Editorial comments

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Drs. Beghi and Schmidt offer informative perspectives on the topic of medication discontinuation. First, the epilepsy syndrome must be considered when contemplating the discontinuation of therapy. The physician must remember that there is no such condition as “epilepsy,” and the probability of recurrence greatly depends upon the underlying nature of illness. While there is no evidence that continuing medication indefinitely prevents seizure recurrence, it certainly reduces the probability of recurrence for at least several years. The risks of therapy also require consideration, especially those which might not be readily apparent in the short-term but may appear in the future, such as osteoporosis and birth defects. The patient must play an active role in any decision regarding therapy, and the literature suggests that personality traits, such as willingness to take chances, influence patient preference.

Certainly it would be helpful to have more information on how to identify patients at risk for recurrence.

The risk/benefit ratio depends on the specific syndrome being treated, the drug being withdrawn and the individual patient. For example, stopping medication may, in some patients, provide a false sense of security and patients may also be more likely to consider themselves “cured” and thus expose themselves to factors like sleep deprivation.

A practical question, which is still unanswered, is what to do when a single seizure occurs soon after stopping the medication. Could this indicate that the reduction was too fast? Or could it just be a withdrawal seizure with little or no predictive power on future seizures?

Clearly, several issues are still unresolved and the management of each patient who wishes to stop medication needs individual consideration, depending not only on known factors. This is where the art of medicine plays an important role.

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