

# erecurrent

Monthly newsletter from the **epilepsy** RESOURCE CONNECTION

## Minimum Standards of Care Proposed for Persons with Epilepsy

Leading epilepsy specialists met at the American Epilepsy Society annual meeting this month in Seattle to unveil a consensus report that proposes minimum standards of care for diagnosing, treating and monitoring epilepsy. Primary among these is the need for a detailed medical history, neurological examination, discussions with caregivers and diagnostic tests to make a diagnosis, as well as the need to weigh seizure control, side effects and long-term safety when making treatment decisions.

The number of specialized epilepsy centers in the US is limited, so many with epilepsy are managed in a community setting. "This sometimes poses problems with delayed recognition and inadequate treatment, which can result in subsequent seizures, and related complications," said Tracy Glauser, MD, lead author of the report and professor of Pediatrics and Neurology, Cincinnati Children's Hospital Medical Center.

To determine the core elements of epilepsy management, members of the Leadership in Epilepsy, Advocacy and Development (LEAD) group, a coalition of 28 nationally recognized neurologists, pediatric neurologists and epileptologists, completed a detailed survey on the areas of diagnosis, treatment decisions and lifetime monitoring of epilepsy patients. "In the absence of universally accepted standards for the diagnosis and management of patients with epilepsy, our goal was to set standards to be used to improve consistency and quality of epilepsy care across all settings," Dr. Glauser said.

Consensus was reached regarding the need to obtain basic information about the patient and their seizures and to perform the diagnostic tests necessary to make a diagnosis. A core list of questions was established to assess seizures, which includes questions to determine if there were warnings prior to the seizure, seizure triggers, what happened during the seizure and timing of the seizure. Physicians should also explore personal seizure history, medical history, social history and risk factors. In addition, neurological signs and symptoms, including memory problems, headache, lethargy and tremors should be assessed. Discussion with a patient's family or caregivers was also considered essential for accurate diagnosis. Finally, physicians should employ electroencephalogram (EEG) and magnetic resonance imaging (MRI). If these minimum standards are followed, consensus was reached that the categories of seizure that would be most accurately diagnosed include: absence, partial-onset, generalized and myoclonic.

The overriding objective of epilepsy treatment is to achieve complete control of seizures, allowing the patient to maintain a normal life, with minimal or limited adverse drug effects. Consensus is that antiepileptic drug (AED) treatment should be initiated after two seizures. Currently, AED therapy is the initial treatment of choice for most patients, and, in general, long-term seizure freedom can be achieved by approximately 50% of patients with initial monotherapy. Several areas should be considered when selecting the appropriate AED therapy, including seizure type, co-existing conditions, and drug-drug interactions. Adverse events and tolerability should be carefully monitored and changes made when appropriate.

[Continued on Back: see MINIMUM STANDARDS]

## Surgery for Medication-Resistant Epilepsy Linked to Life Expectancy

Persons with temporal lobe epilepsy who do not respond to medication could receive a substantial gain in life expectancy and quality of life by undergoing surgery of the temporal lobe part of the brain, according to an analysis reported in the December 3 issue of *JAMA*.

Despite currently available anti-epileptic drugs, 20% to 40% of all patients with epilepsy do not respond to medical management. Temporal lobe epilepsy is the most common form of epilepsy and the most likely to be medically non-responsive, and these patients are at increased risk of premature death, according to background information in the article. An alternative form of treatment is temporal lobe resection (procedure in which brain tissue in the temporal lobe is cut away). Patients becoming seizure free after anterior (toward the front) temporal lobe resection have reduced death rates relative to patients continuing to have seizures.

"Studies have reported the effectiveness of temporal lobe resection since the 1950s, yet a minority of patients are being referred to surgery and those only after an average of 20 years of illness. For adolescents and young adults, this delay may be particularly significant during a critical period in their psychosocial development," the authors write.

Hyunmi Choi, M.D., M.S., of the Columbia University Mailman School of Public Health, New York, and colleagues conducted an analysis using a simulation model to estimate the effect of anterior temporal lobe resection vs. continued medical management on life expectancy and quality-adjusted life expectancy among patients with medication-resistant temporal lobe epilepsy. The model incorporated possible surgical complications and seizure status and was populated with health-related quality-of-life data obtained directly from patients and data from the medical literature.

Model predictions of being seizure-free 5 years and 10 years after anterior temporal lobe resection were consistent with results from published studies. The researchers found that anterior temporal lobe resection would increase life expectancy by 5.0 years, with surgery preferred in 100% of the simulations, and that resection would increase quality-adjusted life expectancy by 7.5 quality-adjusted life-years, with surgery preferred in 96.5% of the simulations.

For a 35-year-old patient, the model suggests that anterior temporal lobe resection increased the number of seizure-free years by 15.0 and reduced the lifetime absolute risk of dying from seizure-related causes by 15%.

