



Pediatric Neurology Part I: Chapter 75. Treatment strategies (Handbook of Clinical Neurology)

C. Chiron, M. Duchowny

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There has been important progress in the identification of antiepileptic compounds and their indications in children over the past 15 years: their number has doubled and specific pediatric trials are being performed to document their effect according to seizures and syndromes as well as their tolerability in pediatrics. The improved understanding of pharmacokinetics and drug–drug interactions has helped to optimize treatment. Specific issues specific of infants have also been studied although new antiepileptic drugs are still dramatically lacking for this age group. Before reaching a syndromic diagnosis, the choice of a first-line agent goes to compounds with the largest range of efficacy and least identified risks. Subsequent choices are mainly based on the epilepsy syndrome and seizure type in addition to good clinical practice to determine dose, adverse effect profile, risk of aggravating seizures and drug interactions, clinician's experience, cultural habits, and availability of drugs. If there are several options, preference is given to the compound that exhibits the best risk/benefit ratio, or the most rapid titration when seizure frequency is the major issue. For new antiepileptic compounds, price is often a limiting factor in countries with poor insurance coverage. Third generation anti-epileptic drugs are emerging which also seem to be promising.

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