Practice Tool: Talking About Seizures and Rescue Therapies

What is a rescue therapy?
- Antiseizure medication used ‘prn’ (as needed) to stop seizure clusters or seizures that last longer than usual
- Stops seizures or clusters from becoming seizure emergencies
- Intended for out-of-hospital use by nonmedical people
- Does not take the place of daily antiseizure medications or emergency care
- If prescribed, a rescue therapy must be part of the person’s seizure action plan

FDA-Approved Rescue Therapies for Administration by Nonmedical People

<table>
<thead>
<tr>
<th>Rescue Therapy/ Age Indication</th>
<th>Dosage and Administration</th>
<th>Bioavailability</th>
<th>Peak (Tmax)</th>
<th>Half-life (T ½)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diazepam rectal gel (Diastat)</td>
<td>≥ 2 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unit doses: 2.5, 5, 7.5, 10, 12.5, 15, 17.5, or 20 mg</td>
<td>90%</td>
<td>1.5 hrs</td>
<td>46 hrs (parent compound) 46 hrs (active metabolite)</td>
</tr>
<tr>
<td></td>
<td>• Dosage based on age and weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A 2nd dose may be given 4–12 hrs after 1st dose, as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam nasal spray (Valtoco)</td>
<td>≥ 6 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dosage strength: 5 and 10 mg (single spray), 15 or 20 mg (2 nasal spray devices)</td>
<td>97%</td>
<td>1.5 hrs</td>
<td>49 hrs</td>
</tr>
<tr>
<td></td>
<td>• Dosage based on age and weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A 2nd dose may be given ≥ 4 hrs after 1st dose, as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam nasal spray (Nayzilam)</td>
<td>≥ 12 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provided in a unit dose: 5 mg</td>
<td>44%</td>
<td>17 min</td>
<td>2–6 hrs 2–7 hrs (parent compound active metabolite)</td>
</tr>
<tr>
<td></td>
<td>• A 2nd 5-mg dose may be given 10 min after 1st dose (in opposite nostril), as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do nasally administered rescue medications compare with rectal diazepam gel?
- Nasally administered rescue medications are easier to use, cause less somnolence, and have a faster onset of action (nasal spray: 1 to 5 min; rectal gel, 2 to 15 min)

When should a rescue therapy be prescribed?
Plans for rescue therapy use should be individualized for each person with epilepsy.

What to assess when evaluating the need for a rescue therapy
- Seizure clusters or seizures lasting longer than usual
- Convulsive seizures lasting > 5 minutes
- History of status epilepticus or other seizure emergencies
- Recent prolonged seizures or clusters of febrile seizures
- History of first seizure lasting > 5 min, multiple seizures, or status epilepticus prior to starting treatment
- Specific situations or triggers that may be associated with change in seizures
- Seen in emergency room or hospitalized for seizures
- Needed rescue therapy in past
- Safety concerns during seizures
- Seizures with prolonged aura/warning
Ways to start the conversation

• “What words do you use to describe your seizures?”
• “How often do you have a seizure? How long do they usually last?”
• “Have you had periods or groups of seizures that are different from usual? What do you call these?”
• “Is there anything special you do when these happen?”
• “Have you ever heard about treatments for seizure clusters?”

When to talk about rescue therapies

• At the time of diagnosis
• Change in seizure pattern (more frequent, change in type, breakthrough)
• Triggers identified that are associated with increased or breakthrough seizures
• New treatment-related concerns (seen in emergency room or hospitalized for seizures, change in treatment)
• Change in health status (changes in comorbidities or general health, pregnancy, injury)
• Change in developmental status
• Change in care setting or providers (eg, from pediatric to adult, hospital to school, hospital to home)
• Life changes or stressors

Common questions that people may have about rescue medication

• “What is it and why do I need it?”
• “Who can give it? Can I give it to myself?”
• “When do I use it and how?”
• “They [school, daycare, work, community provider] say they can’t give it. What do I do?”
• “What do I do if I live alone? How can I get help?”

Where can I find a seizure action plan?

• Epilepsy Alliance America ASAP (English, Spanish) https://www.epilepsyallianceamerica.org/programs-services/seizure-action-plan/
• Epilepsy Foundation SAP (English, Spanish, Chinese, Korean, Tagalog, Vietnamese) https://www.epilepsy.com/preparedness-safety/action-plans
• Seizure Action Plan Coalition (English, Spanish) https://seizureactionplans.org/sap-examples/
• Child Neurology Foundation (English, Spanish) https://www.childneurologyfoundation.org/epilepsy-education-hub/

How can I make seizure action plans a part of everyday practice?

• Put a seizure action plan form in new-patient information packages – start talking about it at first visit
• Ask patient/care partner to start filling in the form; bring to next visit or discuss on follow-up call
• Keep forms in the exam room, online, or with office staff
• Share the seizure action plan with everyone on patient’s health care team
• Ask patient/care partner to give copies to other providers and people who help them during seizures
• Discuss and/or demonstrate how to talk about seizures and the plan with friends and family
• Include the seizure action plan in visit summaries and the patient’s electronic health record

Where can patients learn more about rescue therapies and seizure action plans?

• Time to Talk About Seizures and Rescue Therapies www.conversationsaboutepilepsy.org