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A **seizure** is a paroxysmal event characterized by abnormal, excessive, hypersynchronous discharge of cortical neuron activity.

Epilepsy can be defined as a chronic seizure disorder or group of disorders characterized by seizures that usually recur unpredictably in the absence of a consistent provoking factor.

Epilepsy is not contagious

it is not a mental illness

or a cognitive disability.

The neurological dysfunction seen in epilepsy can:

- √begin at birth
- √ childhood
- √adolescence or
- √even in adulthood



CLASSIFICATION

I. Partial seizures

A. Simple seizures

(without impairment of consciousness)

- 1. With motor symptoms
- 2. With special sensory or somatosensory symptoms
- 3. With psychic symptoms

B. Complex seizures

(with impairment of consciousness)

- Simple partial onset followed by impairment of consciousness
- 2.Impaired consciousness at onset

C. Secondarily generalized

(partial onset evolving to generalized tonic-clonic seizures)

II. Generalized seizures

- A. Absence
- B. Myoclonic
- C. Clonic
- D. Tonic
- E. Tonic-clonic
- F. Atonic
- G. Infantile spasms

III. Unclassified seizures

IV. Status epilepticus

PARTIAL SEIZURES:

Partial seizure

Common, 80% patients

e simple partial seizures:

do not cause loss of consciousness

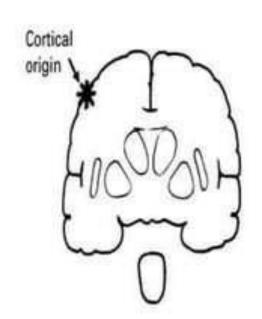
Signs &symptoms:

Before the seizure.

- ◆ motor convulsive jerking, chewing
- motions, lip smacking
- Sensory & somatosensory paresthesias, auras
- ◆Automatic sweating, flushing, pupil dilation
- Behavioural hallucinations, dysphasia, impaired consciousness (rare).



Jerking of the right half of the face. The patient is fully conscious.



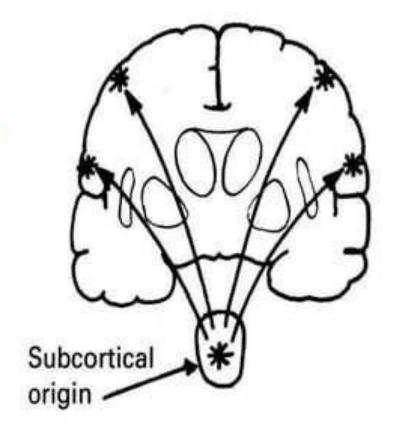
- © complex partial seizures:
- impairment of consciousness
- purposeless behaviour is common
- affected person may wander about aimlessly
- aggressive behaviour (violence)
- automatism (eg: picking at clothes)
- visual, auditory, or olfactory hallucinations

GENERALIZED SEIZURES:

- > Affecting both hemispheres
- > Diffuse

3 types:

- 1) Idiopathic epilepsies
- Age related
- Genetic origin
- 2) Symptomatic epilepsies
- A consequence of a known/suspected underlying disorder of CNS
- 3) Cryptogenic epilepsies
- Disorder of a hidden course
- Age related



ABSENCE SEIZURES (petit mal)

- Alterations of conciousness (absence) lasting 10-30sec
- Staring (with occ. eye blinking) & loss in postural tone
- 100 or more daily
- ❖Onset occurs from 3-16yrs, disappear by 40yrs.

MYOCLONIC:

sudden, Involuntary jerking of facial, limb or trunk muscles, in rhythmic manner

CLONIC:

Sustained muscle contractions alternating with relaxations

TONIC:

Sustained muscle stiffening

TONIC-CLONIC (grand mal): Sudden loss of consciousness

Tonic phase:

- ♣Pt become rigid & falls to the ground
- Respiration are interrupted
- **♣**Back arches
- Lasts about 1min

Clonic phase:

- Rapid muscle jerking
- ♣Muscle flaccidity
- Incontence, tongue biting, tachy cardia, heavy salvation





During postictal phase.

