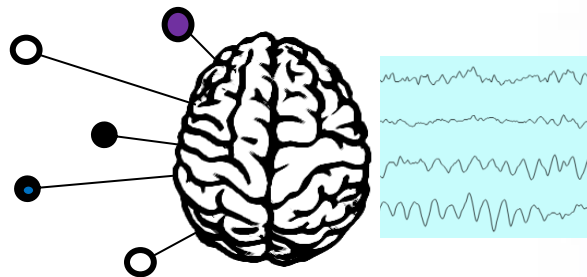


# Late-onset epilepsy

Emily L. Johnson, MD MPH



# Disclosure

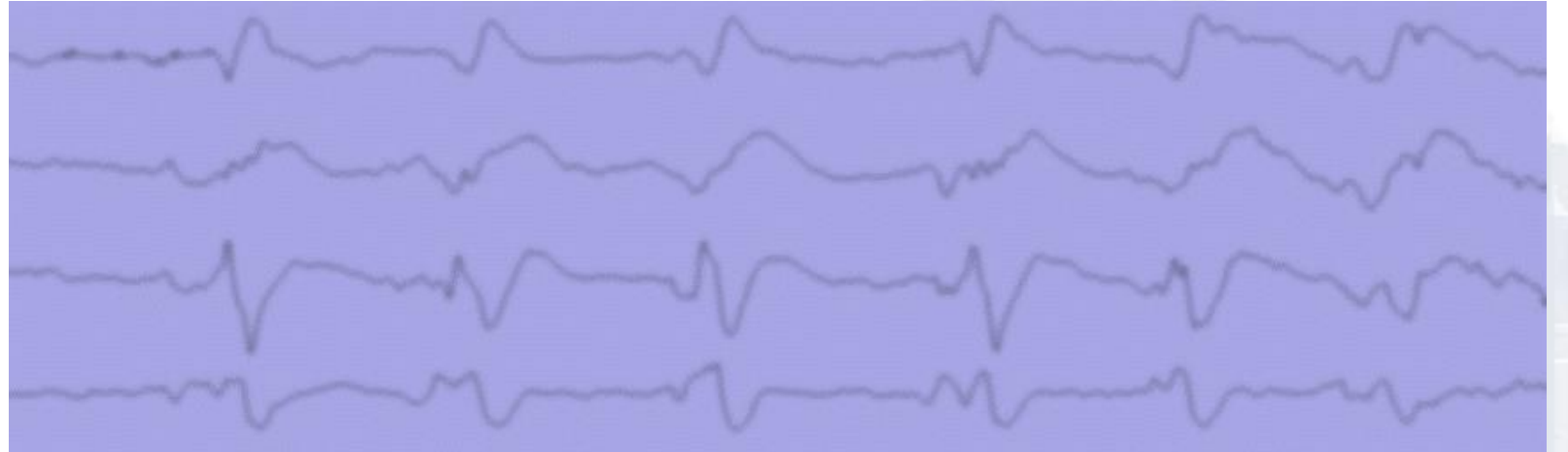
- Nothing to Disclose

# Learning Objectives

- Discuss the Epidemiology of late-onset epilepsy.
- Describe the causes of cognitive changes due to epilepsy.
- List current treatments used for epilepsy.

# Outline

- Epidemiology
- Causes
- Outcomes
- Work in progress



# Epilepsy

- Recurrent, unprovoked seizures
- Starts in childhood
- Likely grow out of it
- Usually genetic



# Epilepsy

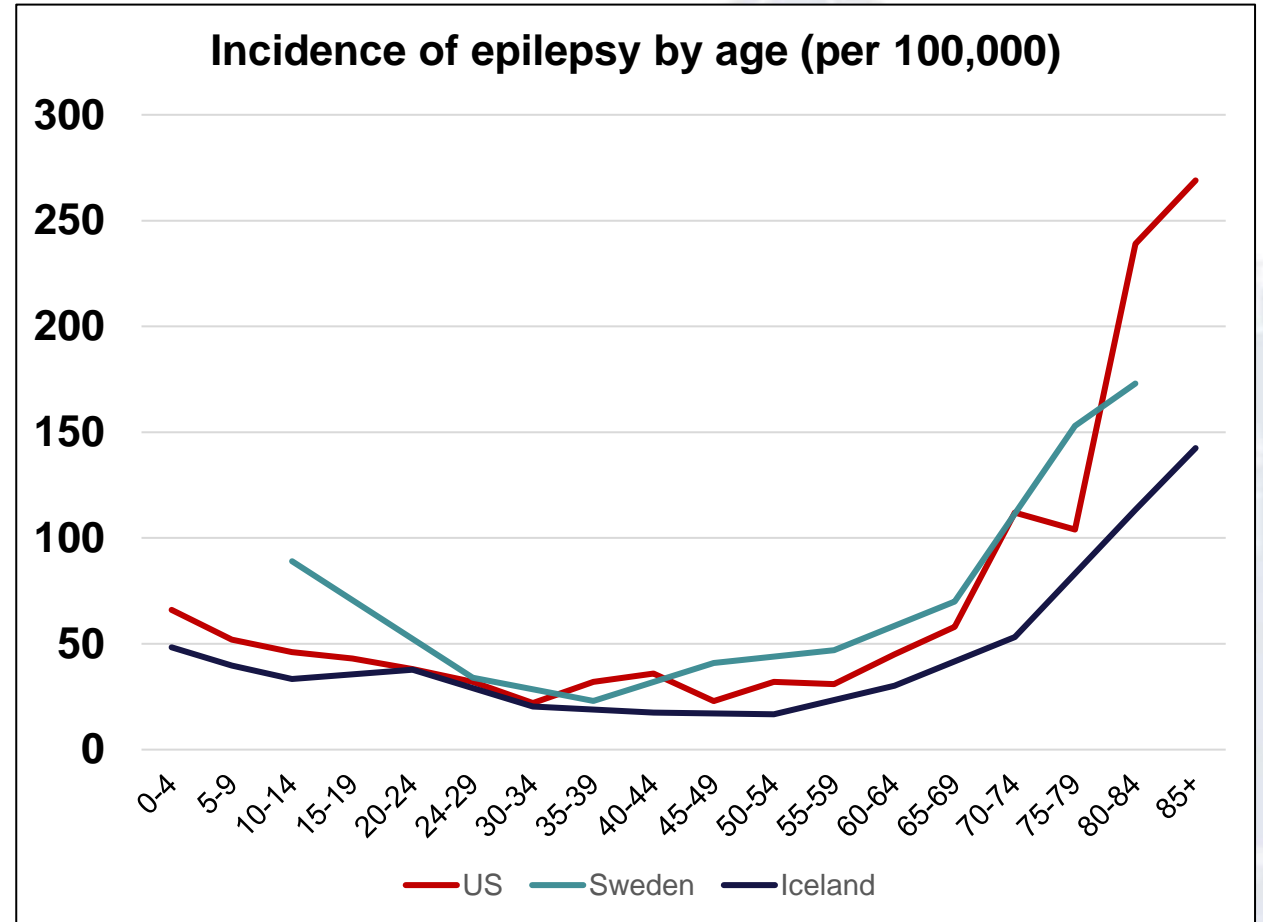
- Recurrent, unprovoked seizures
- Starts in childhood
- Likely grow out of it
- Usually genetic



# Epidemiology of late-onset epilepsy

Incident epilepsy:

- Bimodal distribution
- ~227,154 new cases annually in  $\geq 65$  population in US (393/100,000)

