



# EPILEPSY INDIA

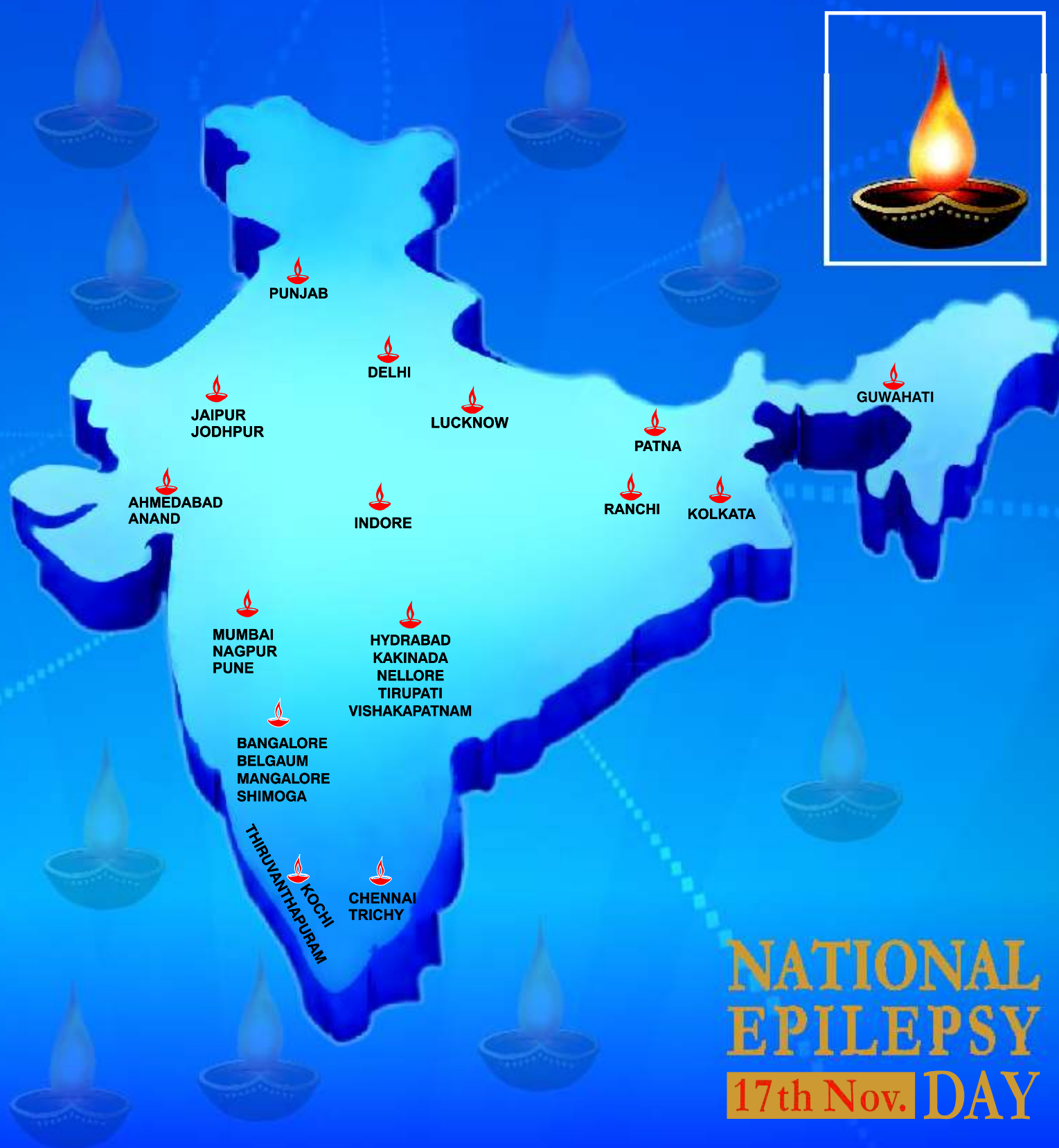


INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

## Newsletter

January - March 2012

Issue 1, 2012



# EPILEPSY INDIA

## INDIAN EPILEPSY ASSOCIATION



GOVERNING COUNCIL 2011- 2013

Dr H V Srinivas	President
Dr Pravina U Shah	Imm. Past President
Dr V V Nadkarni	President - Elect
Dr M M Mehndiratta	Secretary - General
Dr C M Sharma	Treasurer
Dr V S Saxena	Editor- Epilepsy India

