

## **New treatment options for epilepsy**

It might be as innocent as an unconscious twitch of the eye or chewing movements of the lips, or as complex and serious as reoccurring full body convulsions and loss of consciousness, but epilepsy—the tendency for recurrent, unprovoked seizures—is more prevalent than the average person may think.

This is according to Dr. Nikesh Ardeshta, an experienced epileptologist (a fellowship-trained neurologist specializing in the diagnosis and treatment of epilepsy) who directs treatment at the Epilepsy Monitoring Unit (EMU) at McLaren Macomb.

“Epilepsy is any disruption of the electrical activity in the brain, but it’s the scope and how it manifests that varies in every case,” Dr. Ardeshta said. “Every case is unique, so the approach to the diagnosis and treatment of each case should be unique as well.”

But, as Dr. Ardeshta says, with epilepsy can come many misconceptions of the condition—misconceptions that may lead to a delay in diagnosis and treatment, prompting a patient’s epileptic condition to become more severe.

“When it comes to epilepsy, many people think that means recurrent seizures, grand mal seizures or convulsions and that’s it,” Dr. Ardeshta said. “But there are many different types of epilepsy, and its symptoms can vary. Epilepsy is a condition that can be treated, and patients can live quality, productive lives.”

Some of these symptoms can go unnoticed, such as confusion, memory loss or speech difficulties. Other manifestations can appear quite benign, such as temporary changes in behavior, wandering, involuntary movements or an abnormal sensory experience. Many times, an individual with epilepsy does not even know this is occurring, which can delay diagnosis and treatment.

Some of these symptoms are more common in the elderly, which is the fastest growing group of epilepsy patients, with nearly 300,000 cases in the United States. This group may already be experiencing other neurological conditions that may increase the risk for seizures, such as Alzheimer’s, dementia and stroke.

If left untreated, epilepsy can progress, leading to more seizures, possibly causing memory loss, slowed thinking, injury or, in rare cases, sudden death.

“The goal will always be the same for every epilepsy patient,” Dr. Ardeshta said. “To have no seizures with no side effects and maintain quality of life. We want to achieve this goal as soon as possible in order to prevent the long-term consequences seen with epilepsy.”

This is the purpose of the EMU, part of the McLaren Neurosciences Institute.

Located within McLaren Macomb, the EMU is equipped to monitor patients 24/7 with electroencephalogram (EEG), video and audio over multiple nights. If needed, the staff can induce seizures in the controlled hospital setting, allowing them to determine the seizures’ triggers and location within the brain, providing the information needed to tailor optimal and individualized treatments.

Treatments can include anti-seizure medications, devices or diet.

Dr. Ardeszna and the specially trained support staff in the EMU will have the capability to monitor the electrical activity of the brain via continuous EEG to confirm the diagnosis and determine the best treatment options for each patient's epileptic seizures.

Other health systems may not be as well equipped to care for patients that are suffering from seizures or epileptic disorders. If you have a patient that has just started to have seizures or have a patient with uncontrolled seizures consider a consult with Dr. Ardeszna.

If you would like more information about the EMU, services or referrals, please contact Dr. Ardeszna at (586) 493-3297, via email at [nikesh.ardeshna@mclaren.org](mailto:nikesh.ardeshna@mclaren.org) or visit [mclaren.org/macombepilepsy](http://mclaren.org/macombepilepsy).