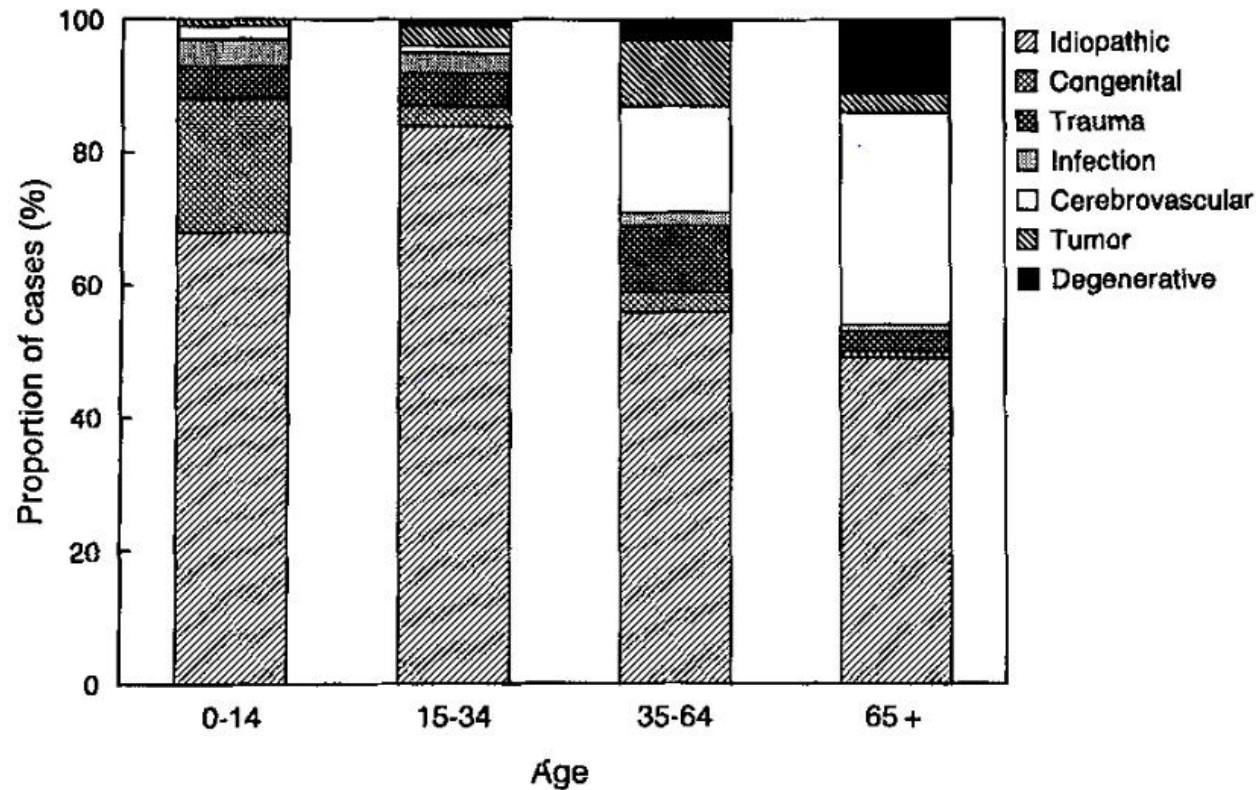


# “WHY DO I HAVE SEIZURES?”

I never had seizures as a child!



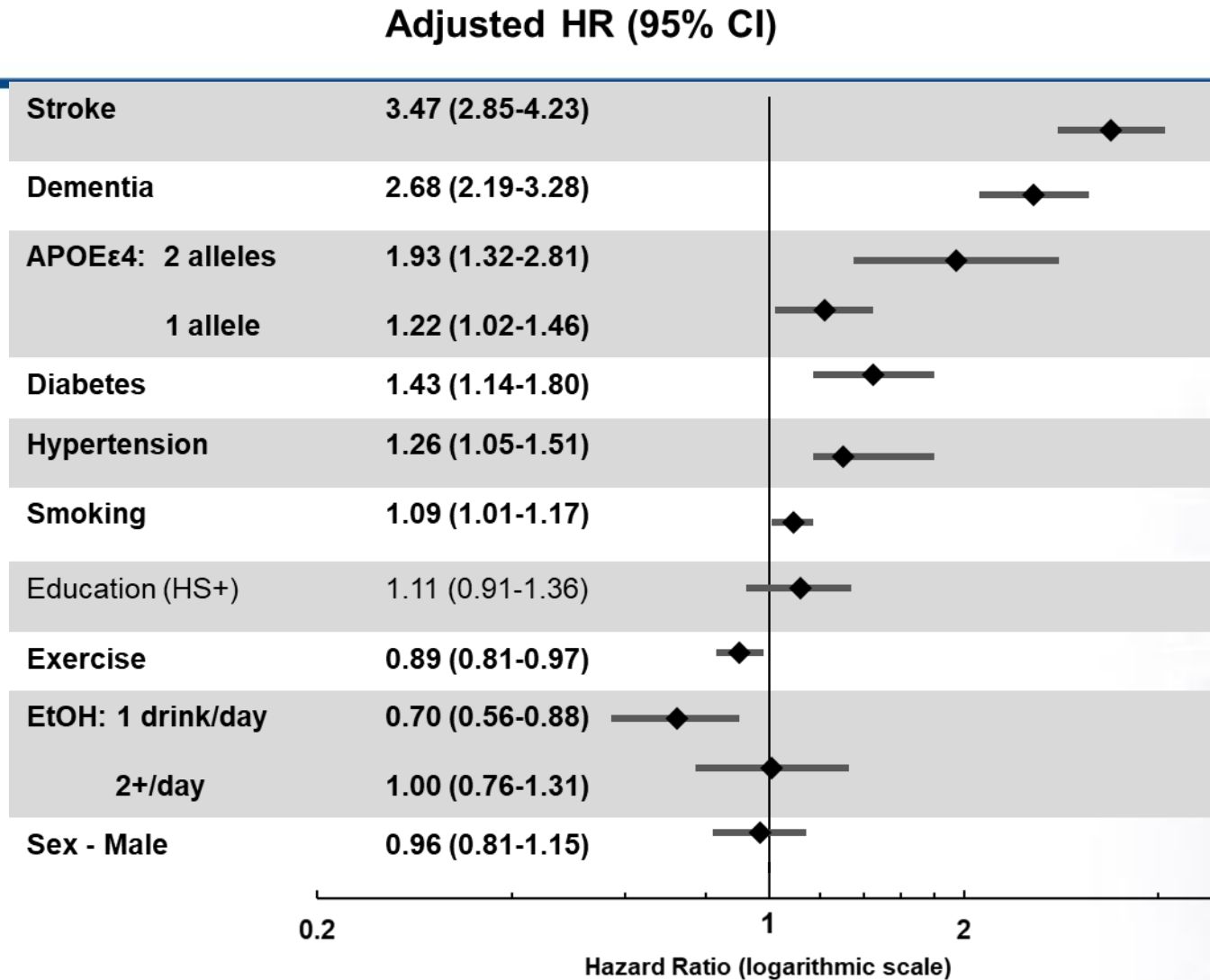
# Causes of epilepsy throughout life: Rochester Epidemiology Project



