

Review article

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Non-convulsive status epilepticus in the elderly

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NCSE is difficult to diagnose in the elderly

- This is because of superimposed comorbid medical conditions and medications, and age-related cognitive difficulties that could be blamed when present.
- This thus requires a high degree of suspicion, availability of emergent or continuous EEG, and involvement by neurologists or epileptologists for diagnosis and management.

Causes of NCSE in the elderly

Can be divided into:

- 1) diseases of the central nervous system: especially cerebrovascular disease (whether acute or remote), neurodegenerative diseases such as Alzheimer's disease, tumours and trauma;
- 2) multifactorial, with acute metabolic or infectious precipitants superimposed on an already fragile brain; and
- 3) exacerbation of earlier epilepsy.

NCSE in the elderly carries major morbidity and mortality

- Mortality rate was 30% in the group with NCSE compared to a control group without NCSE with a mortality rate of 5.9%.
- This group of elderly patients with NCSE also had longer hospitalizations and poor functional outcome (Bottaro et al., 2007).
- In the critically ill elderly patients with NCSE, severity of illness correlated with mortality and aggressive treatment may not improve outcome