ANTIEPILEPTIC DRUGS AND GASTROINTESTINAL SIDE EFFECTS

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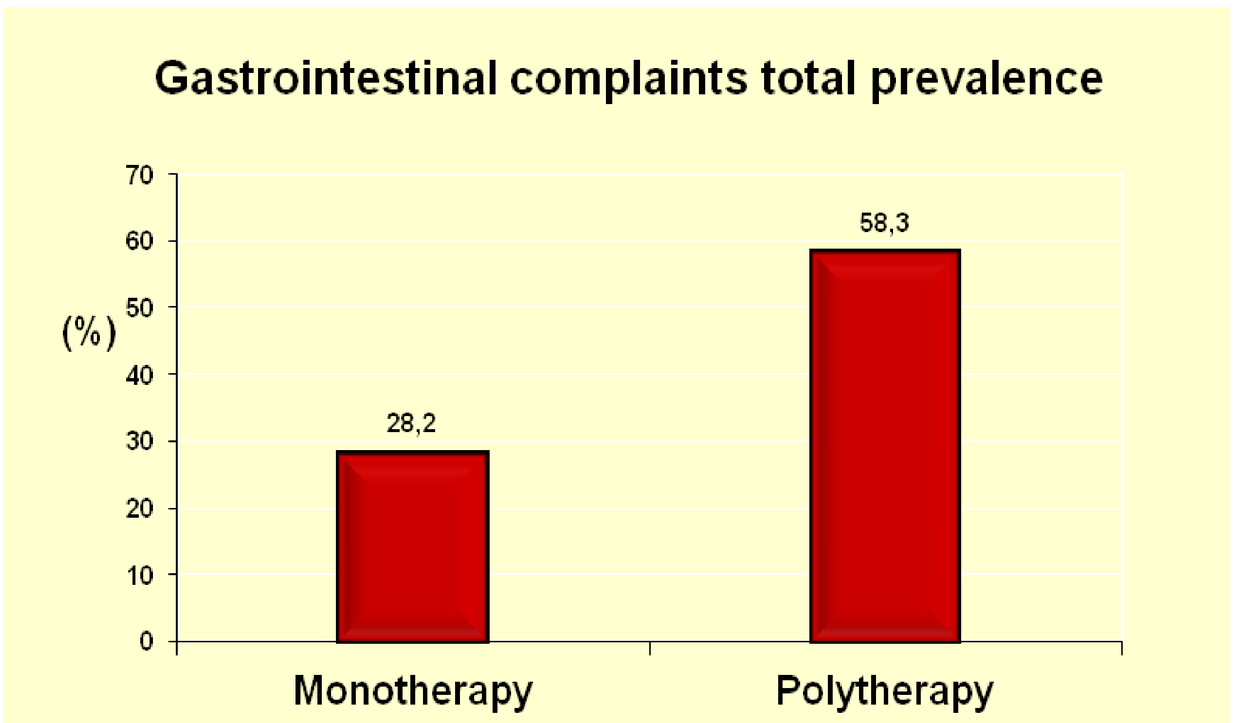
Objective: Gastrointestinal disorders are among the most common side effects of antiepileptic drugs (AEDs). They might lead to discontinuation or irregular consumption of drugs and can affect the quality of life. Aiming to evaluate the frequency of gastrointestinal side effects of different AEDs, a case series study was done in an outpatient group on mono and politherapy, seen at our operative unit.