All cases of incident epilepsy in  
Rochester, MN 1935-1984

≥ 65: 50% unknown  
Cerebrovascular  
Degenerative

# Midlife risk factors for LOE

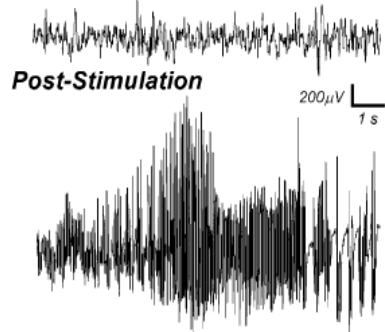


All risk factors included in same model; adjusted for center-race and age

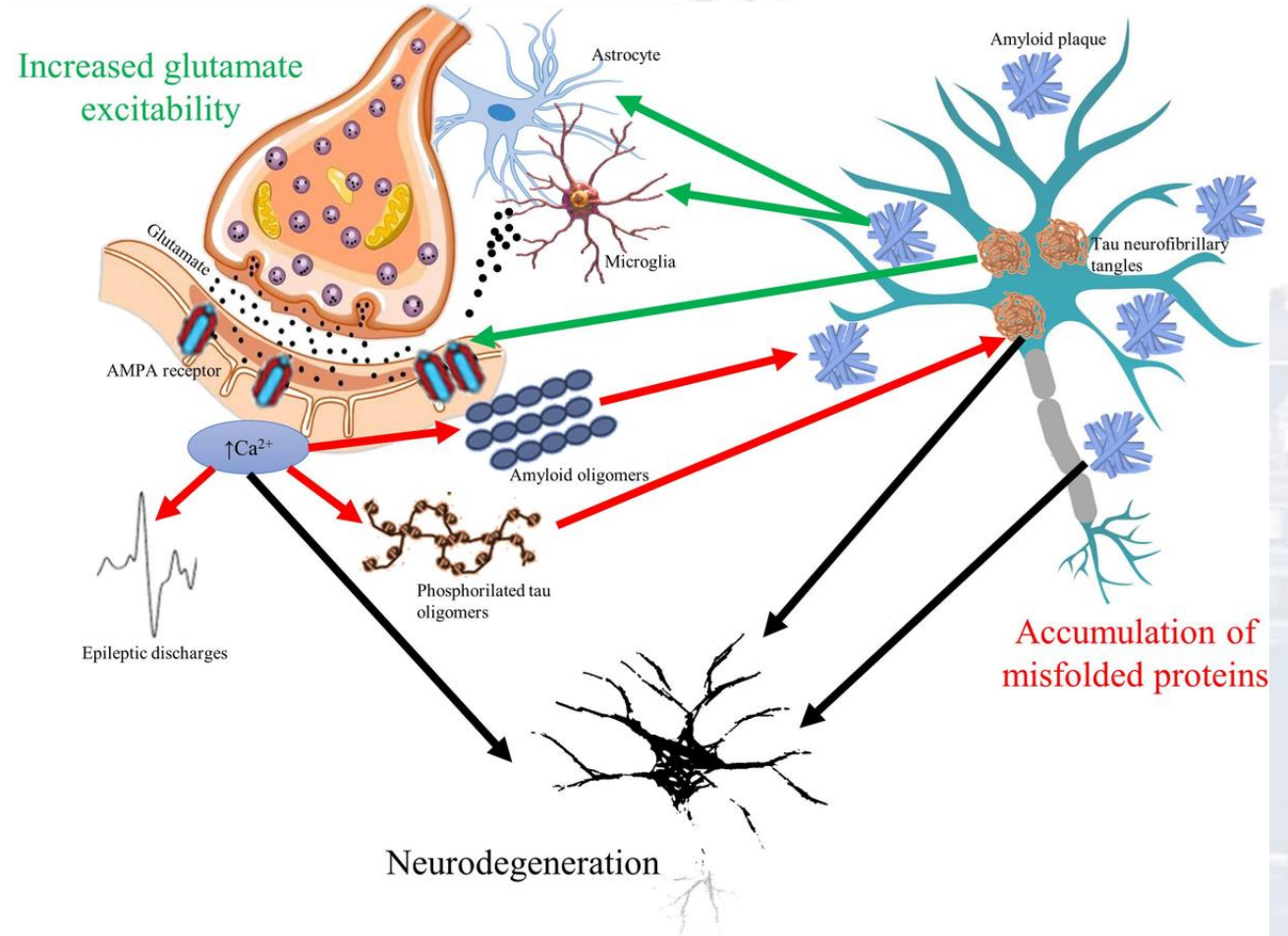
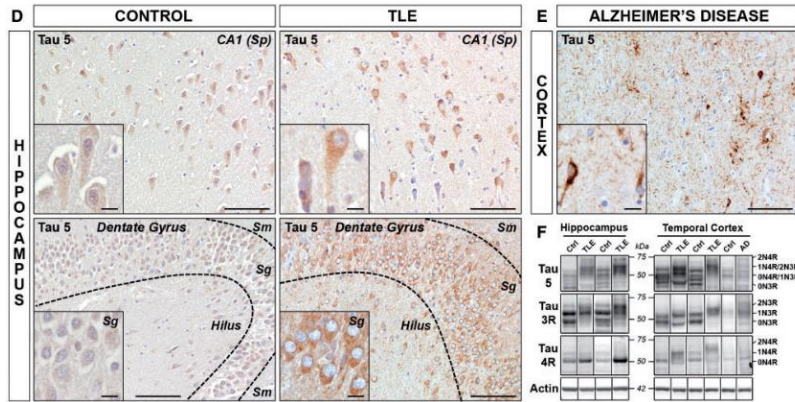
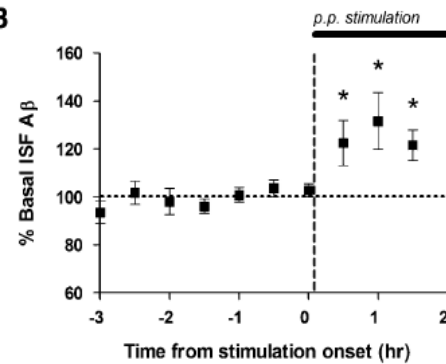
16,792 participants  
4 sites  
30+ years

# Bidirectional relationship with amyloid, tau

**A Basal EEG activity**



**B**



Hovarth 2020

Gourmaud et al, Brain 2020

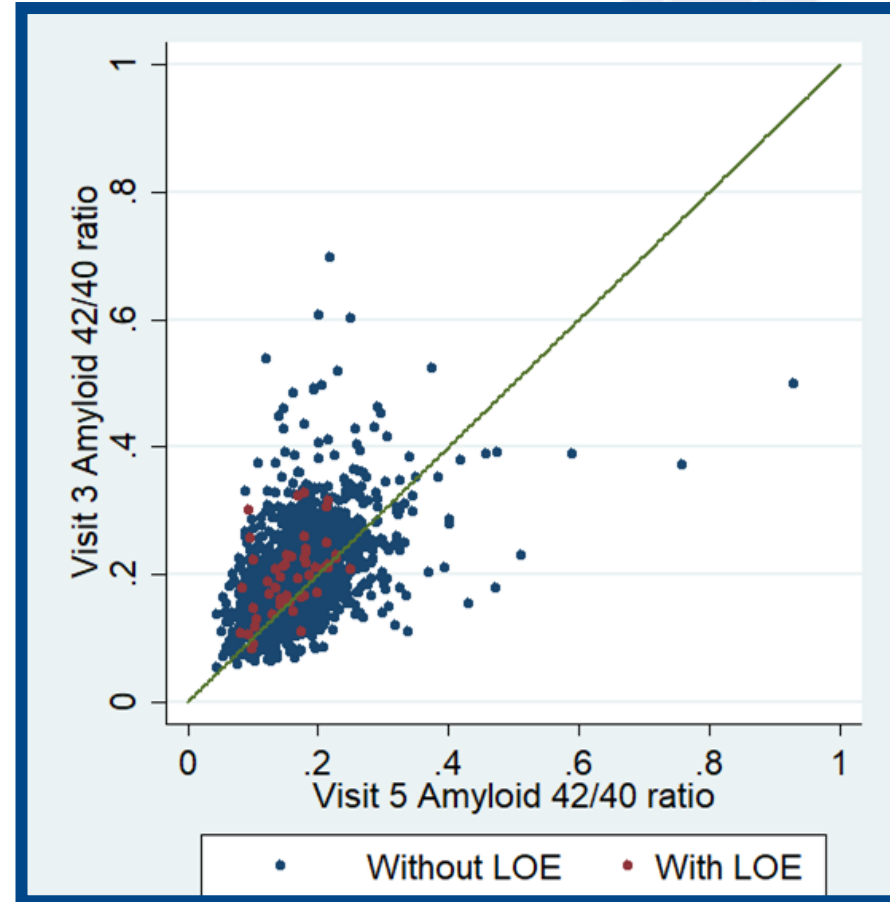
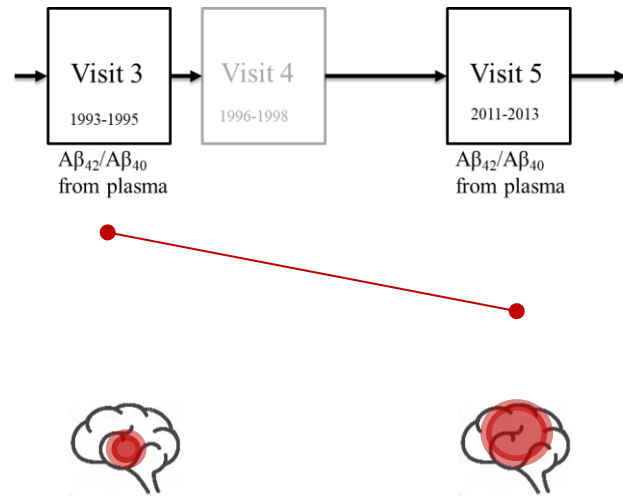
Cirrito 2005 Neuron



