The most common form of treatment for epilepsy is anti-seizure medication. Other forms of treatment including special diets, implants, or surgery may be tried if medication is not successful in controlling your seizures.

Anti-Seizure Medications
Most anti-seizure medications are only effective for certain types of seizures. This combined with how quickly your body breaks down the medication, your dosage levels, and side effects, means that it may take a while for you and your doctor to find the right anti-seizure medication at the right dosage for you.

Generic forms are appropriate and safe in most people however it is important not to switch between formulations from brand to generic or generic to brand or from one manufacturer to another. Discuss this with your pharmacy and doctor.

Taking your medication at the prescribed time every day is an important part of your treatment. Skipping a dose, taking fewer pills than prescribed, or not filling your prescription on time can cause your medication level to be too low in your blood which makes a seizure more likely.

All medicines can cause side effects, if you are having side effects such as nausea, feeling very tired, staggering, slurring your words, or a rash, contact your physician right away.

Diet
Special diets may be prescribed for people whose seizures have not responded to other forms of treatment. Dietary therapy for seizures is NOT like a weight loss diet. You must work with your doctors to follow the diet.

Ketogenic Diet - The ketogenic diet is very high in fat, low in protein (meat) and carbohydrates, and limits the amount of total calories and liquids you can have. This causes the body to use fat instead of carbohydrates for energy, which is called ketosis.

Modified Atkins Diet - On the modified Atkins diet, you limit the amount of carbohydrates you eat, but you can still eat a wide variety of foods.
Medical Implants
Medical implants are devices surgically implanted under the skin that can provide electrical stimulation to the brain to help stop or lessen the frequency and severity of seizures.

Vagus Nerve Stimulation (VNS) - With VNS, a surgeon implants a battery in the upper left chest. The battery sends regular bursts of electric energy to the brain through the large vagus nerve in the neck. There is also a special magnet that you can swipe over the battery to activate it if you feel a seizure coming on or that someone else can swipe for you if a seizure has already started.

Responsive Neurostimulation (RNS) - With RNS, a surgeon places the neurostimulator under the scalp in the skull, with one or two wires that connect to the part of the brain where seizures start. The device records your brain’s activity and senses when a seizure is about to start, it then sends pulses of electricity to stop or lessen the seizure.

Deep Brain Stimulation (DBS) It requires a neurosurgeon to place electrodes in a specific area of the brain called the thalamus. The electrodes transmit constant or intermittent stimulation to modulate the excitability of certain circuits of the brain, which in-turn can reduce the frequency of the seizures. DBS is approved for use in adults with seizures that have not responded to seizure medications and who are not candidates for other types of epilepsy surgery. DBS for epilepsy is a neuromodulation therapy designed to help in the management of refractory seizures. DBS is used in combination with other treatments in adults with focal epilepsy which does not respond to medication management.

Surgery
Brain surgery can be an effective treatment for epilepsy, but it isn’t right for everyone. Your doctor may suggest surgery when:

• You have tried multiple anti-seizure medications without success.
• You have seizures that always start in one part of your brain.
• You have seizures in a part of the brain that can be safely removed and that will not affect your ability to speak, see, or remember.
• Your seizures are caused by another problem in the brain, like a tumor or damage from a stroke.

SUDEP
Sudden Unexplained Death in Epilepsy (SUDEP) is said to occur when a person with epilepsy dies unexpectedly and was previously in their usual state of health. The death is not known to be related to an accident or seizure emergency like status epilepticus. When an autopsy is done, no other cause of death can be found. Each year, more than 1 out of 1,000 people with epilepsy die from SUDEP. However, it occurs more frequently in people with epilepsy whose seizures are poorly controlled.

To lower your risk of SUDEP, make sure you take your medicine as directed by your doctor and work with your doctor to control your seizures.