NICE guideline on AEDs

NICE produces guidance for the treatment and management of health conditions in England. Its guidance on epilepsy includes recommendations for the drug treatment of different types of epilepsy and seizures.

about NICE
NICE is the National Institute for Health and Care Excellence. It is an independent organisation that provides national guidance, recommendations and quality standards to improve health and social care services in England.

NICE’s clinical guidelines recommend how specific health conditions should be diagnosed, treated and managed. Clinical guidelines take into account best practice and evidence-based research.

The clinical guideline for epilepsy (CG137) is called ‘Epilepsies: diagnosis and management’.

For more detailed information on the guideline for epilepsy visit nice.org.uk/guidance/cg137/

Part of this guideline covers the recommended anti-epileptic drugs (AEDs) for treating different types of seizures, including the treatment of prolonged or repeated seizures and epilepsy syndromes. It also includes the licensing indications of anti-epileptic drugs See nice.org.uk/guidance/cg137/chapter/Appendix-E-Pharmacological-treatment

notes
Here is an explanation of some of the terminology used in the NICE guideline:

• First line treatment – this refers to a drug that is tried first and usually used on its own. If more than one AED is listed in this row, one AED will be chosen and tried on its own first. If it does not work, another may be tried, or a drug from the ‘alternative first line drug’ list might be used.

• Alternative first line treatment – this is the ‘second round’ of AEDs that are tried. Like the ‘first line treatment’ they are usually tried on their own, although sometimes combinations might be used.

• Adjunctive treatment (or ‘add-on treatment’) – these are AEDs that might be added to a first line treatment (so are used in combination). This happens if a first line treatment does not control the seizures or is not tolerated (for example, has side effects which means that the person cannot continue on that AED).

• Action if adjunctive treatment is not effective or tolerated – this is guidance on what to do if adjunctive treatment does not work. In some situations referral back to a neurologist, or on to specialist neurological services (or ‘tertiary services’), might be needed. It may be that the person’s diagnosis needs to be looked at, or a more specialist combination of treatment is needed.

• Cautions – this includes situations where extra care is needed when prescribing AEDs. Some AEDs can have specific side effects, or there may be AEDs that make some seizure types worse rather than better.

• Tertiary epilepsy services – these are specialist services in hospitals or units that focus on specific conditions. You have to be referred to tertiary services, usually from secondary care (your local hospital).