# Plasma A $\beta$ and LOE



- Greater decrease in A $\beta_{42}$ /A $\beta_{40}$  ratio is associated with LOE



# Cohort Harmonization

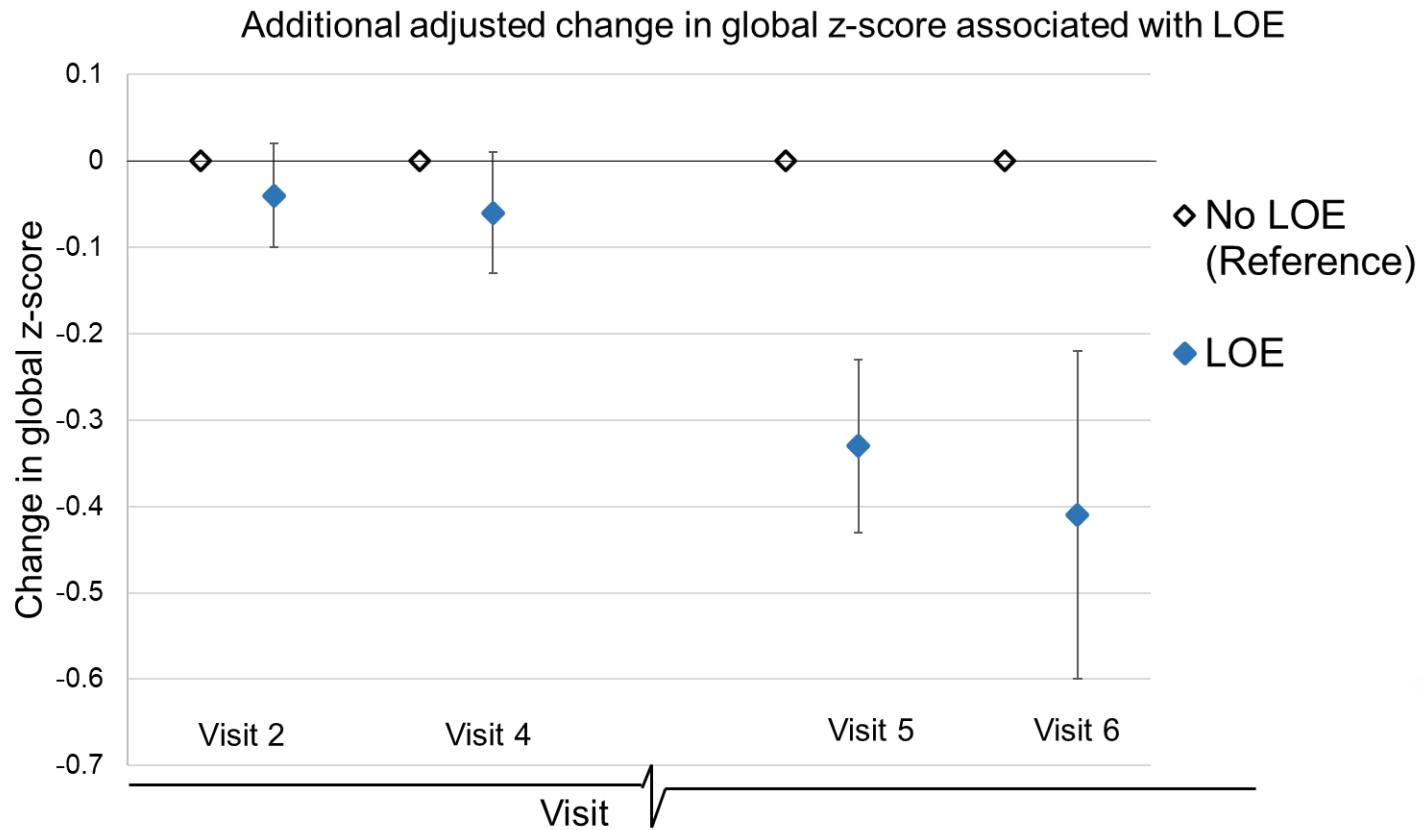
- ARIC, CHS, MESA, NOMAS, and WHICAP cohorts
  - 28,291 participants (294,575 years of follow up)
  - 998 cases of LOE (3.4 per 1000 person-years)
  - Age, smoking, HTN, DM, CKD, stroke, heart disease, APOE4 alleles associated with LOE



# “EPILEPSY IS JUST SEIZURES, RIGHT?”

Why is Mom or Dad forgetful – is it the Keppra?

# 25-year cognitive change in persons with LOE



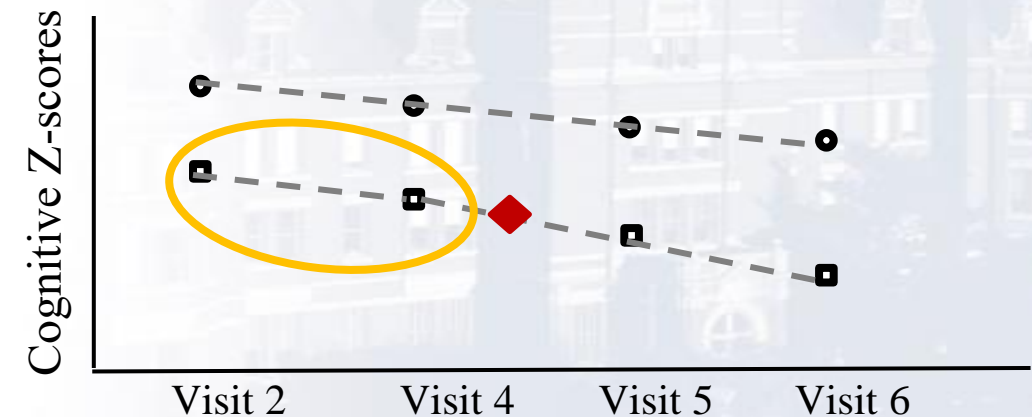
- Comparable to additional 6.5 year age-difference at baseline
- Change with diabetes:  
-0.19 z-score=  
over 25 years

# 25-year change in cognition

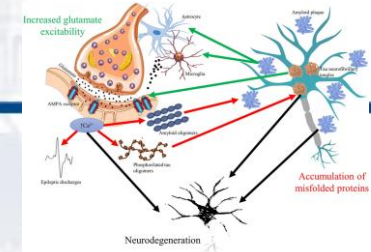


	No LOE	LOE (prior to first seizure only)	95% CI
Global z score	0 (Reference)	<b>-0.38</b>	<b>(-0.62, -0.14)</b>
DWRT z score	0 (Reference)	<b>-0.67</b>	<b>(-0.98, -0.35)</b>
DSST z score	0 (Reference)	<b>-0.19</b>	<b>(-0.28, -0.00)</b>
WFT z score	0 (Reference)	-0.03	(-0.28, 0.21)
DWRT raw score	0 (Reference)	<b>-1.02</b>	<b>(-1.49, -0.54)</b>
DSST raw score	0 (Reference)	<b>-2.74</b>	<b>(-5.42, -0.06)</b>
WFT raw score	0 (Reference)	-0.41	(-3.50, 2.67)

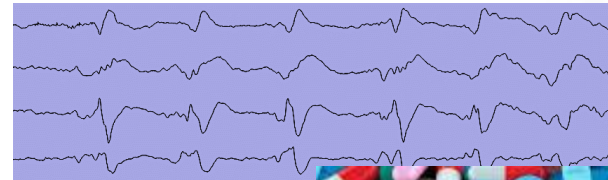
- Participants without LOE
- Participants with LOE
- ◆ First seizure, in participants with LOE