### MEMBERS

Dr Bindu Menon	AP
Dr Ashok Kumar	Bihar
Dr Sudhir Shah	Gujarat
Mr KV Murlidharan	Karnataka
Dr B Rajendran	Kerala
Ms Carol D'Souza	Maharashtra
Dr Gagandeep Singh	Punjab
Dr Pratap Sanchetee	Rajasthan
Dr V Natarajan	Tamil Nadu
Dr Atul Agarwal	UP
Dr Gautam Ganguly	West Bengal
President - IES	Ex-Officio Member
Secretary General-IES	Ex-Officio Member

### EDITORIAL BOARD

Dr MM Mehndiratta (*New Delhi*), Dr Atul Agarwal (*Lucknow*),  
Dr A Chakravarty (*Kolkata*), Dr Satish Jain (*New Delhi*),  
Dr S Prabhakar (*Chandigarh*), Dr K Radhakrishnan (*Trivandrum*),  
Dr B Rajendran (*Kochi*), Dr Sangeeta Ravat (*Mumbai*)  
Dr P Sathishchandra (*Bangalore*), Dr Gagandeep Singh (*Ludhiana*),  
Dr Sanjeev Thomas (*Trivandrum*), Dr B Vengamma (*Tirupati*)

## INDIAN EPILEPSY SOCIETY



EXECUTIVE COMMITTEE 2010-2012

Dr Satish Jain	President
Dr Rakesh Shukla	Imm. Past President
Dr P Satishchandra	Vice President
Dr MM Mehndiratta	Secretary - General
Dr Manjari Tripathi	Treasurer
Dr V S Saxena	Editor-Epilepsy India
Dr P Sarat Chandra	Member
Dr Satish K Gulati	Member
Dr RV Narayana	Member
Dr VV Nadkarni	Member
Dr Parampreet S Kharbanda	Member
President-IEA	Ex-officio Member
Secretary General-IEA	Ex-officio Member

## NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

### CONTENTS

- Editorial.....2-3
- Honours List .....4
- Farewell.....5
- IBE/ILAE NEWS .....6
- Epilepsy & Pregnancy .....7-8
- National Epilepsy Day
  - Andhra Pradesh-Tirupati.....9
  - Andhra Pradesh-Nellore .....10
  - Delhi-GB Pant Hospital .....11
  - Delhi-GTB Hospital .....12
  - Karnataka-Bangalore .....13
  - Kerala-Cochin .....14
  - Madhya Pradesh-Indore .....15
- National Epilepsy Day-Other Activities .....16
- News & Views on Drugs .....17-20
- Research in Epilepsy.....21-22
- Epilepsy Around the World .....23-26
- Miscellanea .....27
- Forthcoming Events .....28-31

### EDITOR

Dr VS Saxena

Sannidhi, K-10/10 DLF CITY-II, GURGAON-122002

Telephone : (0124) 2350035, 4363036-37, Telefax : 4363035

e-mails : [drvssaxena@gmail.com](mailto:drvssaxena@gmail.com)

[sannidhivss@gmail.com](mailto:sannidhivss@gmail.com)

### DESIGNER & PRINTER

SURBHI PRINTOGRAPHICS

H-1216, DSIIDC Industrial Park, Narela, Delhi - 110 040

Tel. : (011) 47293301-02-03-04

e-mails : [surbhprintographics@yahoo.co.in](mailto:surbhprintographics@yahoo.co.in)

[ajay@surbhprintographics.com](mailto:ajay@surbhprintographics.com)

## Dear Friends

National Epilepsy Day (NED) was celebrated on and around 17 November 2011 with the theme “Epilepsy in Teens”. NED is now known for ubiquitous seriousness in our Chapters with activities in more than 20 centres.