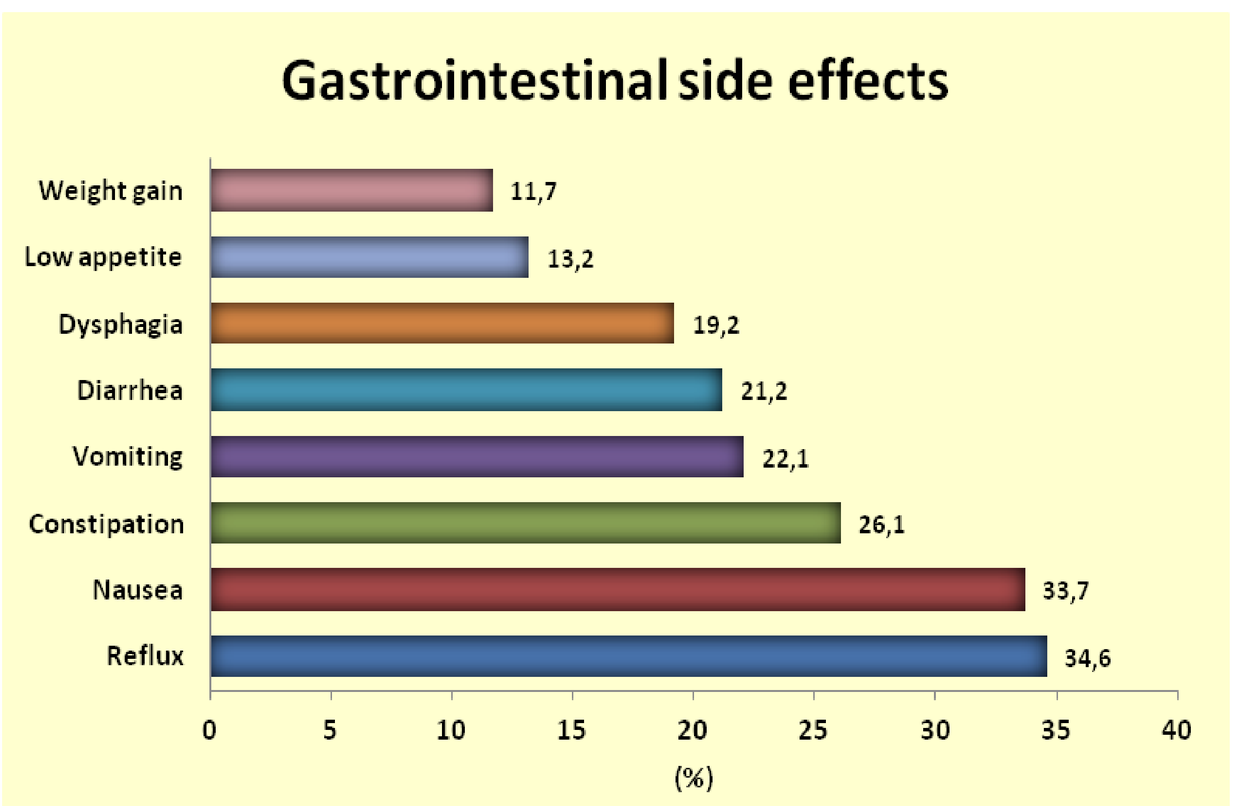
Methods: The study was performed on 125 patients suffering from epilepsy. The characteristic features of seizure attacks were: simple partial 43.8%, complex partial 39.6%, primary generalized 12.5% and unclassified epileptic seizures 4.1%. Data was analyzed in two divided groups: mono and poly (two or more) therapy. Excluding criteria were primary gastrointestinal problems, receiving toxic dose or irregular use of drugs. Data was analyzed using chi-square test.

