A Summary of Consensus Recommendations for Epilepsy Care During COVID-19

A coalition of international specialists convened to address the impact of COVID-19 on patients with epilepsy. Subsequently, the group published 2 sets of consensus recommendations on best practices for epilepsy care during the pandemic—one for healthcare professionals and one for patients and their families. To develop the consensus recommendations, the group gathered questions and concerns from the epilepsy community, mainly through organizations such as the Epilepsy Foundation and UK Epilepsy Society. These questions and concerns were then used to generate a list of statements that the authors had to evaluate and score.*

As outlined below, the consensus recommendations for patients and their families provide practical tips on managing epilepsy during COVID-19. Healthcare professionals are encouraged to share these recommendations with patients and caregivers.

Summary of General Advice to Give to Patients With Epilepsy During COVID-19

Minimize risk of seizure exacerbations

Reassurance and advice on how to minimize the likelihood of seizure exacerbations are important for patients and their families/caregivers during this time

Emphasize medication adherence and routines

Patients should understand the importance of medication adherence and maintaining routines. They can use pill boxes and digital reminders to help them adhere to medication plans, especially if a family member or caregiver who usually administers medication falls ill

Advise on lifestyle behaviors

General advice should be provided to patients encouraging adequate sleep, routine exercise, healthy eating, and avoidance of alcohol and recreational drugs, where appropriate. For those with stimulus-induced reflex epilepsy, a discussion around reducing or eliminating triggers (e.g., computer games) may be necessary

Encourage comprehensive care plans

Patients should consider a comprehensive care plan that includes information on what to do if their families/caregivers fall ill or are not available

Ensure an adequate medication supply

Patients and their families/caregivers should be instructed to maintain a regular supply of medication. They should try to avoid medication shortages and ensure repeat prescriptions are available. A 3-month supply of medication should be maintained, and if possible, filled outside the hospital setting (e.g., online pharmacies)

Advise on mental health issues

Mental health issues, which are common among people with epilepsy, may be exacerbated during this time. Reassurance that this is to be expected, along with access to telephone support, may help alleviate anxieties

Download this document to guide your conversations with patients and caregivers.

*Statements were individually scored on a scale of -10 (strongly disagree) to +10 (strongly agree). After the first round of review, a number of statements did not receive a rating of 7 or above (strongly agree). To resolve the lack of consensus, the group held a teleconference to revise these statements until each one received a score of 7 or above.

To review the original consensus recommendations published in *Neurology*, including the recommendations geared toward healthcare professionals, go to www.neurology.org and search for the article:

Keeping people with epilepsy safe during the COVID-19 pandemic
By Jacqueline A. French, Martin J. Brodie, Roberto Caraballo, et al.
Published June 9, 2020: Volume 94, Issue 23

Important Safety Information for APTIOM

Indication and Usage
Aptiom® (eslicarbazepine acetate) is indicated for the treatment of partial-onset seizures in patients 4 years of age and older.

Important Safety Information for APTIOM

Contraindications: APTIOM is contraindicated in patients with a hypersensitivity to eslicarbazepine acetate or oxcarbazepine.

Suicidal Behavior and Ideation: Antiepileptic drugs (AEDs), including APTIOM, increase the risk of suicidal thoughts or behavior. Anyone considering prescribing APTIOM or any other AED must balance this risk with the risk of untreated illness. Epilepsy and many other illnesses for which AEDs are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Patients and caregivers should also be advised to be alert to these behavioral changes and to immediately report them to the health care provider.

Serious Dermatologic Reactions, including Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with APTIOM use. Serious and sometimes fatal dermatologic reactions, including TEN and SJS, have also been reported in patients using oxcarbazepine or carbamazepine, which are chemically related to APTIOM. Should a patient develop a dermatologic reaction while using APTIOM, discontinue APTIOM use unless it is clearly not drug related.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), also known as **Multiorgan Hypersensitivity**, has been reported in patients taking APTIOM. DRESS typically, although not exclusively, presents with fever, rash, and/or lymphadenopathy, in association with other organ system involvement. If this reaction is suspected, treatment with APTIOM should be discontinued.

Anaphylactic Reactions and Angioedema: Rare cases of anaphylaxis and angioedema have been reported in patients taking APTIOM. Anaphylaxis and angioedema associated with laryngeal edema can be fatal. If a patient develops any of these reactions, the drug should be discontinued. Patients with a prior anaphylactic-type reaction after treatment with either oxcarbazepine or APTIOM should not be treated with APTIOM.