The primary objective of NED is to take the issue to the public at large so as to sensitise them that epilepsy is an eminently treatable condition. The campaigns through TV, radio and newspapers in English and local languages, distribution of suitable literature and lectures at schools ;drama, painting , elocution contests within PWEs to make them feel worthy are all effective tools. Direct action with opinion makers, legislators and regulators have immense role for future. NED also helps raise fund through industry, philanthropists and public.

*Epilepsy India* takes pride in reportage of all such activities of our Chapters. Who knows this may become the first draft of the history when someone writes about IEA.

Gone are the days when the movement was heavily dependent on one or two stalwarts who took cudgels on our behalf. In fact some Chapters are at a level of activity that they fill up a week and indeed a month in some Chapters. Kudos to them.

I will like to relate how we brought about the change. It takes me back to the IEA

General Body Meeting on 16 December 1990 in Indore when our pioneers Eddie and Piloo Bharucha proposed holding India –wide programmes on one particular day. Avid support came from other *dramatis personae*, Drs BS Singhal, Pravina Shah, (the late ) Arjun Sehgal, PK Sethi and some others . I am still not very clear how we homed in to the choice of 17 November as this has not been recorded. I believe this came out of a general consensus that it should be independent of NSI meeting which was held in the third week of December just as many other scientific or even social meetings were held around this time of the year due to more congenial weather. A month earlier would keep the event away from our and other conference commitments. Someone offered ready help with a calendar for 1991 and 17 November happened to be a Sunday.

Just to prove that often an energetic minority presenting to an indifferent majority with a *fait accompli* has good chances to

be accepted. They say that “ Change is inevitable accept from a vending machine” So this date of Seventeenth November was thus sealed.

The first ever European Epilepsy Day took place on February 14th 2011, the feast day of St Valentine, who is reputed to have had epilepsy. The choice was therefore much more deliberate. Many other countries have tried to have one national day even a combined World Day but somehow it has not been found feasible though I hope we will soon have one so that we can all benefit from a concerted action plan. WHO could have been more helpful but they seem to have shut shop on more such days as they already have 20 days. WHO annual days are for many infections , cancer, heart disease even mental health but it seems a long walk and wait for World Epilepsy Day.

While we patiently wait for more change to happen, I recall an interesting sound –bite from a young woman (during Egyptian protests). “*Real change is really beyond one individual- collectively we can be better change agents*” Yet, individually or collectively the change could come about as long as the first individual stands up to be counted. Don't believe? See this week's Time magazine has declared its Person of The Year Award. After discussing a few possible change agents bringing about Arab Spring or even India Against Corruption ,the person

awarded the honour to the collective “The Protester”; against unjust regimes or causes from the Arab world to India, from USA “Occupy Wall Street” movement to those against European profligate economies to the much in news China all of which occupied centre stage in 2011.

Bill Clinton a master in handling contradictions and who has, arguably, handled the most divided world says “Our differences do not matter but we will do better if we work together”

In this spirit of working together and with all the changes and celebrations around, I take this occasion to wish all readers a very happy, healthy and prosperous 2012.

Dr VS Saxena  
Editor



Painting by: S Saran-Cochin Painting Competition





## HONOURS LIST

### **Dr Ingrid Scheffer – Laureate 2012 for Asia-Pacific for the L'Oréal-UNESCO Women In Science Award**

Ingrid Scheffer, Professor of Medicine and Pediatrics and Chair of Pediatric Neurology Research at the University of Melbourne, is one of the five recipients of the 2012 L'Oréal-



*Dr Ingrid Scheffer*

UNESCO Women in Science Awards. The award, which includes a \$100,000 prize will be formally presented at UNESCO Headquarters in Paris in March, 2012.

Professor Scheffer's award was based on her extensive work that has resulted in major paradigm shifts in epilepsy syndromology and classification over many years. Her work has formed the essential basis for successful gene discovery such that her larger collaborative group has been the leaders in epilepsy gene identification for 14 years since they discovered the first gene associated with epilepsy. This body of work has resulted in insights into the biology of seizures.

In the past Dr Scheffer has received the American Epilepsy Society Research Recognition Award. She has served the ILAE in many capacities (including the Genetics Commission) over the years and is at present the Chair of the ILAE Commission for Classification and Terminology.