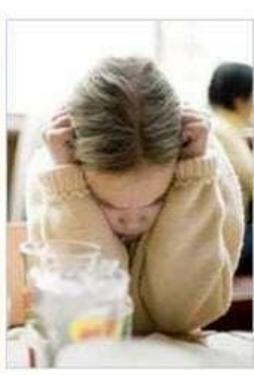
- #Head ache, confusion, nausea, drowsiness, disorientation
- May last for hours

ATONIC (drop attacks):

- #Sudden loss of postural tone, pt falls to the ground
- **4**Occur primarily in children







UNCLASSIFIED SEIZURES

NEONATAL





STATUS EPILEPTICUS:

Seizure occur repeatedly with **no** recovery of consciousness b/w attacks

CAUSES

- High fever, especially in infants
- Drug use, alcohol withdrawal
- Near-drowning or lack of oxygen from another cause
- Metabolic disturbances
- Head trauma
- Brain tumor, infection, stroke
- Complication of diabetes or pregnancy

Causes of epilepsy

- Stroke
- Brain tumor
- Brain infection
- Past head injury
- Drug use, alcohol withdrawal

- Metabolic problems
- Other neurological conditions
- High fever, especially in infants
- Genetic factors

Epilepsy may occur with

- Developmental disabilities
- Autism
- Cognitive impairments

... but the majority of people who have epilepsy do not have other impairments and live very normal lives.

PATHOPHYSIOLOGY

Paroxysmal discharges in cortical neurons

A seizure orignates from grey matter of any cortical or subcortical area

Abnormal firing of neurons



Breakdown of normal membrane conductance & inhibitory synaptic

Locally widely



Focal seizure

Generalized seizure

- Abnormality of Potassium conductance
- Defect in voltage sensitive ion channels
- Deficiency in membrane ATPase

Neurone membrane instability



Deficiency of inhibitory neurotransmitters Increase in excitatory neurotransmitters

promotes

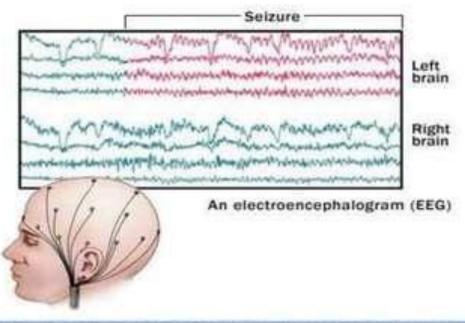
Abnormal neuronal acitvity

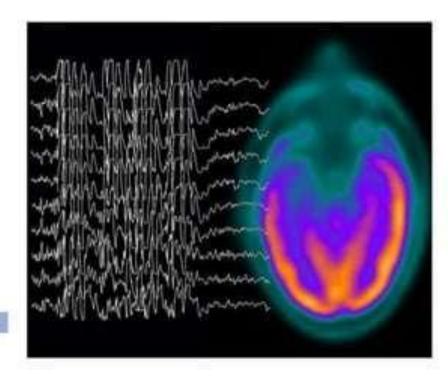
Seizure

DIAGNOSIS

Electroencephalogram (EEG)



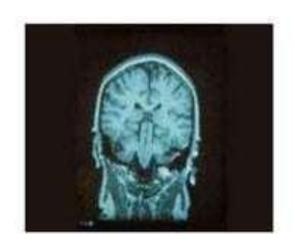




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Neurological imaging studies

- *Magnetic Resonance Imaging (MRI)
- *Functional MRI (fMRI)
- *Computed Tomography (CT)
- *Positron emission tomography (PET)
- *Single-photon emission computerized tomography (SPECT)





MANAGEMENT

Seizure type	Choice 1	Choice 2	Choice 3	Choice 4
Simple partial	Carbamazepine (alone/comb.)	Phenytoin	Primidone Lamotrigine Oxcarbazepine Lacosamide	Gabapentin Levetiracetam Zonisamide Tiagabine
Complex partial	Carbamazepine Lamotrigine	Phenytoin	Phenobarbital Zonisamide Oxcarbazepine	Valproic acid Primidone Topiramate* Tiagabine Vigabatrin**
Primary generalized	Valproic acid	Carbamazepine	Phenytoin	Phenobarbital
Tonic-clonic	Lamotrigine	•	Valproic acid	Topiramate Tiagabine
Absence	Lamotrigine* Ethosuximide	Zonisamide Valproic acid		•
Myoclonic atonic	Valproic acid	Clonazepam	Zonisamide	Felbamate* (alone/comb.)
Status epilepticus	Diazepam	Phenytoin	Phenobarbital	-
Psychomotor	Phenytoin	•		<u> </u>
Lennox-Gastaut syndrome	Valproic acid Felbamate	Lamotrigine Topiramate Rufinamide		•

