Frequently Asked Questions

Where can I find the most updated information about anti-seizure medications?

There are several resources that are available for the PCP to learn more about seizures, including the most updated information about anti-seizure medications. For resources for the PCP, visit the American Academy of Pediatrics’ National Coordinating Center for Epilepsy at www.aap.org/epilepsy. Additional resources, including a summary of anti-epileptic drugs, can be found by visiting the American Epilepsy Society at https://www.aesnet.org/.

Do you have suggestions for patients of child-bearing age?

Some anti-seizure medications can impact the effectiveness of oral contraception. Therefore, it may be helpful to begin discussions early around taking a minimum of 1 mg folic acid supplement daily.

What is the role of the PCP while a patient is preparing for surgery?

As a PCP, it may be helpful to review notes and schedule time to speak with the patient’s neurologist to help you feel prepared to support the family while they are getting ready for surgery. The PCP can act as a support system for the patient and family by helping walk through the epilepsy surgery procedure, providing necessary reading materials as well as reassuring the family about the process. It may also be helpful to connect the family to other families who have undergone similar situations to provide psychosocial support or connect the family to local Epilepsy Foundation or similar grassroots organizations.

What about transition of care to adult epilepsy specialists?

The PCP should prepare the patient and family for transition to adult health care over the span of care until the patient has fully transitioned. Keeping detailed records and documentation of care will help ease the transition from a pediatric to adult epileptologist. Visit Got Transition for more resources and tools on implementing transition into practice at www.gottransition.org.

We will also have separate transition webinars as part of the Caring for Children and Youth with Epilepsy: What Primary Care Providers Need to Know series. Join the first of three transition webinars on July 25, 2019 11:00am-12:00pm CT.
Rectal emergency seizure medication presents a difficult situation in older students and all students in schools without school nurses. Do you recommend rescue medications for all seizures? How can schools handle this?

The type of seizure determines best practice for administering rescue medications, for example, it may not be safe to place something in the child’s mouth. A clinical report developed by the AAP Section on Neurology and the AAP Council on School Health addressing rescue medicine for epilepsy in school settings can be accessed here: http://pediatrics.aappublications.org/content/137/1/e20153876

How can I determine what is a seizure versus an event that is behavioral in origin in a child with epilepsy and intellectual disability?

Seizures tend to be shorter than behavioral events; therefore, it is important to tease out history in detail, examine the event in question, and follow-up with EEG monitoring if you suspect a seizure.