



Older people and epilepsy

Epilepsy is very common in people over the age of 60. Currently, older age is the most common time in life for people to develop epilepsy. Epilepsy can be difficult to diagnose in elderly people because some symptoms are similar to events associated with 'getting older' like falls and confusion.

Clinical presentations of epilepsy can resemble other conditions including Stroke, Cardiovascular Disease, Alzheimer's Disease/Dementia and brain injury/tumour. Drug toxicity, kidney and liver failure may also cause seizures in the elderly. Sometimes seizures begin for no known reasons.

With an aging population, increases in the number of older people living with epilepsy is anticipated. Diagnosis can be more difficult in older people, but is helped by careful eye witness descriptions of the events that are occurring. Further investigations with EEG and MRI scans may be helpful.

Epilepsy is a tendency to have recurrent and unprovoked seizures. There are many different types of seizures each resulting from sudden, abnormal and increased electrical activity within the brain. The most common seizure type in older people are focal onset seizures. These arise in one area of the brain, often the temporal lobe, and appear to the observer as a blank stare, often accompanied by automatisms.

Automatisms are repetitive pointless movements, such as hand wringing, picking at clothes, fiddling with buttons, pens or other objects, repeating a phrase or words over and over again which makes no sense and smacking the lips or making chewing movements with the mouth. The person will have no memory of the event, and will often appear confused and tired when the seizure is over.

Sometimes at the onset of focal seizures when the person is awake, they may be aware of something happening, such as pins and needles or tingling down one side of the body, an odd feeling in the stomach or chest, sensory hallucinations such as a strange taste in the mouth, an odd smell, or sound. It may also begin with an aura characterised by a strange emotional feeling like fear, apprehension, déjà vu, or problems with speech, such as not being able to get the right words out during the seizure.

When caring for an older person living with epilepsy it is important to understand the particular effects of epilepsy and ensure age-appropriate care and support.

Seizures can be well controlled in older people. However, as they may be more sensitive to the toxicity of anti-seizure medications, the side effects of confusion, disorientation and tiredness are more frequent in this age group. There is also the possibility of adverse

interactions between anti-seizure medications and other medications that older people may be taking. A medication review will help identify medication interactions and side effects.

Memory is commonly affected with epilepsy and sometimes the medication may increase this problem. It is important that epilepsy medication is taken correctly, so a weekly pill box or pharmacy packaged medications may be helpful; diaries and calendars can help people keep track of appointments and things they need to remember.

Safety in the home is always important, but if an older person has frequent seizures, particularly if they live alone, some sort of alarm, or help system is advisable.

The home will need to be assessed to minimize potential hazards. A microwave is probably safer for cooking than an open stove, showers are preferable to baths, and many other areas can be improved. An aged care team, occupational therapist, physiotherapist, and epilepsy counsellor can all be helpful here.

Please refer to the fact sheet 'Safety check list' and the Seizure First Aid Poster for more information.

This fact sheet has been written by the Client Service Team at Epilepsy Queensland. For further information please contact them on 1300 852 853 or 07 3435 5000.

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