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Monthly newsletter from the **epilepsy** RESOURCE CONNECTION

Camphor May Cause Seizures In Children

Inappropriate use of camphor-containing products may be a common and underappreciated cause of seizures in young children, according to a new study by researchers at Albert Einstein College of Medicine of Yeshiva University. The study, published in this month's issue of *Pediatrics*, calls for efforts to educate communities about the hazards of camphor and to crack down on illegally marketed camphor products.

Camphor—a naturally occurring waxy substance with a strong, aromatic odor—is found in many consumer products. Scientists have known for some time that camphor can cause serious health problems, including seizures.

Children are particularly vulnerable to the toxic effects of camphor, which is easily absorbed through the skin and mucous membranes. As a result, the FDA limits the camphor content of common cold preparations, and federal and New York City regulations require that camphor-containing products be properly labeled.

Nevertheless, camphor products without proper or complete labeling are widely available and commonly used for medicinal, spiritual and aromatic purposes and for pest control, especially in the Hispanic community.

The Einstein researchers report on three cases of camphor-associated seizures in children seen in the emergency department of a single New York City hospital—Children's Hospital at Montefiore in the Bronx—over a two-week period.

In the first case, a 15-month-old Hispanic boy accidentally ingested camphor cubes that his parents were using to ward off evil spirits. In the second case, a 22-month-old Hispanic boy ate a camphor-containing product that was placed around his apartment to control roaches. In the third case, a three-year-old Hispanic girl had been heavily exposed to numerous camphor-containing products, including crushed tablets spread around the house to control roaches and an ointment that her mother had rubbed on her skin hourly for 10 hours before her seizures began. (Interestingly, this girl and two of her siblings had a history of seizures that may have been due to previous camphor exposure.)

All three children received drug treatment to terminate their seizures, and their parents were advised to stop using all camphor-containing products. The children were all seizure-free when followed up 10 weeks later.

"With the exception of the first case, the information about camphor exposure became apparent only after we directly questioned the parents," said study leader Hnin Khine, M.D., associate professor of clinical pediatrics at both Einstein and Children's Hospital at Montefiore, The University Hospital and Academic Medical Center for Einstein.

These cases highlight the toxicity associated with camphor usage in the community and indicate that inappropriate use of illegally sold camphor products is an important public health issue, Dr. Khine says. "We believe that steps are needed to educate the communities about the hazards of using camphor-containing products and to stop them from being illegally sold." ❖SCIENCE DAILY

AED Vimpat Available to Treat Partial-Onset Seizures in Adults

Belgian pharmaceuticals company UCB has announced that Vimpat® (lacosamide) C-V, a new antiepileptic drug (AED) is available in the U.S. as an add-on therapy for the treatment of partial-onset seizures in people with epilepsy who are 17 years and older. Vimpat will be available in U.S. pharmacies by the first week of June 2009. Vimpat was approved by the FDA in October 2008 for the adjunctive treatment of partial onset seizures in patients with epilepsy age 17 and over.

"Vimpat provides new hope in helping patients move closer to the goal of seizure freedom," said Steven S. Chung, MD, Director of Clinical Epilepsy Research at Barrow Neurological Institute in Phoenix. "Vimpat can help patients across the treatment paradigm, from those recently diagnosed who have not achieved seizure control on current therapy, to those who have tried a variety of medications and are still suffering from frequent seizures."

Epilepsy is a common neurological disorder that can be life long, and is difficult to control with a single drug. In a study of 525 people with epilepsy, less than half (47%) attained seizure control with the first AED. More than 30% of patients will continue to experience seizures despite trying two or more AEDs.

Preclinical studies indicate that Vimpat has a novel mechanism of action, although the precise mechanism by which Vimpat exerts its antiepileptic effect in humans is not yet clear.

Preclinical studies also suggest that Vimpat binds to the collapsing response mediator protein-2, an important target that affects the way that nerves differentiate and grow.

The approval of Vimpat is based on efficacy and safety data from trials with approximately 1,300 adults with epilepsy who had uncontrolled partial-onset seizures. Before adding Vimpat, patients experienced a median baseline seizure frequency ranging from 10 to 17 seizures per month, despite being on one to three other AEDs; and 45.2% of patients had previously tried seven or more AEDs to control their seizures.