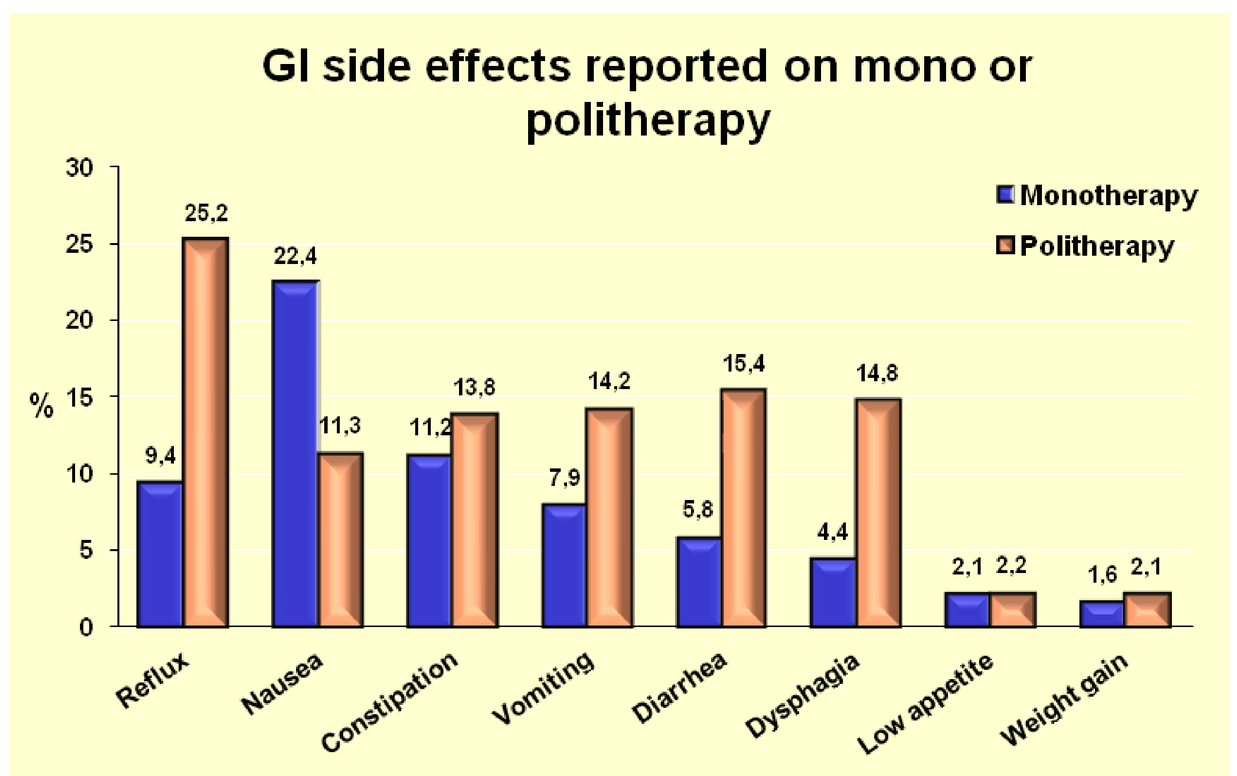
Results: 132 patients were eligible for the study. 6 (4.54%) patients who did not use AEDs on regular basis were excluded from the study. 125 (94.69%) patients (72, 57.6% female and 53, 42,4% male) entered the study. Mean age was 62.9 ± 8.26 years. 69 patients (55.2%) were on two or more AEDs, and 56 (44.8%) on monotherapy. Mean duration of AEDs therapy was 12 ± 1.4 years. The most common prescribed drug for monotherapy was LEV and the most frequent combination was LEV and CBZ. Reflux (34.6%), nausea (33.7%), constipation (26%), vomiting (22.1%) diarrhea (21.2%) and dysphagia (19.2%) were in descending order of frequence. Nausea was significantly higher in monotherapy with CBZ (p= 0.047). Polytherapy associated with significantly higher rate of gastrointestinal symptoms, including esophageal reflux, diarrhea and dysphagia in comparison to monotherapy. Polytherapy including PHT, GBT and VPA had significant relationship with diarrhea (p=0.01), dysphagia (p=0.029) and reflux (p= 0.022) respectively. Combination including GBT were the worst one according to gastrointestinal symptoms (nausea, vomiting, dysphagia, constipation and diarrhea).

Discussion: Gastrointestinal symptoms as the side effects of AEDs therapy are considerable, especially with politherapy. Esophageal reflux and dysphagia are frequently neglected, although they are among the most common side effects. This may influence the efficacy of drug therapy and increases the probability of seizure attacks. Modyfing treatment modality or changing dietary pattern may lead to relief or significant reduction of these undesiderable complications.

Conclusions: Our findings revealed that gastrointestinal complaints were highly common in epileptic patients treated with AEDs for a relatively long-time period.







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