

USEFULNESS OF ANTIEPILEPTIC DRUGS IN OTHER THERAPEUTIC IMPLICATIONS: EXPERIENCES AND PERSPECTIVES

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In addition to their use for the management of epilepsy, some traditional and newer antiepileptic drugs (AEDs) are increasingly used to treat a variety of nonepileptic neurological conditions and psychiatric disorders, including trigeminal neuralgia, neuropathic pain, migraine prophylaxis, essential tremor and bipolar disorder. However, evidence for the efficacy and safety of AEDs, especially the newer compounds, for many of these disorders is still inadequate and most of the information derives from case series, uncontrolled studies or small randomised clinical trials. Therefore, there is an ongoing need for controlled studies with a large number of patients and greater homogeneity of diagnosis in order to establish the efficacy of individual AEDs in the management of clinical conditions other than epilepsy. With regard to neurological conditions other than epilepsy, experimental evidence for the efficacy of AEDs is only available for the treatment of patients with trigeminal neuralgia, neuropathic pain syndromes, migraine and essential tremor. Carbamazepine is commonly prescribed as first-line therapy for patients with trigeminal neuralgia. Gabapentin is marketed for the management of neuropathic pain syndromes, particularly diabetic neuropathy and postherpetic neuralgia. Valproic acid and topiramate are approved for migraine prophylaxis. Primidone can be considered a valuable option for the treatment of essential tremor. AEDs are also used to treat psychiatric conditions, in particular bipolar disorder. So far, the most commonly utilized AEDs in the treatment of this disorder have been carbamazepine and valproic acid, which have showed an antimanic efficacy and a probable long-term mood-stabilizing effect in many bipolar patients, including those refractory or intolerant to lithium. The availability of a new generation of AEDs has broadened the therapeutic options in bipolar disorder. Lamotrigine has been shown to be effective in the management of bipolar depression, while oxcarbazepine, gabapentin and topiramate appear to be promising in the treatment of refractory bipolar disorder, as a monotherapy as well as in combination with traditional mood stabilizers. In addition, newer AEDs appear to have a more favourable tolerability and drug interaction profile as compared to older compounds, so thus improving compliance to treatment.