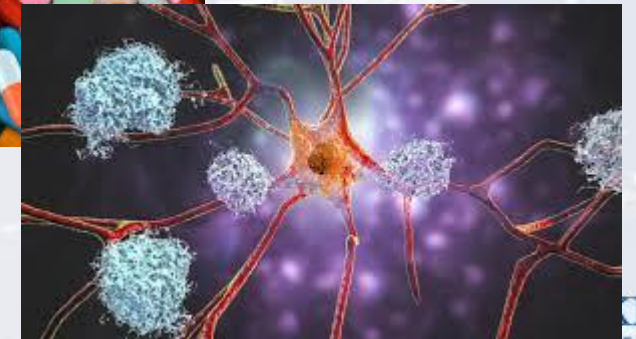




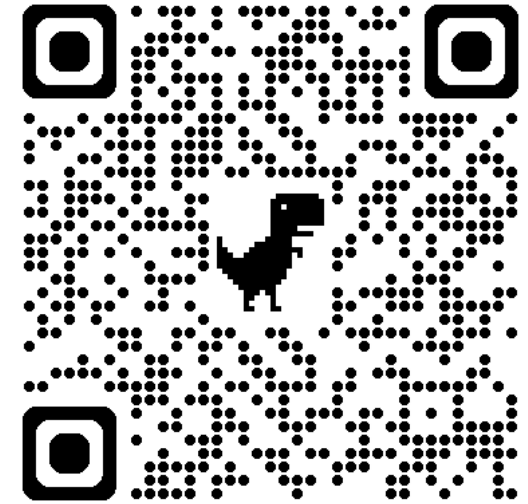
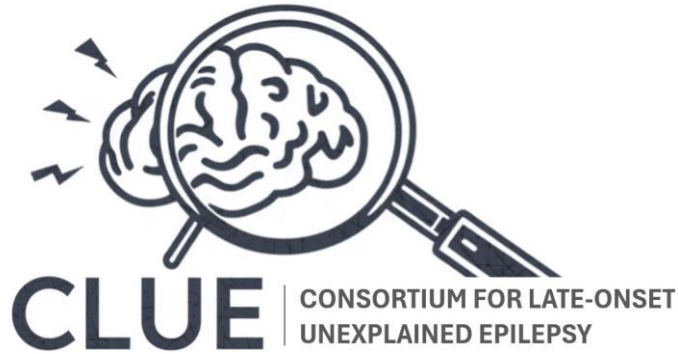
# WHAT CAUSES COGNITIVE DECLINE?



- Seizures/epileptiform activity
- Medications
- Neurodegenerative pathology



# ELUCID study: Epilepsy of Late-onset Unknown etiology as a risk factor for Cognitive Impairment and Dementia

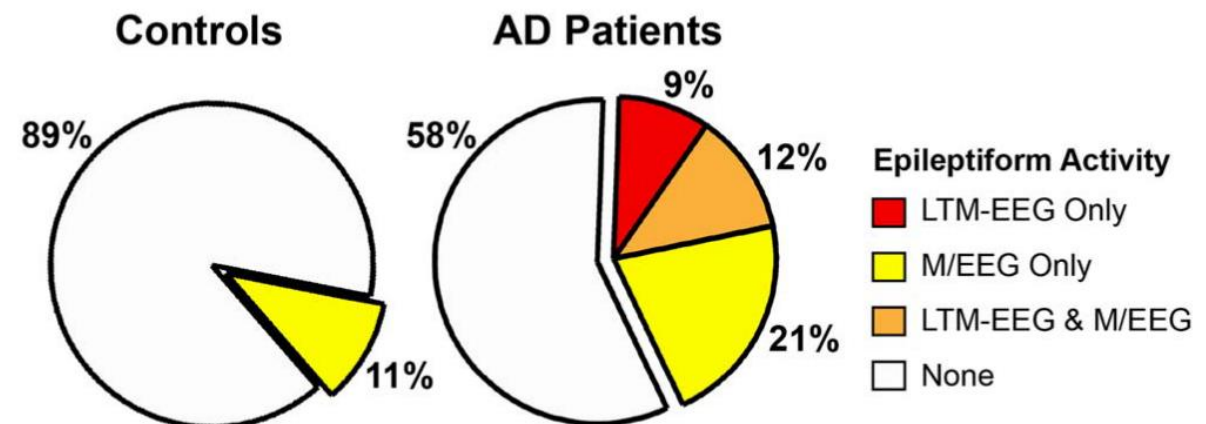


Alice Lam  
Brandon Westover  
Rani Sarkis  
Leah Blank  
Tyler Gaston  
Rodrigo Zepeda  
Mo Shafi



# Known dementia and subclinical epileptiform activity

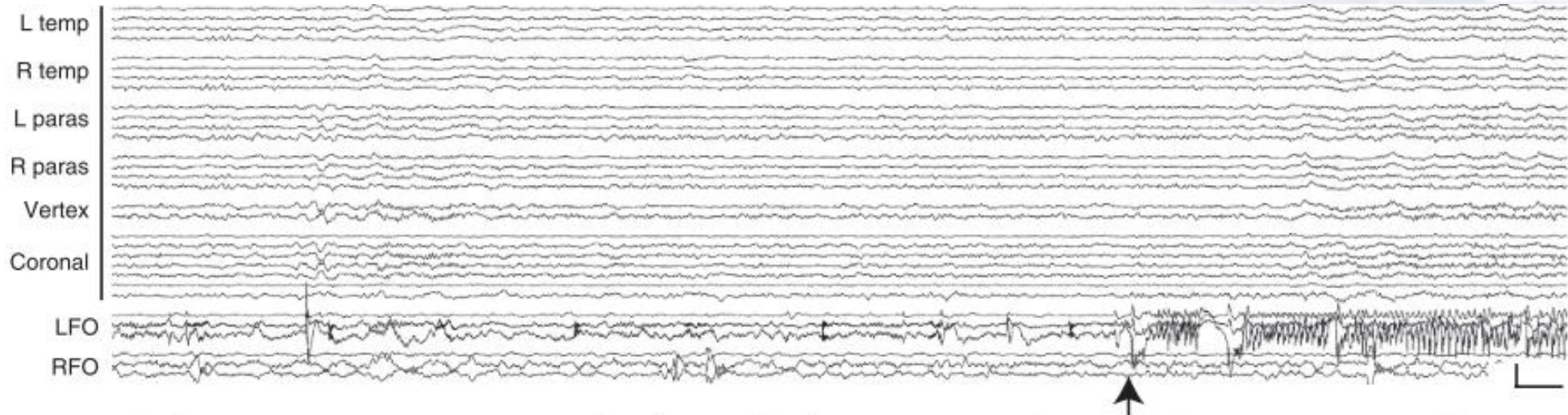
- 42.4% (14/33) patients with AD (without known epilepsy) had subclinical epileptiform activity, compared to 10.5% of cognitively normal controls
- AD Patients with SEA had faster cognitive decline over time than those without SEA





# Epileptiform activity in AD may go undetected

- 2 patients with AD and fluctuating cognition monitored with scalp and FO electrodes
- Hippocampal seizures detected on FO were not detected on scalp

