

In most patients with epilepsy — between 60 and 70 percent — anti-epileptic or anticonvulsant medications control seizures. Today, there are more than 20 approved medications for epilepsy. The seizures associated with epilepsy result from abnormal or excessive electrical activity in the brain, and these medications act to dampen or diminish that activity.

Some people have seizures that do not respond to medication(s), or they experience intolerable side effects. When epilepsy does not respond fully to medication(s), it is called medically intractable, or pharmaco-resistant, epilepsy. If you are among these people, talk to your doctor. Surgery or alternative therapies may help.

How do I choose which drug to take?

There are many types of epilepsy and many anti-epilepsy drugs, and each person responds differently to a given drug. The choice is influenced by factors specific to the patient, such as side effect profile, seizure types, frequency and severity of seizures, age, sex, overall health and medical history. You and your doctor can discuss which drugs will best treat your epilepsy. You may have to try more than one drug before you find the one that works best for you.

Should I take more than one medication?

Monotherapy refers to treatment with a single drug, which is preferred if possible. But sometimes no single drug is effective, so you and your doctor may consider a combination. Many newer medications approved by the Food and Drug Administration are licensed as “add-on” treatments to help boost the effectiveness of older medications. However, combinations of more than two drugs increase the risk of complications and should be used with caution.

How often and when do I take my medications?

All the approved medications for epilepsy are taken orally — as tablets, coated pills, capsules, syrups or liquids. They differ according to how often they have to be taken. If your schedule makes it difficult to take a medication several times a day, you may want to consider one that can be taken once a day.

Flexibility may be important to you. Some drugs stay in the bloodstream longer than others; if you are taking one of these, it is less important to take it at a precise hour.

If you have seizures at night, you may be able to take extra doses of your medication before bedtime.

What happens if I miss a dose?

The more regularly and consistently you take your medication(s), the better your chance of controlling your seizures. But it's human to forget a dose or take it late, so don't panic if it happens.

If you forget a dose and realize your mistake within 24 hours, take the dose immediately, then delay the next scheduled dose by four hours. Let's say you are supposed to take an anti-epilepsy pill twice a day. At 6 p.m., you realize you forgot to take your morning dose. What should you do?

Take the missed dose immediately and wait until at least 10 p.m. to take the second dose.

Always take medicine at the same time each day, best fitted to your daily routine. A weekly pillbox is a must so you can see if a dose has been missed. Other strategies include using alarms on watches, cell phones or clocks. Of course, family members and friends can help with reminders as well.

What kinds of side effects should I expect?

Typical side effects include fatigue, sleepiness, mental fogginess or unsteadiness. These tend to occur an hour or two after a dose of medication, especially if the medicine is taken on an empty stomach.

Other, rarer side effects are unique to specific medications. For instance, Dilantin may cause your gums to swell, while Depakote can cause hair loss, weight gain or tremor. Keppra sometimes causes mood swings and Topamax can cause a tingling sensation or kidney stones. These side effects typically develop over time with long-term treatment.

Finally, there are some very rare, unpredictable side effects that can be quite serious. These include skin rashes, low blood cell counts and liver problems.

Of course, you may not experience any side effects, or they may be minor. Their severity will likely depend on the type of medication, dose and length of treatment. Side effects are worse at higher doses, but they become less severe over time as your body adjusts to the medication.

A simple, effective way to avoid or reduce side effects is to always take your medication with food. This helps the body adjust by slowing absorption of the medicine in the bloodstream.

How long will I have to take medication?

The answer depends on the type of epilepsy you have and your response to medication. Some patients need treatment for a few years, while others require medication their entire lives. Some patients who are treated for a single, first seizure and who do not have other risk factors for epilepsy may go off treatment as soon as one year.

With some exceptions, patients who are seizure free for some years should be re-evaluated to determine whether the drug can be discontinued. How long the seizure-free period should be varies among the types of epilepsy. The decision to discontinue a medication depends on additional factors, including whether the patient has normal neurological function, prior MRI evidence of brain problems and EEG findings. If a medication is going to be stopped, it should be weaned — gradually lowered in dose — to avoid triggering a seizure.

Contact Us

If you have questions or wish to schedule an appointment, please call **866.588.2264**, or visit clevelandclinic.org/epilepsy.



Cleveland Clinic Neurological Institute

The Epilepsy Center is part of the Cleveland Clinic Neurological Institute, a multidisciplinary institute that combines more than 250 medical, surgical and research specialists dedicated to the diagnosis and treatment of adult and pediatric patients with neurological and psychiatric disorders. This structure allows for a disease-specific, patient-focused approach to care. Our unique, fully integrated model is beneficial to our current standard of care, allows us to measure quality and outcomes on a continual basis, and enhances our ability to conduct research.