

AntiConvulsants

Selectivity

- Neuronal selectivity
 - Drugs act at >1 site
 - Inhibition of reuptake and receptor antagonism
- CNS Selectivity
 - Drugs act in the periphery as well as in the brain
 - Therapeutic effects in brain and side effects in periph

Epilepsy

- 2nd most common neurological disorder after stroke
- 0.5-1 % of population
- Seizure: Sudden abnormal discharge of impulses from a group of neurons
- Symptoms determined by site (focus) and spread (localised/generalised) of discharge as well as amplitude
- Classification
 - Simple Seizures
 - No LOC
 - Complex Seizures
 - Some LOC
- Generalized
 - Discharge from focus with rapid spread to other brain areas
 - Absence (Petite mal)
 - 3 Hz discharge between thalamus and cortex
 - Brief, sudden LOC and return
 - Tonic/Clonic Grand Mal
 - Widespread polyphasic
 - Repetitive contractions and relaxations
 - Unconsciousness
 - Myoclonus
 - Brief, jerking movements
 - Status epilepticus
 - Repeated seizures
 - No recovery of consciousness
 - Potentially life threatening

Drug interactions

- Induction of hepatic microsomal enzymes
 - Phenobarbitone
 - Carbamazepine
 - Phenytoin
 - Increase clearance of self and other drugs
- Inhibition of hepatic microsomal enzymes
 - Valproate
 - Decreases clearance of phenytoin, phenobarbitol, and others giving toxicity
- Interactions with other Drugs
 - enzyme inhibitors such as cimetidine decrease clearance of phenytoin to give toxicity

Newer Agents

- Vigabatrin
 - MOA: Inhibition of GABA-T enhancing brain GABA
 - Use: Add on therapy for refractory partial seizures
 - S/E: Sedation, Ocular, Mental, Minimal drug interactions
- Lamotrigine
 - MOA: Na ch, Decrease Glutamate release
 - Use: Add on therapy for refractory partial seizures
 - S/E: Sedation, Ocular, GIT, Rash, Minimal drug interactions

Drugs

- General
 - Action at focus to reduce discharge
 - Reduction of propagation from focus
- Specific
 - Prolong inactivation state of Na channels
 - gate open but inactivated
 - Reduce Ca channel entry
 - Reduce flow through T-type Ca
 - Reducing Pacemaker current underlying peaks in Absence seizures
 - Enhance GABAa mediated inhibition
 - Increase Cl- ch opening through GABAa-BZD receptor complex
 - Inhibition of GABA-Transaminase
 - Inhibition of GABA uptake
 - Reduce glutamate-NMDA mediated excitation
 - Reduction in release of glutamate
- Classical anticonvulsants
 - Phenobarbitone
 - MOA
 - Na and Ca channels
 - Enhances GABAa
 - Decreases glutamate release
 - S/E
 - Highly sedative
 - Behavioral changes
 - Enzyme inducer
 - Use
 - No longer front line
 - General T/C > Partial
 - Enzyme inducer
 - Phenytoin
 - MOA: Prolongs inactivation state of Na channels reducing likelihood of repetitive discharge
 - Use: gen T/C, partial (status epilepticus)
 - S/E: Ocular, ataxia (sedation), Gingival hyperplasia, Hirsutism, Dysmorphicogenic (cleft palate)
 - Pharmacokinetics
 - Lower doses, normal 1st order kinetics (constant fraction cleared/unit time)
 - higher doses eliminate saturation mechanisms; constant amount cleared/unit time
 - Small increase in dose gives large increase in concentration giving toxicity
 - Carbamazepine
 - MOA: Na channels
 - Use: Partial-complex, gen T/C, Mod stabiliser
 - S/E: Ocular ataxia, GIT, Aplastic anaemia, Agranulocytosis, Enzyme inducer
 - Valproate
 - MOA: Na ch, CA, Enhance GABA
 - Use: gen T/C, Absence, Myoclonus, Mood stabiliser
 - S/E: GIT, Tremor, Hepatotoxicity, Enzyme inhibitor, Dysmorphicogenic - Spina bifida
 - Ethosuxamide
 - MOA: L-type Ca channel (NOT L-type Ca ch blockers)
 - Use: Absence seizures
 - s/E: GIT
 - BZD
 - MOA: Enhance GABAa
 - Use: Diazepam (status epilepticus), Clonazepam (Absence, Myoclonus)
 - S/E: Sedation, Tolerance