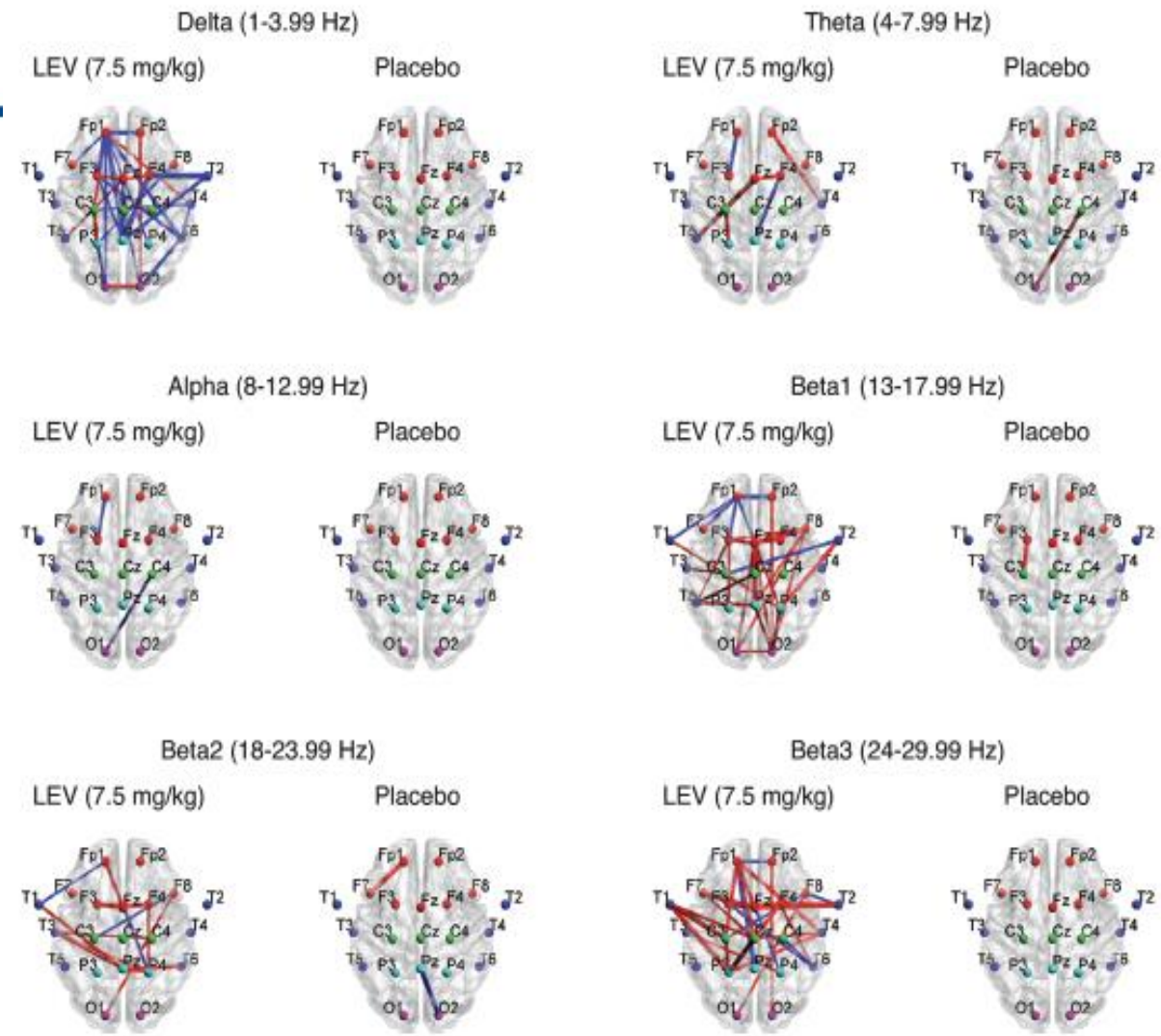


# Treating AD with ASDs?

- 17 patients with aMCI and hippocampal hyperactivity on fMRI given LEV 125mg BID (+ control group of 17)
- Memory errors and hippocampal hyperactivation reduced

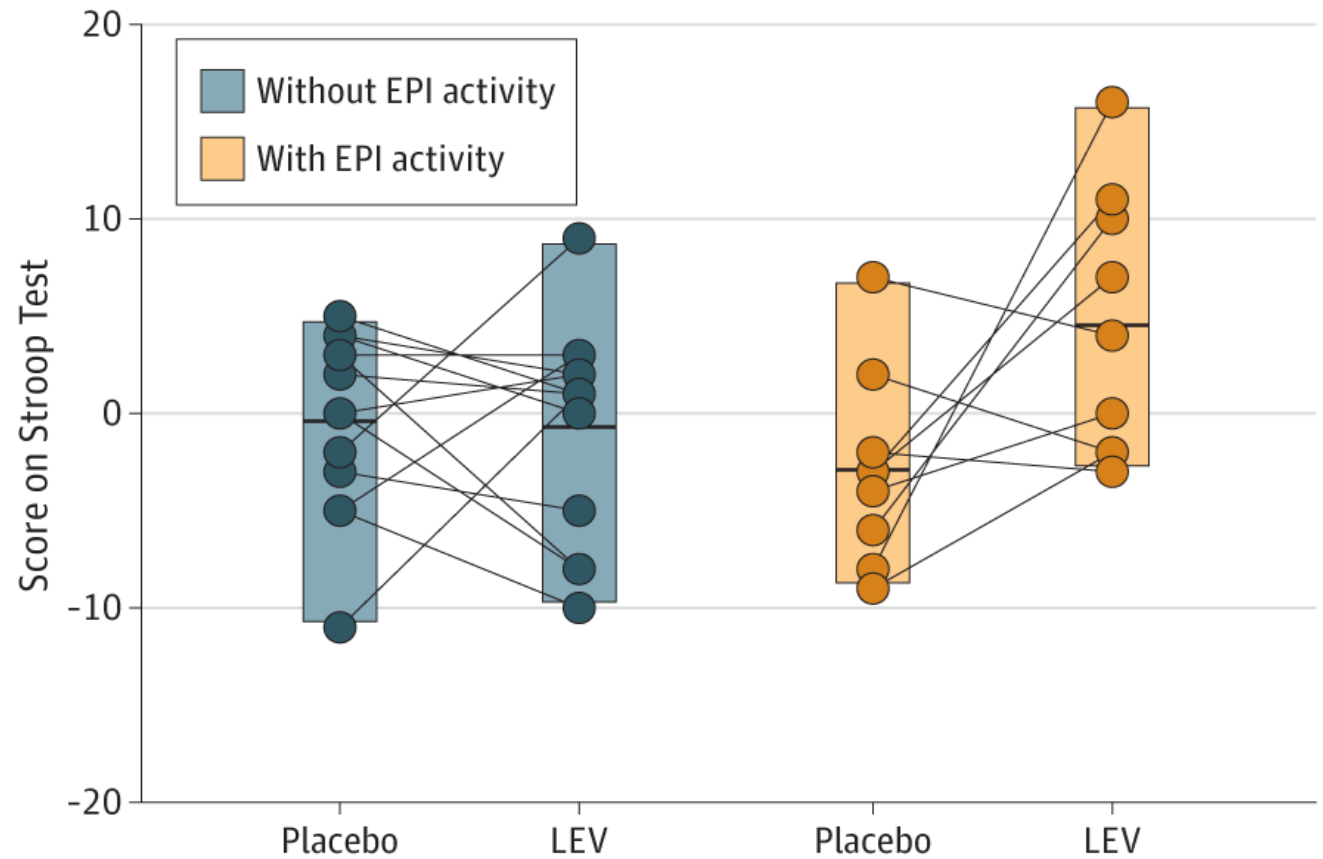
# Treating AD with ASDs?

