

STANDARD OPERATING PROCEDURE

Diagnosis and Management of Focal Epilepsy

Special Region (1)

Union of Myanmar

VERSION:1.0

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APPROVED BY:Internal Medicine Unit

1. Purpose

To provide a standardized, safe, and evidence-based approach for diagnosis and management of focal epilepsy.

2. Definition

Focal epilepsy is characterized by recurrent unprovoked seizures arising from one hemisphere.

3. Classification

- Focal aware seizure
- Focal impaired awareness seizure
- Focal to bilateral tonic-clonic seizure

4. Etiology

- Structural: tumor, stroke, trauma
- Infectious: TB, neurocysticercosis, HIV
- Metabolic: hypoglycemia, uremia
- Immune: autoimmune encephalitis
- Unknown

5. Clinical Features

- Aura
- Unilateral motor activity
- Automatisms
- Post-ictal confusion
- Todd's paralysis

6. Initial Assessment

- ABC stabilization

- Blood glucose, electrolytes
- Detailed history and neurological exam

7. Investigations

- Blood tests
- MRI brain (preferred) / CT brain
- EEG (if available)

8. Management

Indications:

- ≥ 2 unprovoked seizures
- 1 seizure with high recurrence risk

First-line drugs:

Drug	Starting Dose	Maintenance	Notes
Levetiracetam	500 mg BD	500–1500 mg BD	Preferred, minimal interaction
Carbamazepine	100–200 mg BD	400–1200 mg/day	Good for focal epilepsy
Lamotrigine	25 mg OD	100–200 mg BD	Slow titration

Acute seizure: IV Diazepam

9. Etiology-Specific Management

- TB: Anti-TB + steroids
- Tumor: Neurosurgery
- Infection: Appropriate therapy
- Metabolic: Correct cause

10. Follow-Up

- Monitor seizure control
- Adjust medication
- Check side effects

11. When to Refer

- Drug-resistant epilepsy
- Progressive deficit
- Diagnostic uncertainty

12. Complications

- Status epilepticus
- Injury
- Cognitive impairment

13. Safety Advice

- Avoid sleep deprivation, alcohol
 - Ensure adherence
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References

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3. NICE Guideline NG217. Epilepsies in children, young people and adults. 2022.
4. WHO. Epilepsy: a public health imperative. 2019.
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