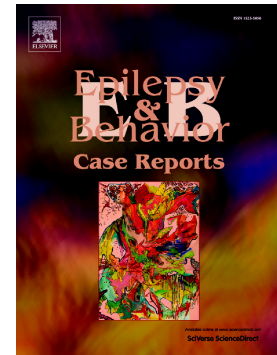


Accepted Manuscript

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PII: S2213-3232(17)30137-8
DOI: [doi:10.1016/j.ebcr.2018.02.006](https://doi.org/10.1016/j.ebcr.2018.02.006)
Reference: EBCR 263

To appear in: *Epilepsy & Behavior Case Reports*

Received date: 11 August 2017
Revised date: 13 February 2018
Accepted date: 26 February 2018

Please cite this article as: Lilia Zaporojan, Patricia H. McNamara, Jennifer A. Williams, Colm Bergin, Janice Redmond, Colin P. Doherty , Seizures in HIV: The case for special consideration. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. *Ebcr*(2017), doi:[10.1016/j.ebcr.2018.02.006](https://doi.org/10.1016/j.ebcr.2018.02.006)

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Seizures in HIV: The case for special consideration.

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ABSTRACT

Purpose: This study aimed to determine the rate, cause and management of seizures in the context of potential ART-AED interactions in a cohort of HIV+ individuals.

Methods: Records of 604 HIV+ patients were reviewed and those reporting epilepsy/seizure diagnosis were further evaluated.

Results: This cohort exhibited a seizure rate of 2.4%. HIV+ patients treated for epilepsy displayed low serum AED levels and failed to achieve seizure control. They were more likely to disengage from Neurology follow up.

Conclusion: For HIV+ patients presenting with seizures/epilepsy the AED prescription and the provision of supplementary support services needs to be carefully considered.

Keywords:

HIV

Seizure

Epilepsy

AED-ART interaction

1. Introduction

In Ireland newly diagnosed cases of HIV have been reported at an annual rate that ranges from 7.0 to 7.5 per 100,000 (1). Despite the introduction of highly active anti-retroviral therapy (HAART), 40-60% of HIV infected individuals develop neurological complications (2-4). The frequency of new seizures in the HIV+ population is estimated to be between 4-11% in the populations studied (5). To date the literature on the epidemiology of seizures and epilepsy in HIV has not generated reliable per patient year incidence estimates. Also no prevalence rates have been determined that can easily separate recurrent provoked seizures from unprovoked attacks (epilepsy). The data we have so far suggest a prevalence of all seizures of about 6% in a reasonably large HIV+ cohort with approximately half of these identified as being unprovoked attacks (3).

Abbreviations: ART – antiretroviral therapy; AED – antiepileptic drug; NOS – new onset seizure; SJH – St. James's Hospital; EPR – electronic patient record; HAART – highly active antiretroviral therapy; CI – cognitive impairment

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