Dr Scheffer's award is the first for an epilepsy researcher, and this prize provides great visibility to the work throughout the epilepsy research community.

The L'Oréal-UNESCO Women in Science award, which includes a \$100,000 prize, is given every year since 1998 to one woman-scientist in each of the five world regions (Asia-Oceania, Africa and Arab states, Europe, Latin America and North America). The winners are selected by an international jury, and the focus of the award shifts between the material and biological sciences. Dr Scheffer is the first epilepsy researcher to receive this award, which will be presented at the UNESCO headquarters in Paris in March, 2012.

We congratulate Professor Scheffer on her achievements.

**Edward Bertram, MD**

**University of Virginia**

**Information Officer, ILAE**

### **Dr Samuel Wiebe, Secretary-General, IEA- Elected to the Canadian Academy of Health Sciences**



*Dr Samuel Wiebe*

It is with great pleasure that the ILAE has learned that its Secretary General, Samuel Wiebe, has been elected to the Canadian Academy of Health Sciences. Dr Wiebe was recognized for his research on neuroscience

and epilepsy and his application of evidence based medicine. Especially noted was his randomized trial on epilepsy surgery, which has resulted in widely used treatment guidelines for epilepsy surgery. Also cited were the numerous clinical researchers that he has trained as well as the national and international clinical research initiatives that he leads. The Academy also acknowledged the major role he has played in establishing educational and clinical care programs around the world.

The Canadian Academy of Health Sciences (CARS) works in partnership with the Royal Society of Canada and the Canadian Academy of Engineering and recognizes the full breadth of academic health science ranging from basic research to social science and population health. Fellows are elected on the basis of their contributions to the promotion of health science. Demonstrated leadership, creativity, distinctive competencies and a commitment to advance academic health science are among the criteria.

Election to Fellowship in the Academy is considered one of the highest honors for individuals in the Canadian health sciences community and carries with it a covenant to help promote the future well being of the health sciences.

We congratulate Sam on this great honor and the many accomplishments for epilepsy that led to it.

**Edward Bertram, MD**

**University of Virginia**

**Information Officer, ILAE**



## FAREWELL

### DR SHYAMAL KUMAR SEN



*Dr Shyamal Kumar Sen  
(01 April, 1922-19 June, 2011)*

A pioneer in neurology in India and of neurology teaching, training and research in Eastern India, Dr Shyamal Kumar Sen passed away on 19 June 2011.

Dr Sen graduated from Medical College Calcutta in 1945 and had a brilliant academic career

He started his teaching career in physiology later shifting to pathology and soon, changed to medicine writing his MD thesis on pulmonary eosinophilia neurology, passing his MRCP (Edinburgh) with a special paper in neurology.

He first worked at the National Hospital London. He later shifted to the Maida Vale where he first associated with the late Dr KS Mani at that stage.

Back in India he established various Department of Neurology. In 1979, he joined the Vivekananda Institute of Medical Sciences and established the Department of Neurology there. Later appointed the Dean of VIMS, a post he held till 1999.

It was a time when his administrative skills were at the peak. It was astonishing how he coordinated teaching and

training.

Dr Sen's legacy would last long as a superb bedside teacher and clinician. Generations of students would cherish his image standing at the patients' bedside, attentively dressed, immaculately listening to the patients' story and analyzing the symptoms with differential diagnoses at every step. His legendary examination techniques, are still copied by many of his pupils.

He was a deeply religious man, initiated and blessed at an early age by Swami Avedananda (a direct disciple of Sri Sri Ramakrishna) and had extensive knowledge of ancient Hindu scriptures and the Vedantic philosophy. At the same time, his depth of knowledge in music and literature was immense. He could quote extensively from the Gita or Upanishad or even Tagore or Shakespeare, totally in context of the subject he was talking about. He even earned a diploma in Sanskrit while still a medical student.

He was a founder member of IEA West Bengal chapter. He was President of API in 1985 and President of NSI in 1988 - a rare feat indeed!

Dr Sen had been a lifelong bachelor and is survived by his brothers & sisters.

May his soul rest in peace.

