

Treatment of New-Onset Epilepsy in Adolescent and Young Adult



김 명 규

전남대학교 의과대학 신경과학교실

Myeong-Kyu Kim, MD, PhD

Department of Neurology, Chonnam National University Medical School, Chonnam, Korea

The major age-related epilepsy syndromes of adolescents are idiopathic generalized epilepsy syndromes including juvenile absence epilepsy, epilepsy with isolated, generalized tonic-clonic seizures (epilepsy with grand mal seizures on awakening) and juvenile myoclonic epilepsy (JME). However, the scientific evidential basis for most of the medications that are used (successfully) today to treat idiopathic generalized epilepsy in adolescents is rather sparse. Antiepileptic drug treatment is the mainstay of management of epilepsies. The decision to treat new-onset epilepsy is based on a careful evaluation of the balance between the likelihood of further seizures and the risk of adverse effects of treatment and needs thorough consideration. It has been known that factors that need to be taken into account when considering the introduction of AEDs include the certainty of diagnosis, the likelihood of further seizures with and without treatment, the type of seizure or epilepsy syndrome, the risk of injury or other unwanted effects, the likelihood of compliance with medical treatment and the patient's wishes. Maintenance therapy is generally considered indicated after the occurrence of at least two (unprovoked) epileptic seizures or a single episode of status epilepticus. If epilepsy cannot be brought into remission with a medication of first choice, the patient should be referred to an epilepsy center for further treatment (evidence class III).
