

Neurology

Reduction or withdrawal of antiepileptic medication during telemetry

The aim of video telemetry is to record your epileptic seizures. Clinical and EEG information during seizure recording is used together with data and findings from other tests to determine your type of epilepsy, nature of your seizures and whether your epilepsy is suitable for surgical treatment. In order to increase the chances of recording seizures, the telemetry unit has a policy of reduction in the dose of your antiepileptic medication while you are undergoing video EEG monitoring.

We will not usually change the dose of your antiepileptic medication on admission if you have a history of status epilepticus in the previous two years, or frequent generalised tonic-clonic seizures. This is because withdrawal of drugs slightly increases the chance of partial seizures progressing to generalised tonic-clonic convulsion.

However in some cases we may decide to reduce the dose of your medication even when there is a history of frequent generalised tonic-clonic seizures or recent status epilepticus, particularly if you have had previous admissions for telemetry without seizures being recorded. The risk of inducing status epilepticus by drug withdrawal is extremely low and you will be under constant surveillance by staff on the monitoring unit.

Drug reduction is not undertaken in women who are or may be pregnant. If there is a chance that you might be pregnant, please inform the nursing staff on the unit as soon as possible. The dose of some drugs (phenobarbitone and primidone) will not be reduced as a significant fall in blood levels is unlikely to occur in a few days.

Dose reduction

This will be discussed with you on admission and will only be instigated if your seizures do not happen in the first 24 hours following your admission as detailed below:

24 hours from the time of your admission, your regular antiepileptic drug dose will be halved (except for phenobarbitone and primidone)
48 hours from your time of admission (unless three of your typical seizures have been recorded) there will be a further halving in the dose of your medication if you are taking carbamazepine, topiramate, gabapentin or lamotrigine.

Because of increased chances of seizures and the small risk that the seizures may be more prolonged, you will be required to remain on the unit at all times under the supervision of nursing staff.

Dose replacement

The regular dose of your medication will be replaced at least 24 hours before your discharge

In addition to being given your regular dose of medication on the day before discharge, we will also give you an additional dose (stat dose) to bring the blood levels up to a satisfactory state before discharge.

We will also give you a stat dose during your admission if you have more than three complex partial or two generalised tonic clonic seizures in 24 hours. This is to prevent the development of uncontrolled seizures after discharge

We prefer that patients who have undergone drug reduction travel home with a family member, friend or other escort for safety reasons.

Once you have read this information sheet and had the protocol explained to you by medical staff, with the opportunity to ask questions, you may sign consent to antiepileptic drug reduction on admission

Drug reduction protocol explained by admitting Doctor/ Epilepsy Nurse Practitioner (Delete as appropriate)

Signature.....Date.....



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Help with this leaflet:



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patient.information@addenbrookes.nhs.uk



Document history

Authors	Erica Chisanga
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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