosis of epilepsy is often life changing and can affect your independence and quality of life. It can be confusing, difficult to accept and adjust to being diagnosed with epilepsy.
  - Contact us on 1300 37 45 37 to speak to an epilepsy nurse
- Some people become anxious about having a seizure or seizure related injuries. This can affect your physical and emotional well-being and should be addressed before it becomes a significant problem.
  - Speak to your doctor if you are frequently worrying about having a seizure.
- Living alone may make the unpredictable nature of epilepsy more problematic. Many older people live alone, and safety can be a concern, especially if seizures are not well controlled.
  - [My Aged Care](#) may be able to provide some support. Call 1800 200 422
- Epilepsy can contribute to social isolation and withdrawal which can lead to anxiety and depression. It is important to stay connected with family, friends and community groups.
  - Talk to your doctor if you feel your mood and motivation is affected. Depression can happen at any age. Your GP can organise a mental health plan through Medicare which provides rebates for psychology sessions
- Losing your driver's licence can further increase the likelihood of social isolation and create a dependency on others.
  - This may not be forever. If your seizures are controlled by medication, and you meet the driving regulations criteria, your license will be reinstated. However, this may be a time to think about living close to other transport options.
- Seizures and medication can contribute to forgetfulness, poor concentration, memory lapses and mental confusion.
  - Regularly reviews medications with your doctor may help to reduce these problems.

While this sounds very gloomy, **many seniors gain good seizure control with medication, and epilepsy doesn't prevent them from living independently and leading a fulfilling life**

### References:

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