Hyponatremia: Clinically significant hyponatremia (sodium <125 mEq/L) and syndrome of inappropriate antidiuretic hormone secretion (SIADH) can develop in patients taking APTIOM. Measurement of serum sodium and chloride levels should be considered during maintenance treatment with APTIOM, particularly if the patient is receiving other medications known to decrease serum sodium levels. Depending on the severity of hyponatremia, the dose of APTIOM may need to be reduced or discontinued.

Neurological Adverse Reactions: APTIOM causes dose-dependent increases in the following reactions (dizziness, disturbance in gait and coordination, somnolence, fatigue, and visual changes). There was an increased risk of dizziness, disturbance in gait and coordination, and visual changes during the titration period (compared to maintenance treatment), and there may be an increased risk of these adverse reactions in patients 60 years of age and older compared to younger adults. APTIOM causes dose-dependent increases in cognitive dysfunction-related events in adults (memory impairment, disturbance in attention, amnesia, confusional state, aphasia, speech disorder, slowness of thought, disorientation, and psychomotor retardation). The incidences of dizziness and diplopia were greater with concomitant use of APTIOM and carbamazepine compared to the use of APTIOM without carbamazepine.

Prescribers should advise patients against engaging in hazardous activities requiring mental alertness, such as operating motor vehicles or dangerous machinery, until the effect of APTIOM is known. (Continued)

Please see additional Important Safety Information on the next page and Full Prescribing Information.

ONCE DAILY
Aptiom®
(eslicarbazepine acetate) tablets
200 mg • 400 mg • 600 mg • 800 mg

Important Safety Information for APTIOM (continued)

Withdrawal of AEDs: As with all AEDs, APTIOM should be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus, but if withdrawal is needed because of a serious adverse event, rapid discontinuation can be considered.

Drug Induced Liver Injury: Hepatic effects, ranging from mild to moderate elevations in transaminases (>3 times the upper limit of normal) to rare cases with concomitant elevations of total bilirubin (>2 times the upper limit of normal) have been reported with APTIOM use. Baseline evaluations of liver laboratory tests are recommended. APTIOM should be discontinued in patients with jaundice or other evidence of significant liver injury.

Abnormal Thyroid Function Tests: Dose-dependent decreases in serum T3 and T4 (free and total) values have been observed in patients taking APTIOM. These changes were not associated with other abnormal thyroid function tests suggesting hypothyroidism. Abnormal thyroid function tests should be clinically evaluated.

Hematologic Adverse Reactions: Rare cases of pancytopenia, agranulocytosis, and leukopenia have been reported during postmarketing use in patients treated with APTIOM. Discontinuation of APTIOM should be considered in patients who develop pancytopenia, agranulocytosis, or leukopenia.

Most Common Adverse Reactions: The most common adverse reactions in adult patients receiving APTIOM (≥4% and ≥2% greater than placebo) were dizziness, somnolence, nausea, headache, diplopia, vomiting, fatigue, vertigo, ataxia, blurred vision, and tremor. Adverse reactions in pediatric patients are similar to those seen in adult patients.

Safety and Efficacy in Patients <4 Years of Age: Safety and effectiveness in patients below 4 years of age have not been established.

Dosing Considerations
Some adverse reactions occur more frequently when patients take APTIOM adjunctively with carbamazepine. When APTIOM and carbamazepine are taken concomitantly, the dose of APTIOM or carbamazepine may need to be adjusted based on efficacy and tolerability. APTIOM should not be taken as an adjunctive therapy with oxcarbazepine. For patients taking other enzyme-inducing AEDs (i.e., phenobarbital, phenytoin, and primidone), higher doses of APTIOM may be needed.

A dose reduction is recommended in patients with moderate and severe renal impairment (i.e., creatinine clearance <50 mL/min).

Dose adjustments are not required in patients with mild to moderate hepatic impairment. Use of APTIOM in patients with severe hepatic impairment has not been studied, and use in these patients is not recommended.

Concomitant use of APTIOM and oral contraceptives containing ethinylestradiol and levonorgestrel is associated with lower plasma levels of these hormones. Patients should use additional or alternative non-hormonal birth control during APTIOM treatment and after discontinuation of APTIOM for one menstrual cycle, or until otherwise instructed.

Please see additional Important Safety Information on the previous page and Full Prescribing Information.

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