- May “normalize” EEG connectivity
- Clinical trials of low-dose LEV in MCI, AD ongoing

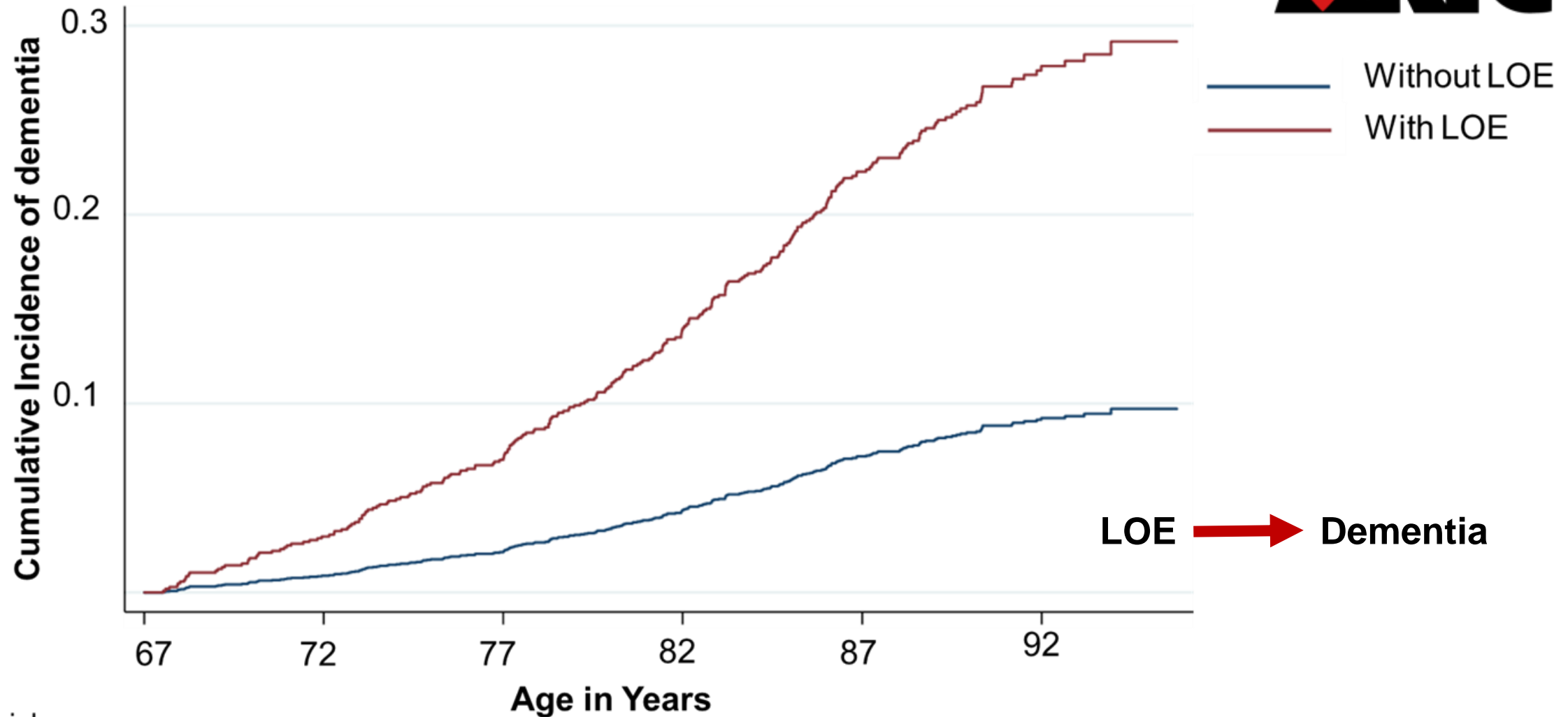


# Treating AD with ASDs?

- Treatment with low-dose LEV improved executive function (only in those with epileptiform activity)



# Cumulative Incidence of Dementia in ARIC Participants with and without Late-onset Epilepsy (LOE)



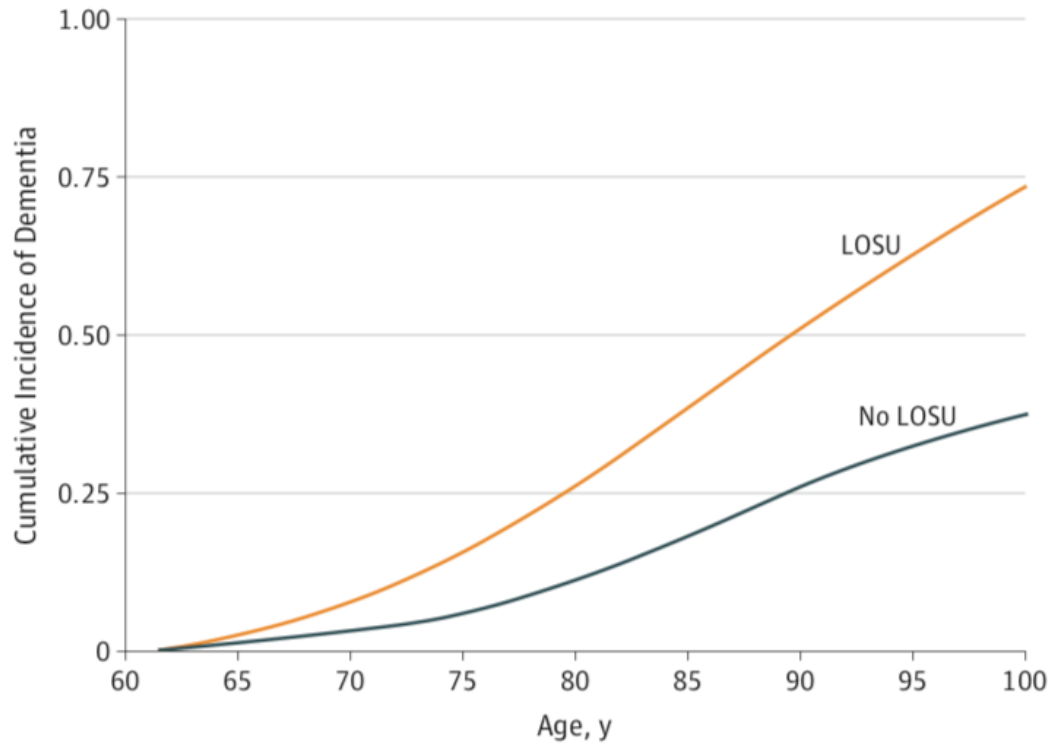
Number at risk	67	72	77	82	87	92
Without LOE	8362	7536	5369	2903	1121	296
With LOE	671	611	451	239	86	14

Johnson et al, Neurology 2020



# LOE and Dementia: Veterans' study

Figure 2. Cumulative Incidence of Dementia Adjusted for Demographic Characteristics and Comorbid Conditions in Patients With and Without Late-Onset Unprovoked Seizures of Unknown Etiology (LOSU)



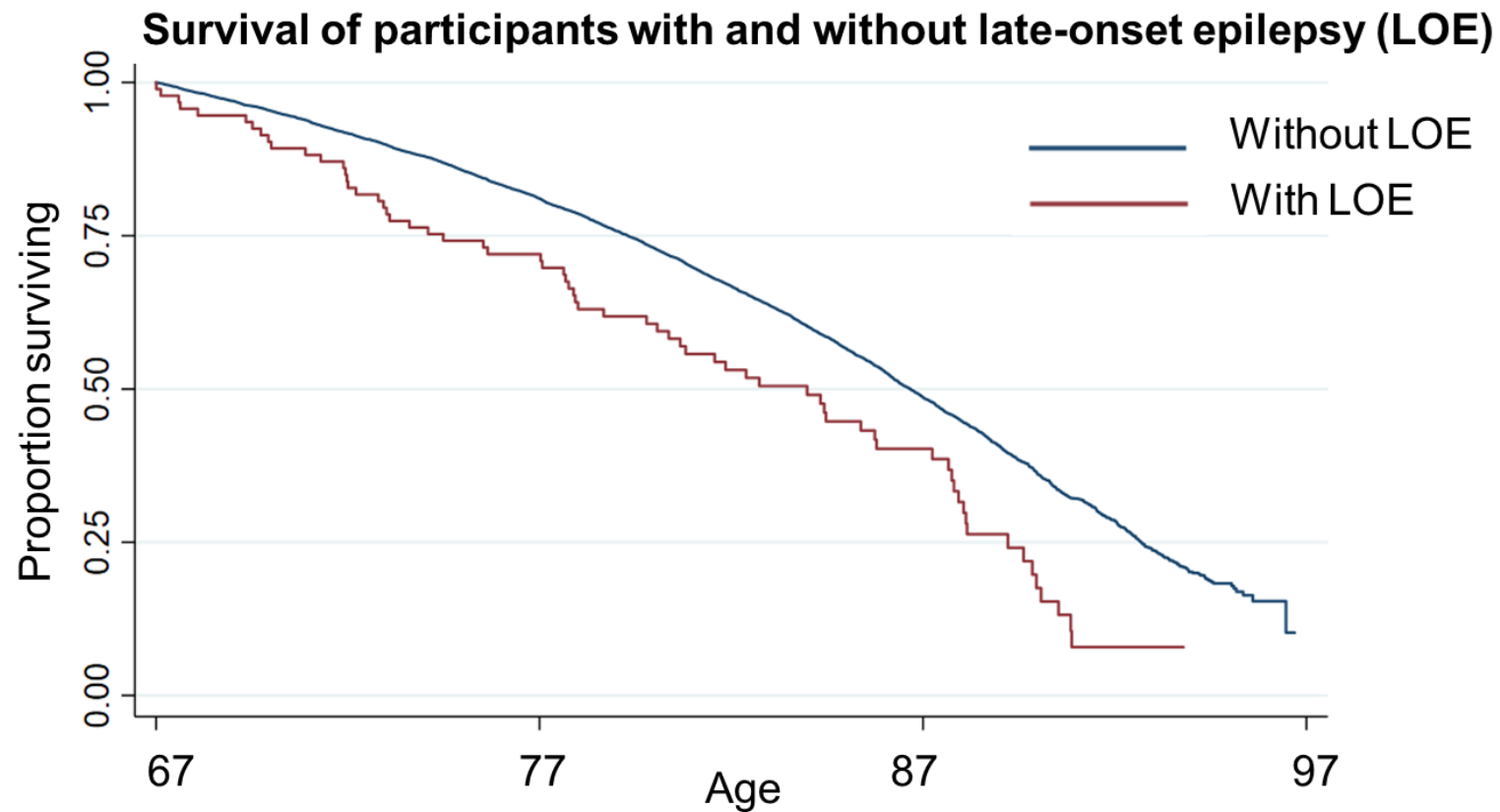
Adjusted cumulative incidence of dementia is shown for veterans with and without LOSU at baseline accounting for the competing risk of mortality. Age is used as the time scale to indicate age at dementia diagnosis. Models were adjusted for demographic variables, cardiovascular risk factors, depression, and traumatic brain injury.

