

## Editorial Note on Epileptic Seizures in Adults

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### EDITORIAL

Several epilepsy epidemiology studies have been conducted on every continent over the last 20 years. The majority of these have been descriptive, focusing on the prevalence or incidence in relation to gender, age, and seizure type. There have been few analytical epidemiological studies of epilepsy. In the majority of populations studied, the aetiology of a single epileptic seizure or epilepsy is unknown. In smaller subgroups, a component may be viewed as the cause of the condition, even if it is merely the most obvious of numerous factors responsible for the seizure in the specific case.

Variables thought to be of major importance for the development of epilepsy have been found in some segments of the population, such as genetic factors, prenatal and neonatal historical trauma, and specific disorders such as brain tumours and cerebrovascular diseases. The impact of socioeconomic factors on the development of epilepsy has received little attention. Because several of the previously mentioned major variables for epilepsy are related to socioeconomic factors, such factors should be considered in an exploratory assessment of epileptic seizures. Aside from the requisite predisposing elements for epileptic seizures, triggering events may also be required for a seizure to occur.

The methodology of a study is determined by parameters such as the period between the relevant event thought to be of etiological importance and clinical beginning of disease, the incidence rate of the condition examined, and the prevalence of the suspected relevant event thought to be of etiological importance. Because seizure disorders are uncommon and some instances may have a significant delay between the key etiological event and subsequent clinical manifestation, a case-referent study design appears to be appropriate. An ease-referent study of individuals having a newly diagnosed epileptic seizure is given as part of an epidemiological

project of seizure disorders in Northern Sweden. The study's goal was to investigate the impact of a variety of factors on the occurrence of newly diagnosed seizures.

PTs (post-traumatic epileptic seizures) are a significant consequence of traumatic brain injury (TBI), especially in patients with subdural haematomas (SDHs). Despite the high occurrence of PTs in SDHs, it is unknown which patients are at risk of getting PTs and might benefit from prophylactic antiepileptic therapy. Indeed, some retrospective investigations found that PTs were connected with older age, chronic alcoholism, and the degree of trauma. However, identifying PTs is more difficult than it appears at first glance. PTs are categorised into three groups in the literature based on artificial time limits: immediate seizures occur within 24 hours after the injury; early acute symptomatic seizures occur within 7 days of the insult; and late unprovoked seizures occur 7 days after the lesion.

Antiepileptic medicines (AEDs) are commonly used to treat IPTs, but their utility in ePTs is debatable. Some prospective studies have confirmed the beneficial benefit of prophylactic AEDs such as phenytoin, which was formerly regarded as the gold standard in lowering ePTs. To replace the traditional AEDs, more palatable AEDs with comparable efficacy, like as levetiracetam, have recently been released into the market. However, no prospective controlled studies evaluating the effectiveness of preventive AEDs specifically concentrating on SDHs have been conducted to yet. One retrospective study found that providing prophylactic AEDs reduced epileptic seizures significantly, however other retrospective investigations found no benefit to prophylactic AEDs. As a result, more research is needed to clarify the on-going controversy about the benefit of administering preventive AEDs in individuals with SDHs.

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