**Source: Dr A Chakravarty, Ann Indian Acad Neurol, 2011, Vol 4, Issue 3**

### DR JOHN KIRKER



*Dr John Kirker, Ireland*

**Dr John Kirker RIP,  
Brainwave, Ireland**

It was with deep regret that the death of Dr Kirker was announced.

Dr Kirker was a consultant physician at Sir Patrick Dun's Hospital. He was

Chairman of the Medical Education Committee, Medical Council of Ireland and was directly

responsible for the development of electroencephalographic services in Ireland.

Dr Kirker was the recipient of the very prestigious Social Accomplishment Award in Epilepsy in 2007 awarded by the ILAE & IBE had earlier been made an Ambassador for Epilepsy.

At international level his work to improve the quality of life of people with epilepsy included chairing various scientific bodies and leading social cause of driving.

He worked tirelessly for all people with epilepsy in Ireland and has left an enduring legacy through his achievements.

## GOVERNMENTS IN THE AMERICAS REGION TO CREATE EPILEPSY CARE PROGRAMS

Another significant step has been taken in the epilepsy community's efforts to ensure that people with epilepsy have access to the care and services they need. At the recent meeting of the Directing Council of the Pan American Health Organization (PAHO) in Washington, the



member nations of North and South America and the Caribbean region passed a resolution supporting the Strategy and Plan of Action on Epilepsy. This action formally establishes epilepsy as a health care priority in the region.

A great deal of gratitude is due to Carlos Acevedo (IBE Secretary General) and Marco Medina (Honduras) who, together with Dr Jorge Rodriguez of PAHO has worked over many months and with complete dedication to create the Strategic Plan for Epilepsy that has now been approved by PAHO.

This success was also facilitated by the combined efforts of IBE, ILAE and the WHO under the banner of the joint Global Campaign Against Epilepsy initiative.

The goal of the strategic plan is to strengthen an integrated response to develop lifelong programs for

people with epilepsy that will include prevention, treatment, and rehabilitation. Some of the driving principles behind the resolution include universal access to care, respect for human rights and protection of vulnerable populations, while maintaining respect for the historical and cultural identities of the communities.

The resolution requires that the member nations develop plans and show progress in implementing such plans over the next ten years. To ensure that these efforts begin without delay and to achieve better communications within the region, a workshop is being held in Tegucigalpa, Honduras at which the Strategic Plan for Epilepsy will be launched.

Specific objectives of the workshop:

1. Present the Regional Strategy and Plan of Action on Epilepsy, approved by the PAHO Directing Council (2011), and discuss practical ways of implementation of the Regional Strategy in the context of Latin America and the Caribbean; evaluating the main needs and priorities as well as the role of primary care (PHC).
2. Evaluate the experiences of adaptation and implementation of intervention guide (IG) for epilepsy in non-specialized health settings (mhGAP) and the training of primary health care workers.
3. Present and discuss the experiences and lessons learned related to epilepsy in Honduras, the project of cooperation between countries (Panama, Dominican Republic and Honduras), and other Latin American countries.
4. Analyze the lines of technical cooperation of PAHO / WHO in this field for the period 2012-13, with support from IBE and ILAE.

The workshop will be attended by representatives from IBE, ILAE and the WHO will participate, with the final day of the 3-day meeting being dedicated to work on the Strategic Plan. Once the workshop is completed there will be a clearer picture of how the initiative will be developed.

## A BASIC GUIDE TO PATIENT INFORMATION



Epilepsy is the most common serious neurological disease in pregnancy, affecting about 1 in 200 pregnant women. In most women with epilepsy who become pregnant the

pregnancy will be straightforward and they will have a normal delivery of a healthy baby. However, in some women who have severe epilepsy their pregnancy will be more difficult and they will need careful looking after by a team of doctors who are used to dealing with women with epilepsy.

