

**Position statement – monitoring requirements for ethosuximide in children with epilepsy**

**Introduction**

This position statement is written by the Eastern Paediatric Epilepsy Network (EPEN) in conjunction with OPEN UK.

It was written following a query from some ICBs about the continued prescription of ethosuximide in primary care, after the treatment has been initiated by a paediatrician in secondary care for children (aged 16 years or less) with epilepsy. This statement aims to clarify the guidance for primary care physicians around the monitoring requirements.

**Background**

Ethosuximide is an established treatment for children with absence seizures1,2.

There is limited national guidance available regarding the monitoring requirements of ethosuximide when prescribed to children, young people and adults. The monitoring requirements vary between various resources such as: SmPCs, BNF, Specialist Pharmacy Service (SPS) medicine advice and NICE guidance NG217, which has caused a reluctance for general practice to accept ongoing prescribing of this medication in some areas. A literature review has indicated no additional safety concerns than those for other well-established antiseizure medications.

**Summary guidance**

*The consensus of the EPEN is that routine monitoring of blood counts or drug levels by Primary Care is not needed.*

*Ethosuximide is initiated by a paediatrician (in consultation with a specialist if needed), and reviewed on a regular basis for adverse effects. Urinalysis, hepatic and renal function monitoring for patients on ethosuximide will be done on a case-by-case basis by the secondary care physician if there is suspicion of toxicity . Checking drug levels will be considered if there is a suspicion of poor adherence, uncontrolled seizures, toxicity or in pregnancy1. The responsibility for ensuring appropriate dosing and monitoring remains with the paediatrician in secondary care, and should not affect the continuation of prescribing in primary care.*

***Ethosuximide is therefore, after initiation by a paediatrician, appropriate to be prescribed in Primary Care without need for additional monitoring.***

**References**

1. Nice Guideline 217: section 4.5.3
2. British National Formulary for Children

**Disclaimer**

This publication has been approved by the members of EPEN and is intended as a guide only. Paediatricians should take into account the circumstances of individual patients and use their professional judgement in each case.