HR: **1.95** (95% CI 1.67-2.27)

**LOE** → **Dementia**

Keret et al, JAMA Neurology 2020

# Mortality in LOE



# TREATING LOE

# Evaluation

- EEG
- MRI / MRA?
- Risk factor screening
  - Similar to TIA
- Cognitive screening
- OSA screening?
- Counselling

# Medical treatment

- Special considerations:
  - Pharmacokinetics; renal, hepatic dysfunction
  - Susceptibility to adverse effects
  - Interactions with other medications
  - Cost



# Medical treatment

- 5 RCT of monotherapy in LOE
- Pairwise comparisons of lacosamide, lamotrigine, levetiracetam, valproic acid, and carbamazepine from RCT show no differences in efficacy
- Carbamazepine (IR and ER) had higher risk of discontinuation due to adverse effects
- Highest chance of seizure-freedom at 12 months: levetiracetam, lamotrigine, lacosamide

# Surgery?

- Older patients less likely to undergo surgery
- Early studies: older patients less likely to be seizure-free; higher risk of complications
- Recent studies: no difference in outcomes (carefully selected older patients)

Sirven et al, Neurol 2000

Srikijvilaikul et al, Seizure 2011

Anderson et al, Epi Res 2013

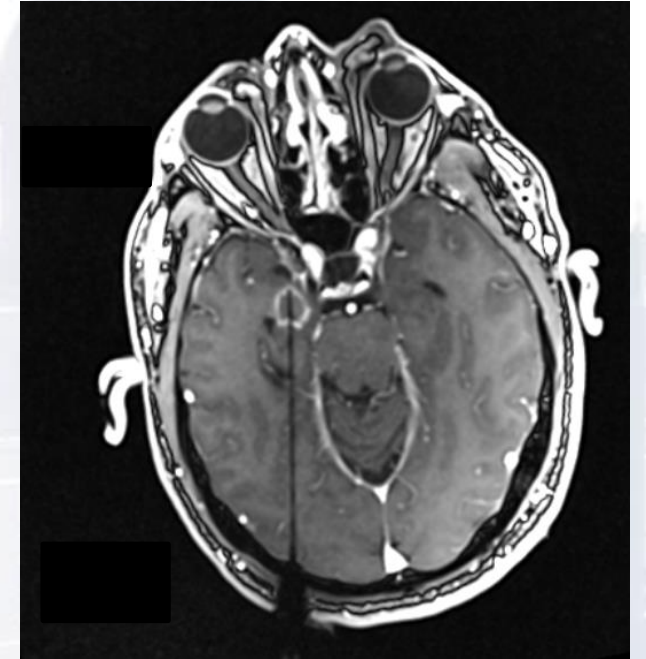
Bialik et al, Seizure 2014

Punia et al, Epi Behav 2017



# Surgery?

- Laser ablation = less invasive, may be option for those not otherwise considered surgical candidates; similar seizure control to younger patients





# Dietary treatment?



- Ketogenic and Modified Atkins diets are effective in children, adolescents, adults
  - Adults up to age 86 in studies
- Cardiovascular outcomes
- Now being studied for MCI and dementia

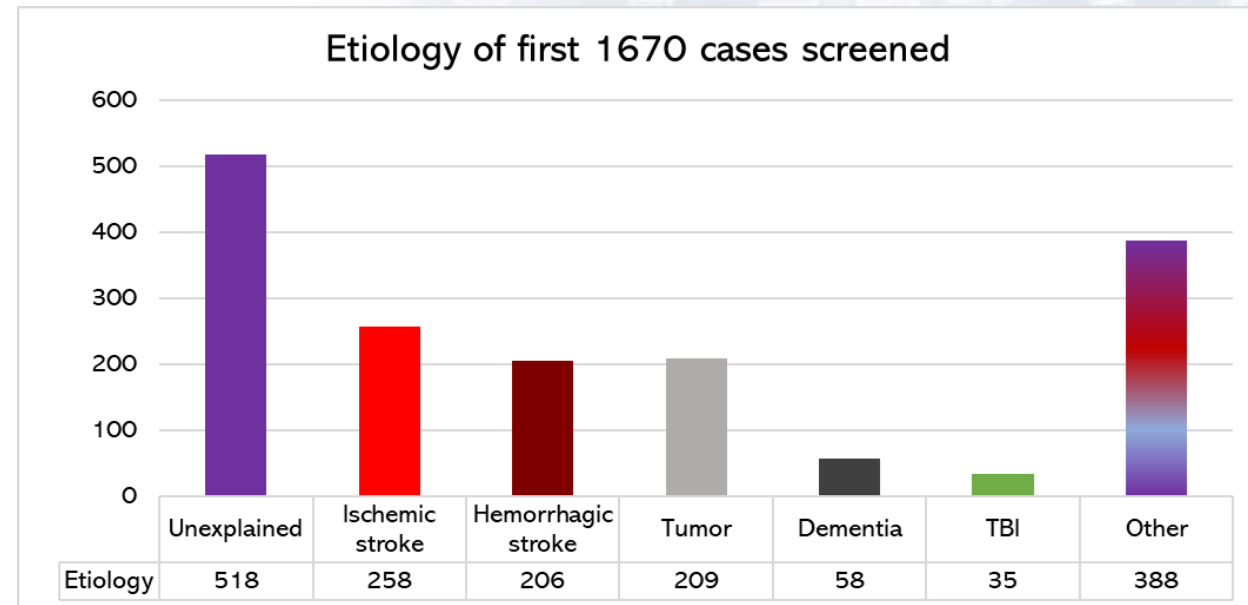
Cervenka et al, Epi Behav 2016

McDonald et al, Epi Behav 2018

Brandt et al, J Alz Dis 2019

# Current/Future work

- ELUCID: comprehensive cognitive, MRI, EEG, biomarkers at baseline, and longitudinal cognitive assessments
  - 70/600 enrolled across 7 sites
- Social Determinants of Health, epigenetics, and epilepsy risk factors



**THANK YOU**

