

# Epilepsy in Older Adults: Frequently Asked Questions

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## **Where can I get more information and support?**

The **Epilepsy Foundation of Michigan** offers a variety of educational and support services, including a helpline, website, educational conferences and workshops, a depression self-management program, support groups, and advocacy services. There are also specific programs for older adults and caregivers. To learn more, call the Epilepsy Foundation of Michigan at 800-377-6226, or visit their website at <http://epilepsymichigan.org> .

## **What is epilepsy, and what are seizures?**

Epilepsy is a brain disorder that causes repeated seizures. A seizure is a brief disturbance in the electrical activity of the brain that causes temporary changes in movement, awareness, sensation, behavior, or other bodily functions.

## **What causes epilepsy?**

Epilepsy can begin at any age, but it is more common in older adults than younger adults. Some older adults with epilepsy developed it earlier in life. Others develop it later in life – often as the result of an age-related condition that causes changes in the brain. This can include the following:

- Stroke – the most frequent known cause of seizures that begin in later life
- Alzheimer’s disease and other forms of dementia
- Brain tumors
- Traumatic brain injury

In about half of cases, the cause of epilepsy cannot be determined.

## **How do I know if it’s a seizure?**

Seizures may be hard to recognize in older adults and may go unnoticed. For example, memory problems, confusion, falls, unusual movements or sensations, or dizziness are often blamed on “getting older.” Such symptoms can also occur in other conditions that are more common in older adults, like dementia, vertigo, movement disorders, or transient ischemic attacks (mini-strokes). Sometimes, however, these symptoms can be signs of seizures. There are many different signs of seizures because there are many types of seizures. In the movies and on TV, a person is often shown falling to the ground, shaking, and becoming unaware of what’s going on around them. That’s one kind of seizure, but it’s not the most common. More often, an older adult having a seizure may:

- Seem confused
- Stare into space
- Wander
- Make unusual movements
- Be unable to answer questions or talk

When these signs occur more than once and often in the same pattern, they could be signs of focal seizures. It’s important to get detailed descriptions of these episodes from friends and family who have witnessed them. It’s also very helpful if a caregiver can attend medical appointments.

## **How is epilepsy treated in older adults?**

Daily antiseizure medication is the main form of initial treatment for epilepsy in older adults. These medications are meant to prevent seizures completely or reduce their frequency. Many different antiseizure medications are available. It is difficult to predict how well a particular medication will work for someone and how many medications may be needed. Fortunately, research shows that older adults are more likely to respond to medications and need lower doses as compared to younger adults. If antiseizure medications haven’t fully controlled

your seizures, other treatments may be considered, including brain surgery, neurostimulation devices, or dietary therapies.

### **Why is it important to take medications regularly?**

Antiseizure medication levels in the blood must remain steady in order to keep the seizures under control. This is why you need to take the medicine every day, as prescribed, and on time. Missing doses will lower the blood level and make it more likely that seizures will occur. Do not stop taking the medication suddenly because this can cause an increase in seizures and could even be life-threatening.

It can be hard to keep track of antiseizure medications, especially when trying to remember to take several other medicines as well.

Here are some tricks that can help:

- Ask your pharmacist for suggestions on how to take each medication correctly.
- Use a daily chart showing which medicines have to be taken, and when.
- Make a daily routine of counting out medicines into a pillbox.
- Set alarms on your phone, clock, or watch to remind you when medicine has to be taken.
- Place your medications where they will be a visual reminder that you see often during the day.
- Mark dates on your calendars to re-order medication 1 – 2 weeks before you run out.
- Some antiseizure medications are available in extended-release forms that have a similar effect but can be taken fewer times a day, so it's easier to remember.
- Most importantly, ask for help if you need it. Family members and paid caregivers (e.g. home health aides) can help if you have difficulty with memory or planning.

## **What should I know about medication side effects and interactions?**

### **Some medications can interact with antiseizure medications or provoke seizures.**

Please tell every doctor you see about all the medicines you're taking—both prescription and over-the-counter – so they can help you prevent possible interactions. Also, be sure to tell any doctor prescribing you medication that you have epilepsy so they won't prescribe something that could provoke a seizure.

### **Remember: older adults may experience side effects differently.**

As people grow older, they may become more sensitive to the effects of medicines because their bodies use and eliminate medications differently. As a result, older adults may experience both medication side effects and seizure control at a lower dose in comparison to younger adults. In addition, side effects can sometimes appear even when a medication dose has not changed, or they may appear weeks or months after a medication is started or the dose is increased. If you are having symptoms that you believe are side effects, don't suffer quietly. Contact your health care provider immediately. Your neurologist needs to figure out whether it's the antiseizure medication, an interaction with another medication you're taking, or some other problem.

## **Are older adults with epilepsy have an increased risk for falls and related injuries?**

Almost all antiseizure medications have the potential to cause dizziness or loss of balance. These side effects, along with some seizures, can result in falls. Each fall brings the possibility of a fracture or head injury.

A related issue is bone health. Some antiseizure drugs can reduce bone density, increasing the chances of a fracture if there is a fall. With this in mind, your doctor may recommend vitamin D and calcium supplementation to prevent bone loss and protect against fractures. Your doctor may also order periodic bone x-rays, known as DEXA scans, to check for osteoporosis. There are

additional treatment options available to prevent further bone loss that you can discuss with your doctor.