"For patients with pharmacoresistant temporal lobe epilepsy and neurologists, these results provide an additional perspective for comparing the relative benefits of epilepsy surgery vs. continued medical management," the authors write. "Referral of patients in a timely manner is crucial, because factors such as older age at surgery and longer duration of epilepsy are associated with a lower likelihood of becoming seizure-free after anterior temporal lobe resection. Referral to a specialized epilepsy surgery program should be considered when at least 2 appropriate antiepileptic drugs have been tried at maximum tolerable doses and when patients are experiencing disabling partial-onset seizures." *JAMA* 2008; 300[21]



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## Epilepsy Patients Achieving Seizure Freedom More Quickly

An analysis of epilepsy patients, highlighted at this month's American Epilepsy Society's annual meeting, demonstrated that the time to seizure freedom significantly decreased by 10% every year from 1995 to 2005, according to data presented by Jukka Peltola, MD, PhD, Department of Neurology, Tampere University Hospital, Tampere, Finland.

Dr. Peltola and his colleagues studied records of 571 epilepsy patients aged nine to 78 years, who were diagnosed and treated in Tampere University Hospital from 1995 to 2005. Using various methods of analysis, they identified the amount of time for 70% of patients to achieve seizure freedom:

- Patients diagnosed in 1995-1998: 10 years.
- Patients diagnosed in 1999-2001: 6 to 7 years.
- Patients diagnosed in 2002-2005: 4 years.

"The first-line treatment protocol has not changed over the duration of this study in Finland, but several other changes in the landscape may have contributed to this positive trend. These include new second- and third-line agents, earlier and more aggressive intervention, and greater access to advanced MRI and EEG technology," explained Dr. Peltola. "We are actively analyzing this data further to ascertain the reasons for the decrease in time to seizure freedom. If identified, this could make an important clinical difference." ✚ MEDICAL NEWS TODAY



## Adult Epilepsy Support Group

Group Meets Second Tuesday of the month.

LOCATION: 2919 W. Second Street\* in Wichita • TIME: 5:00 PM  
 (\*2nd and St. Paul St. between West Street and Meridian Ave.)

Jan. 13: Employment • Feb. 10: Advocating For Yourself



## Save Money on Lamictal

If you are currently taking the seizure medication Lamictal, you may be eligible to save up to \$150 on your prescriptions for Lamictal.

For more information visit:

[www.lamictalmedicationsavings.com](http://www.lamictalmedicationsavings.com)



## Minimum Standards [continued from front]

When patients are considered refractory or when their treatment has failed (the failure of two or more AEDs), physicians should refer patients to an epilepsy specialist. Ketogenic diet should be considered as a treatment option in pediatric patients after the failure of two to three or more medications or in cases of intractable seizures, but only if the family is committed to following the plan and other appropriate treatments have failed.

Periodic evaluations to assess seizure frequency are necessary and monitoring for adverse events and tolerability should occur at each visit. Common adverse events to look for include: cognitive slowing or difficulty concentrating, skin and hair changes, emotional or mood changes, ataxia, diplopia, drowsiness, fatigue and weight change.

While undergoing AED therapy, clinicians should be prepared to counsel patients regarding adverse events, co-existing conditions, driving, medication adherence, plan for seizure emergencies, bone health, safety during recreational activities, seizure frequency, drug-drug interactions, cognition, sleep problems, occupational considerations, behavioral issues and effects and limits of physical activity. ✚ MEDICAL NEWS TODAY

erc, Job Force and Office This present

# WORK SUCCESS

*A free employment workshop for persons with epilepsy*

Friday, January 16, 2008

9:00 a.m. - Noon

@ Office This, 4031 E. Harry, Wichita

Join the employment specialists from Job Force for this free hands-on workshop. Participants will explore opportunities and strategies to overcome "epilepsy employment barriers."



See attached flyer for map



*invite you to attend*

# WORK SUCCESS

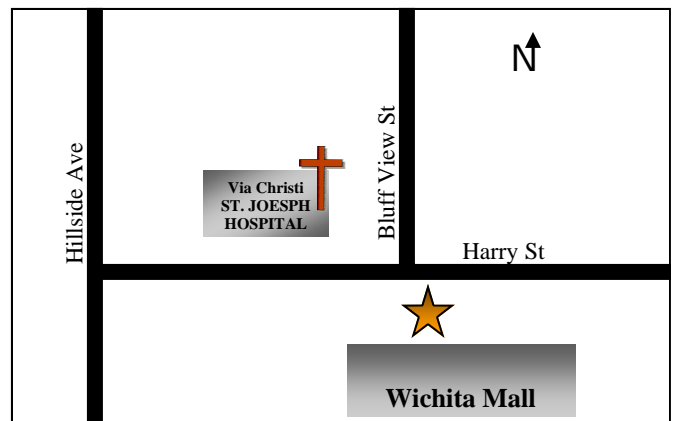
*a Free Employment Workshop\*  
for Adults with Epilepsy*

**Friday, January 16, 2009**

**9:00 am - Noon**

**Office This, 4031 E. Harry, Wichita**

Join the Employment Specialists from Job Force Employment Solutions for this **FREE** hands-on workshop. Participants will explore opportunities and strategies to overcome common “*epilepsy employment barriers.*”



*Located adjacent to the Wichita Mall  
Accessible per East Harry St. Bus*

**Call (316) 943-1191 or  
visit [epilepsybrainstorms.org](http://epilepsybrainstorms.org)**

*\*note: this is a workshop **NOT** a job fair;  
no jobs are being offered at this workshop.*