

Quick reference guide

Newer drugs for epilepsy in children

1 Guidance

- 1.1 The newer antiepileptic drugs gabapentin, lamotrigine, oxcarbazepine, tiagabine, topiramate, and vigabatrin (as an adjunctive therapy for partial seizures), within their licensed indications, are recommended for the management of epilepsy in children who have not benefited from treatment with the older antiepileptic drugs such as carbamazepine or sodium valproate, or for whom either carbamazepine or sodium valproate are unsuitable because:
- there are contraindications to the drugs
 - they could interact with other drugs the child is taking (notably oral contraceptives)
 - they are already known to be poorly tolerated by the child
 - the child is currently of childbearing potential or is likely to need treatment into her childbearing years (see Section 1.5 below).
- 1.2 Vigabatrin is recommended as a first-line therapy for the management of infantile spasms (West's syndrome).
- 1.3 It is recommended that children should be treated with a single antiepileptic drug (monotherapy) wherever possible. If the initial treatment is unsuccessful, then monotherapy using another drug can be tried. Caution is needed during the changeover period.
- 1.4 It is recommended that combination therapy (adjunctive or 'add-on' therapy) should only be considered when attempts at monotherapy with antiepileptic drugs (as in Section 1.3) have not resulted in seizure freedom. If trials of combination therapy do not bring about worthwhile benefits, treatment should revert to the regimen (monotherapy or combination therapy) that has proved most acceptable to the child, in terms of the balance between effectiveness in reducing seizure frequency and tolerability of side effects.
- 1.5 In girls of childbearing potential, including young girls who are likely to need treatment into their childbearing years, the risk of the drugs causing harm to an unborn child, and the possibility of interaction with oral contraceptives, should be discussed with the child and/or their carer, and an assessment made as to the risks and benefits of treatment with individual drugs. There are currently few data on which to base a definitive assessment of the risks to the unborn child associated with newer drugs. Specific caution is advised in the use of sodium valproate because of the risk of harm to the unborn child.
- 1.6 It is recommended that all children who have had a first non-febrile seizure should be seen as soon as possible by a specialist in the management of the epilepsies to ensure precise and early diagnosis and initiation of therapy as appropriate to their needs.
- 1.7 Treatment should be reviewed at regular intervals to ensure that children with epilepsy are not maintained for long periods on treatment that is ineffective or poorly tolerated and that concordance with prescribed medication is maintained.
- 1.8 The recommendations on choice of treatment and the importance of regular monitoring of effectiveness and tolerability are the same for specific groups, such as children with learning disabilities, as for the general population of children with epilepsy.

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This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2 Implementation

2.1 Implications for the NHS

2.1.1 Prescriptions for newer antiepileptic drugs have been steadily increasing as a proportion of the total. This guidance is expected to have a neutral impact on these prescribing trends. However, there might be implications for provision of specialist services if additional clinics are required to ensure that children having a first seizure are seen quickly and reviewed at regular intervals.

2.2 Local implementation and audit

2.2.1 All clinicians with responsibility for treating children with epilepsy should review their current practice and policies to take account of the guidance set out in Section 1. Local guidelines, protocols or care pathways that refer to the care of children with epilepsy should incorporate the guidance.

2.2.2 Suggestions for audit criteria to measure compliance locally with the guidance are included in the full guidance (see Further information).

Further information

Distribution

The distribution list for this quick reference guide is available on the NICE website at www.nice.org.uk/TA079distributionlist

Full guidance

The full guidance is available from www.nice.org.uk/TA079guidance

It contains the following sections: 1 Guidance; 2 Clinical need and practice; 3 The technology; 4 Evidence and interpretation; 5 Recommendations for further research; 6 Implications for the NHS; 7 Implementation and audit; 8 Related guidance; 9 Review of guidance.

The full guidance also gives details of the Appraisal Committee, the sources of evidence considered and suggested criteria for audit.

Information for the Public

NICE has produced information describing this guidance for people with children with epilepsy, their families, and the public. This information is available from the NHS Response Line and from the NICE website at www.nice.org.uk/TA079publicinfo

Related guidance

The Institute has published the following guidance:

Newer drugs for epilepsy in adults (see www.nice.org.uk/TA076quickrefguide or www.nice.org.uk/TA076guidance).

The Institute also plans to publish a clinical guideline for the diagnosis, management and treatment of epilepsy in August 2004.

Ordering information

Copies of this quick reference guide can be obtained from the NICE website at www.nice.org.uk/TA079quickrefguide or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0549. *Information for the Public* can be obtained by quoting reference number N0550 for the English version and N0551 for a version in English and Welsh.

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