### **Is it important to see my epilepsy doctor before I try to become pregnant?**

It is essential that all women who have epilepsy and who are considering pregnancy should see the doctor who looks after their epilepsy before they become pregnant to discuss the risks and the plan of their care before and during pregnancy. In some women the type of antiepileptic drugs may need to be changed to reduce any possible risk of affecting the baby growing in the womb. In other women their drugs might need to be changed to control their epilepsy better. In a small number of women it might even be a time to think about stopping their epilepsy drugs before pregnancy. All women who are taking anti-epilepsy drugs and who are trying to become pregnant should take folic acid 5 mg a day to reduce the effects of epilepsy drugs on the baby's development in the womb.

### **What is the effect of pregnancy on epilepsy?**

Pregnancy has a variable effect on the frequency of seizures. In some women there is no change, up to a quarter of women may experience a reduction in the number of seizures, whilst in up to one third of women their seizure frequency will increase. The chance of an increased seizure frequency during pregnancy can be predicted to some extent by the frequency of epileptic fits before pregnancy. Nearly all women who experience one seizure per month prior to their pregnancy will become

worse, whereas only a quarter of those who have less than one every 9 months will have an increase in seizures. The chance of epilepsy worsening in a woman who has had no seizures for 2 years is small. Therefore, in most women who have well-controlled epilepsy before pregnancy the pregnancy is unlikely lead to more seizures.

In women who have frequent seizures before pregnancy it is difficult to predict which women will have increased seizures during their pregnancy. Changes in frequency are not clearly related to the type of seizure, the number of years a woman has had epilepsy, or what happened to her epilepsy in previous pregnancies.

### **What causes some women to have increased seizures during pregnancy?**

In some women who have more seizures in pregnancy the blood levels of their epilepsy drugs may fall. For some women this may be due to pregnancy altering the way the body deals with their drugs, giving them low levels of drug in the blood; in these women the drug dosages may need to be increased.

In other women the vomiting of early pregnancy may mean they cannot digest their drugs; in these women anti-vomiting drugs may be needed. Therefore, with all women who have seizures during pregnancy it is important that family and friends help them during the pregnancy and after the baby is born to make sure they do not get too tired.

### **What is the chance that anti-epileptic drugs will harm the baby when it is growing in the womb?**

It is clear that anti-epileptic drugs taken in the first 18 weeks of pregnancy do cause a slightly increased risk of serious congenital abnormalities in the baby. The risk of these abnormalities happening in any pregnancy (in other words in all women who become pregnant) is around 1 in 40 and the risk in women with epilepsy who are not taking any epilepsy drugs is around 1 in 35. The risk of congenital malformations in women with epilepsy taking anti-epileptic drugs is around 1 in 20. For women who are taking anti-epileptic drugs the risk of abnormalities in the baby is higher when two or more different drugs need to be taken and is higher for some drugs than for others. For example, the risk of abnormality with sodium valproate treatment appears to be significantly higher than with other drugs. All these risks should be discussed between the woman and her epilepsy doctor before she becomes



## EPILEPSY & PREGNANCY

pregnant. No anti-epileptic drug is known to be absolutely safe in pregnancy. The risks to the growing baby of anti-epileptic drugs must be balanced against the benefits of the drugs in preventing maternal seizures during pregnancy. Seizures in pregnancy may harm both mother and baby.

Some babies of women taking certain anti-epileptic drugs may bleed more easily during delivery and after they are born because of an effect the drugs have on the blood clotting. The risk can normally be reduced by giving vitamin K 10 mg daily by mouth during the last month of pregnancy and giving the newborn vitamin K 1 mg intramuscularly at birth.

### What is the effect of epilepsy on pregnancy?

In most women with epilepsy pregnancy will be straightforward and they will have a normal delivery of a healthy baby. However, in some women with epilepsy which is difficult to control the risk of pregnancy complications may be greater. All women with epilepsy should be looked after by a team of both pregnancy and epilepsy specialist doctors. In some women with poorly controlled epilepsy the labor may need to be started off earlier and in some women they may need cesarean section.

In most women with epilepsy the risk of serious seizures in labor is very low and they will have a normal delivery.

### Can a woman breastfeed her baby if she is taking antiepileptic drugs?

Breast-feeding is possible and safe in most women taking anti-epileptic drugs. The levels of the drugs found in breast milk tend to be lower than those in the mother's blood, so the amount of drug the baby has with breast milk is usually less than it was having when it was in the womb. Possible effects of anti-epileptic drugs in breast milk include drowsiness and feeding difficulties with the baby. These are more common with barbiturate anti-epileptic drugs. Other side-effects are rare. The small risks involved in breast-feeding should always be balanced against the well proven many advantages of breast-feeding over bottle feeding.

