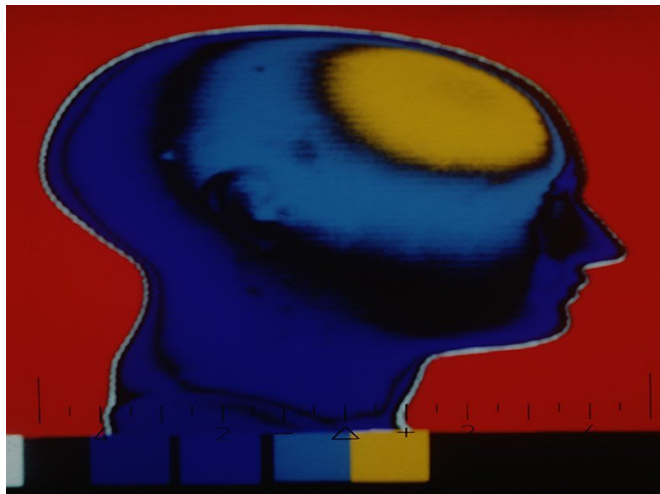


Modifiable midlife risk factors linked to late-onset epilepsy

25 July 2018



?4 genotype (one allele: HR, 1.22; two alleles: HR, 1.95), and incident stroke (HR, 3.38) and dementia (HR, 2.56). Higher levels of physical activity and [moderate alcohol intake](#) were associated with lower risk (HRs, 0.90 and 0.72, respectively). After censoring individuals with stroke or dementia, the results were similar.

"Although stroke and dementia were both associated with late-onset [epilepsy](#), vascular and lifestyle [risk factors](#) were significant even in the absence of stroke or dementia," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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(HealthDay)—Potentially modifiable risk factors in midlife are associated with the risk of developing late-onset epilepsy, according to a study published online July 23 in *JAMA Neurology*.

Emily L. Johnson, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues examined midlife vascular and [lifestyle risk factors](#) for late-onset epilepsy. Data were included for 10,420 black or white participants from the Atherosclerosis Risk in Communities study with at least two years of Medicare fee-for-coverage. Demographic, vascular, lifestyle, and other possible epilepsy risk factors were assessed.

The researchers found that 596 participants developed late-onset epilepsy (3.3 per 1,000 person-years). Higher incidence was seen in black versus white participants (4.71 versus 2.88 per 1,000 person-years). Increased risk of late-onset epilepsy was seen in association with baseline hypertension (hazard ratio [HR], 1.30), diabetes (HR, 1.45), smoking (HR, 1.09), apolipoprotein E

APA citation: Modifiable midlife risk factors linked to late-onset epilepsy (2018, July 25) retrieved 7 September 2022 from <https://medicalxpress.com/news/2018-07-midlife-factors-linked-late-onset-epilepsy.html>

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