



# Annual Health Check Information for GPs

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## Epilepsy

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**Below is Down's syndrome specific information. The information is for GPs and is to be used alongside DSA's Adult Health Book.**

Epilepsy is generally considered to be a tendency to recurrent seizures and usually diagnosed after two seizures.

In Down's syndrome (DS) epilepsy has two peaks of onset, the first is the development of epilepsy in infancy and the second is associated with the onset of dementia.

For the GP the key issues are:

1. getting the diagnosis right,
2. getting the treatment right and
3. recognising how epilepsy in an older adult suggests the possibility of underlying Alzheimer's disease and a specific form of treatment for the epilepsy.

### **Getting the diagnosis right**

NICE guidance advises in that in all age groups the diagnosis of epilepsy should be made by a specialist. This is particular so in people with DS where the differential diagnosis is complex including cardiac and psychological events. So always check the epilepsy diagnosis has been made by a specialist.

### **Getting the treatment right**

There is a very broad range of severity of epilepsy in DS. Many individuals will have quite mild epilepsy but some will have a severe refractory epilepsy. The choice of treatment is the same as for the general population. That is it is related to the seizure type, generalised or focal, and special concerns over side effects. Special concern over drugs that may cause cognitive impairment and drugs that cause weight gain should be considered.

The aim of treatment is seizure freedom or seizure reduction and it is important that patients who are not seizure free see specialists in epilepsy. Within primary care there will be a need for annual review of medication, looking for side effects and signposting individuals whose

epilepsy is not controlled. A non seizure free patient is at risk of injury, hospitalisation and sudden unexpected death from epilepsy (SUDEP); SUDEP being more likely in individuals with nocturnal generalised seizures. It is important to do a risk assessment for SUDEP, looking at night time care in particular for those with ongoing night time seizures.

## **Seizures in older adults with Down's syndrome**

Over 80% of people with Down's syndrome and dementia develop seizures and this may be the presenting symptom of the dementia. There may be a change in seizure frequency, pattern or severity associated with the dementia compared with their previous epilepsy characteristics.

Any new onset epilepsy in an adult over 30 merits special attention. The association between late onset seizures, often myoclonic, and Alzheimer's disease is an important neuropsychiatric marker. It is important to always enquire about myoclonic jerks. These present as startle type movements, but can be mistaken for simple falls as an individual may be thrown to the floor by a jerk. Any individual with Down syndrome and such seizures should have a comprehensive assessment for the presence of loss of skills or other features of cognitive decline.

The presence of seizures in old age also guides the choice of epilepsy medication as the seizures are often generalised and can be helped by drugs used for primary generalised epilepsy and worsened by drugs used for focal seizures.

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**The Down's Syndrome Association (DSA)** is the only organisation in England, Wales and Northern Ireland which supports people with Down's syndrome at every stage of life.

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