



## **Epilepsy in intellectual disability**

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The true prevalence of epilepsy in people with intellectual disability is difficult to determine. Clinicians should be aware of the predisposing, precipitating and perpetuating risk factors as well as the possibility of a false positive or negative diagnosis of epilepsy, which could lead to improper management.

The multidisciplinary team needs to be involved in the care of this client group with pharmacological management supervised by an epilepsy specialist. The carers and the clients need to be informed of the risk factors and prognosis.

A NICE guideline recommends the use of monotherapy whenever possible. Polytherapy seems to be common but the aim should be to use a minimum number of antiepileptic drugs to minimise side effects and improve the quality of life. This can prove to be a challenge due to the nature of epilepsy in the client group and caution should be exercised.

Some special issues relating to the particular management of epilepsy in people with intellectual disability should be considered. The treatment scheme needs to be regularly revised due to the introduction of newer treatments. The ultimate aim should be to provide a better quality of life for these people and their family carers.