## **What can I do to protect myself from injuries?**

Some simple precautions can reduce the risk of injury:

- Put away things you could trip over, like rugs, cords, or shoes.
- Put padding on furniture with sharp edges.
- If you are at high risk for falls, minimize climbing of stairs, or seek assistance.
- Use a microwave to cook instead of a stovetop when you're home alone.
- Try not to carry hot dishes. Try sliding them along a counter or use a cart.
- Use non-breakable dishes, cups, and cookware.
- Only use appliances and tools that have automatic shut-off switches.
- Only use the iron, stove, grill, or fireplace when someone is nearby.
- Put guards in front of radiators, heaters, and fireplaces. Don't use space heaters that have hot surfaces, open heating elements, or can be tipped over.
- Don't smoke. Having a seizure while smoking could cause a fire.
- Set the temperature on the water heater low enough to prevent scalding.
- Take showers instead of baths, and use a shower chair if at risk for falls.
- Consider seizure-detection or fall-detection devices if you live alone or spend a lot of time alone.
- Make sure those you spend time with know what your seizures look like and how to respond with first aid if necessary.

### **Driving**

People who are having active seizures with loss of consciousness should not drive, no matter what their age.

People with epilepsy whose seizures are fully controlled with medication (and who meet other licensing requirements) can qualify to drive in all parts of the

United States. In Michigan, you need to be seizure-free for six months in order to drive.

### **Can epilepsy affect mental and cognitive health?**

In addition to seizures, many older adults with epilepsy experience difficulties with depression, anxiety, or cognitive functions like memory. A number of factors can contribute to this, including the epilepsy itself, the after-effects of seizures, medication side effects, and other conditions associated with aging. Talk with your doctor if you're feeling depressed, irritable, or anxious, or if you're struggling with memory, attention, or thinking. The doctor can help determine what might be causing these symptoms and suggest appropriate treatments.

### **How can caregivers help?**

Caring for a person with epilepsy requires knowledge of a variety of topics. For example, it's important to know the types of seizures the person you're caring for has and the proper first aid for those seizures. It's also important to understand the treatments they're receiving and other treatment options that might be available.

The pressure of caring for someone with epilepsy can seem overwhelming at times. From ensuring medications are taken every day and on time, to providing first aid during a seizure, to attending doctor's appointments, the tasks of a caregiver can seem endless. Caregivers must not neglect to take proper care of themselves. After all, you must be at your best to be able to care for another person.

Talking with other caregivers may help relieve the stress you might feel as a caregiver. The Epilepsy Foundation of Michigan can help you connect with other caregivers and loved ones of older adults with epilepsy. Please call 800-377-6226, or visit <http://epilepsymichigan.org>.

## Seizure First Aid

- **Stay** with the person until they are awake and alert after the seizure
  - Time the seizure and try to remain calm
- Keep the person **safe**
  - Move or guide away from harm
  - Ease the person having the seizure into a reclining position
- Turn the person onto their **side** to prevent choking and keep the airway clear
  - Loosen tight clothes around the neck
  - Put something small and soft under their head

### Do not:

- Ø Try to force anything into the mouth.
- Ø Take out dentures.
- Ø Try to give fluids or medicine by mouth until the seizure is completely over and the person is fully alert again.
- Ø Try to restrain the jerking movements. Muscles contract with force during seizures. Applying restraint could cause tears in the muscle or even break a bone, especially in older adults whose bones may be fragile.

### Call 911 if:

- The seizure lasts longer than 5 minutes
- Repeated seizures without recovery in between
- Difficulty breathing, chest pain, or failure to return to the usual state
- Injury from the seizure
- The seizure occurs in water

## Responding to confusion in an older adult

Confusion may occur during a focal impaired awareness seizure (complex partial seizure) or during the recovery period after some types of seizures.

Some older adults can have prolonged confusion lasting hours to days after a seizure.

In either case, the same basic rules apply:

- Remove anything from the area that might cause injury.
- Don't try to restrain an older person who is wandering and confused during or after a seizure. Do not restrain if they are agitated. Gently guide away from dangerous areas or block access.
- Be reassuring and calm as awareness returns. If confusion persists beyond the usual time, get a medical evaluation.
- Even in the absence of an obvious seizure, confusion may occur. If you notice that the older adult has been slipping in and out of a confused or agitated state with few intervals of normal awareness, this could be a type of continuous seizure activity that needs prompt medical attention.

The neurologist may be able to provide you a **seizure action plan** that specifically describes what your loved one's seizures look like and how to respond. Share the action plan with anyone who cares for or spends a lot of time with this person suffering from seizures. If necessary, you may also be given a rescue medication and learn how to use it. Rescue medications are used to stop seizures when they are prolonged or occur one after another. Instructions on how and when to use the rescue medication will be included in the seizure action plan.

After reviewing the information in the after-visit letter, please copy and paste the link below into your Web browser to complete a short survey. We appreciate your time and feedback!

<https://bit.ly/3zVknVi>



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