



강 경 옥

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Antiepileptic medications and rational polytherapy

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Although an extensive range of anti-epileptic drugs (AEDs) available including older established treatments and a newer generation of medications have entered the market, a substantial proportion of patients remain refractory to current treatments. Monotherapy remains the standard initial therapy of epilepsy, but when the first AEDs fails, combination therapy may be considered. In addition, introduction of new AEDs also triggered a revival of polytherapy under the "Rational Polytherapy", which has become the mainstay of pharmacotherapy for patients with DRE, in whom a prolonged seizure freedom is achieved in about 30% of patients by systematic add-on drug trials. However, the choice of drugs and what constitutes optimal therapy, is unclear due to limitations in the data supporting their use. Furthermore, there is only limited evidence for specific synergistic AEDs combinations, except for the combination of lamotrigine and valproate. We will consider how knowledge of mechanism of action can help guide therapy in a rational manner, both in the selection of monotherapies for specific seizure type and syndromes, but also in the choice of drug combination for patients whose epilepsy is not optimally controlled with a single AED.

Key Words: Anti-epileptic drug, Polytherapy

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