In the studies, patients taking Vimpat at 200 and 400 mg/day experienced a median percent reduction in seizure frequency per 28 days of 33.3% and 36.8%, respectively, versus only 18.4% reduction in the placebo group. Additionally, 34.1% and 39.7% of patients taking Vimpat at 200 and 400 mg/day, respectively, experienced ≥50% reduction in seizure frequency versus only 22.6% in the placebo group.

More patients randomized to Vimpat also experienced improvement in seizure freedom rates, compared with placebo. Across the pivotal trials, 3.3% of patients randomized to 400 mg/day of Vimpat were seizure free throughout the 12-week maintenance phase, vs. 0.9% of placebo patients. Seizure free days during the maintenance phase increased by a mean of 8% with 200 mg/day of Vimpat® and by 12% with 400 mg/day of Vimpat, compared with 6% for placebo.

More than half of the patients completing the clinical trials opted to continue treatment, some for longer than five years.



The Arc of Sedgwick County
2919 W. 2nd St. • Wichita, KS 67203
(316) 943-2453 • Fax (316) 943-3292
ERC@arc-sedgwickcounty.org

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*2nd and St. Paul St. between West Street and Meridian Ave.

Online Journal Provides Insight & Strategies from Persons with Epilepsy

An innovative new type of medical journal, *Epilepsy: Insights & Strategies*, has been launched by www.epilepsy.com, the world's most visited website about epilepsy. This quarterly journal is written and reviewed by people who live with epilepsy, not by medical professionals. The goal of the new publication is to provide information and advice from those who have years of experience living with epilepsy, people who have found a way to face the everyday challenges. Unlike most online community resources, the journal articles are edited for clarity and reviewed for medical accuracy. As with professional medical journals, the journal content is reviewed for relevance by an editorial board of peers, in this case, people who have perspective on living with epilepsy.

The inaugural issue of *Epilepsy: Insights & Strategies* includes articles on the epilepsy surgery, coping with seizures, and productive epilepsy clinic visits. It also reviews the recent changes in the Americans with Disabilities Act and the protection it now affords employees with epilepsy. Access the issue at:
www.epilepsy.com/epilepsy/journal/issue1

Gaps in Dialogue Between Neurologists and Epilepsy Patients

For 2.7 million Americans with epilepsy, seizures are not the only concern. People with epilepsy frequently face mood and behavior challenges and side effects from their medications, such as sleep and cognition problems. And, in many instances, these issues are not getting the attention warranted during visits with neurologists, according to a study supported by Ortho-McNeil Neurologics.

New insights from an in-office linguistic study of neurologists identified gaps in communication between physicians and their epilepsy patients. These findings revealed the need for more thorough conversations about mood and behavior issues and side effects of epilepsy medications between neurologists and their patients.

In this study, office visits were audio- and video-recorded. Both patients and physicians were asked about what they discussed following their appointments. The study found that, in most visits, topics related to mood and behavior were not discussed. Additionally, in one out of four visits, neurologists did not assess side effects of antiepileptic drugs (AEDs).

"The findings are important to note because epilepsy often involves complex treatment issues that extend beyond seizure control," said Frank Gilliam, MD, study author and Director of Neurology at Geisinger Health System in Pennsylvania (and paid consultant for Ortho-McNeil Neurologics.) "All physicians treating epilepsy patients should ask targeted questions about these topics during office visits. Not knowing when patients are struggling with these issues impacts our ability to help people with epilepsy achieve truly successful outcomes."

NOTEWORTHY: Discussions of mood- and behavior-related topics occurred in only 22% of visits. 57% of patients reported mood- and behavior-related problems post-visit that physicians did not, including irritability, depression, anxiety and hyperactivity.

Post-visit, neurologists admitted that they are not comfortable asking questions about mood/behavior issues and believe mood issues and treatment are other physicians' domain

Side effects were assessed by neurologists in only 75% of visits with patients already taking antiepileptic medications

When a visit companion was present, side effect discussions were more robust.

When asked post-visit, 33% of neurologists and patients did not agree on what side effects the patient actually was experiencing. The presence of a robust side effect discussion did not dramatically affect visit length. ©MEDICAL NEWS TODAY