

## BACKGROUND

Seizures are commonly seen in patients with brain mets.

- Dysphagia can negatively impact seizure control.
- Hospice formularies may limit coverage of AEDs.

## OBJECTIVE

We propose an approach to antiepileptics in hospice that includes the evaluation of steroids, medication options, pharmacy consultation and seizure breakthrough plan so that we meet the goals of the patient on hospice.

## CASE DESCRIPTION

63yo F with focal motor R sided seizures secondary to endometrial mets to the brain s/p L parietal crani.

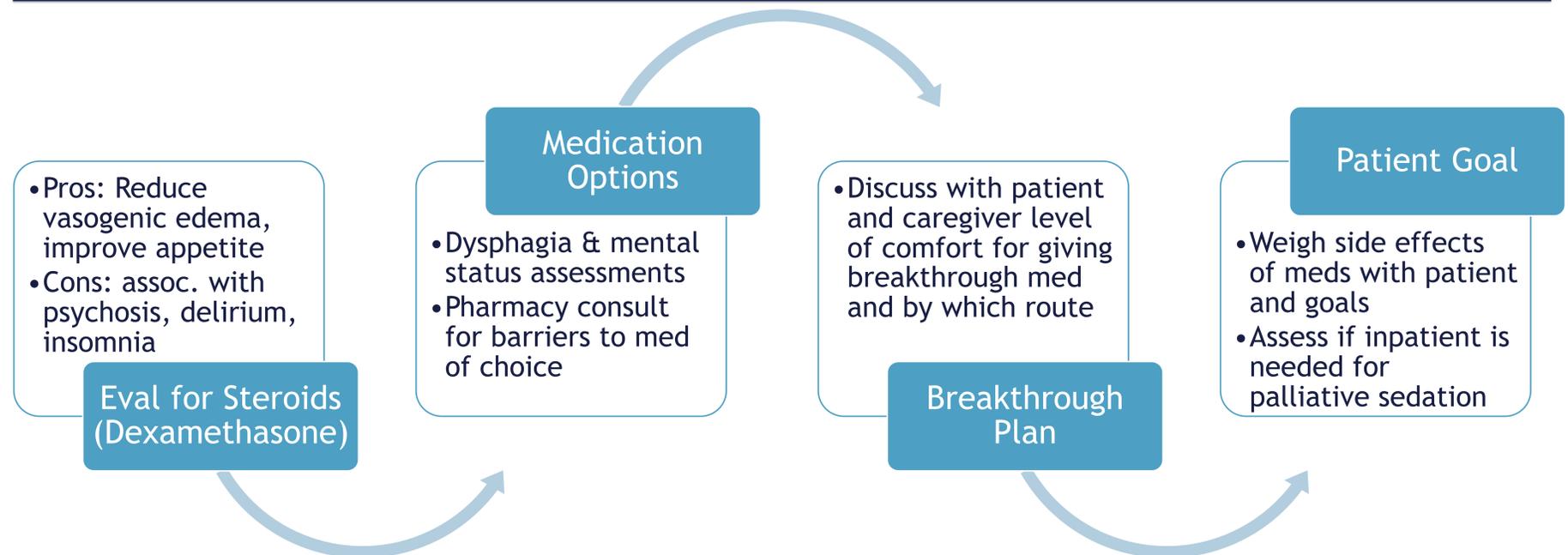
- She developed difficulty swallowing and was noted to have increased seizure like activity.
- The patient wished to transition to home hospice.
- Her seizure regimen changed: d/c Zonisamide due to coverage concerns and change to liquid Keppra.
- She was started on Decadron and Ativan Intensol sublingual solution as needed for seizure.

## DISCUSSION

Dysphagia is common in patients with brain metastases at the end of life.

- Alternate routes include intranasal, rectal, transdermal, transmucosal, subcutaneous, and IV.
- Knowing which drugs are routinely covered by a hospice can help guide a patient's seizure management at the end of life.
- We present a guide for providers in choosing anti-epileptic regimens for patients on hospice programs.

## AN APPROACH TO ANTIEPILEPTICS IN HOSPICE



## ALTERNATIVE MEDICATION ADMINISTRATION ROUTES

Route	Medication Options
IV	Phenytoin, Levetiracetam, Phenobarbital, Valproic Acid, Acetazolamide, Brivaracetam, Midazolam, Diazepam, Lorazepam
IM	Phenobarbital, Midazolam, Lorazepam
Buccal/ODT	Levetiracetam, Clonazepam, Lamotrigine, Clobazam (oral film)
Chewable	Phenytoin, Carbamazepine, Levetiracetam, Vigabatrin, Lamotrigine, Perampanel, Brivaracetam
Solutions	Phenytoin, Carbamazepine, Oxcarbamazepine, Clobazam Lacosamide, Levetiracetam
Rectal	Diazepam
Intranasal	Midazolam
Sprinkles	Valproic Acid