### How should a woman with epilepsy be looked after in pregnancy?

The risks and benefits of any treatments should be discussed in detail and with her family. The risk of malformation in the baby caused by anti-epileptic drugs is

highest during early pregnancy. Normally the most effective single drug should be given at the lowest possible dose that controls the seizures. Folate supplementation of 5 mg/day by mouth is advised for all women taking anti-epileptic drugs when trying for pregnancy and should be continued during pregnancy.

A reduction in the dose of anti-epileptic drugs during early stages of pregnancy may be possible for some women. Stopping anti-epileptic treatment may be appropriate if the epilepsy produces a single type of seizure and the woman has been free from seizures for the previous 2 years and EEG and neurological examination are normal. Stopping anti-epileptic medications in pregnancy without medical advice can be very harmful to the woman and her baby in the womb if severe seizures occur.

All pregnant women with epilepsy should be offered detailed ultrasound scanning for fetal abnormality by appropriately trained personnel.

Drug levels should be monitored in women with frequent seizures and in women who develop seizures during pregnancy. Anti-epileptic treatment should be continued during labor. It can be given by injection if it cannot be taken by mouth in labor.

During the last month of pregnancy vitamin K 10 mg/day by mouth is recommended for pregnant woman on certain anti-epileptic therapies and in such circumstances it is usually recommended that the baby should be given 1 mg vitamin K intramuscularly or intravenously.

Drug treatment may be altered after delivery. For example, it may be reduced to pre-pregnancy levels if an increase has been needed during pregnancy.

The mother with epilepsy should be counselled about safe care of the baby. For example, handling the baby should be done at floor level and never bathing the baby when alone. The new mother should also ensure that she gets adequate sleep, as sleep deprivation and tiredness increases the risk of seizures. This help may need to involve relatives or friends.



**Source: Dr M Marsh, King's College Hospital, London.**  
**Global Library of Women's Medicine**

# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## ANDHRA PRADESH-TIRUPATI

**Reported by: Dr B Vengamma, Tirupati**

The main aim of our branch has been to enhance awareness about epilepsy and dispel the myths



associated with it among the younger generation and people living in rural areas.

With this in mind we have been arranging awareness programmes in the Schools and villages in and around Tirupati, AP.

From 2<sup>nd</sup> november, 2011 to 11<sup>th</sup> november, 2010 the faculty and students of the SVIMS college of nursing organized awareness programmes on epilepsy in sixteen high schools located in and around Renigunta area of Chittoor district for the benefit of students of higher classes, parents and the Teachers.

The programmes were inaugurated on 2<sup>nd</sup> november, 2011 at the government boys High School, Renigunta by Dr B Vengamma, director, professor of neurology, SVIMS & president, Indian epilepsy association, Tirupati branch.

Various aspects of epilepsy such as superstitions, diagnosis and management, education and rehabilitation were discussed with charts and audio visual aids.

There was excellent response from the students, teachers and parents for the interactive sessions that followed the lectures cum demonstrations.

A similar awareness programme was arranged at the urban health centre, Tiruati on 17<sup>th</sup> november, 2011.

The 154th monthly camp for persons with epilepsy was held on 20th november, 2011 (third sunday of the month). About 530 persons with epilepsy and about 150 patients' attendants were present.

An awareness programme with the help of posters was organized for the benefit of persons with epilepsy and their attendants.

Sri K Bapi Raju, member of parliament and chairman, Tirumala Tirupati devasthanams, Tirupati was the chief guest. Dr B Vengamma, vice chancellor and director of Sri Venkateswara institute of medical sciences, Tirupati, was the guest of honour.

Dr B Vengamma, president of the Tirupati branch of Indian epilepsy association, outlined the significance of the national epilepsy day.

She also reported about the camps being held for the past 154 months where in one month's requirement of medicines are distributed free to all the persons with epilepsy who attend the camp.

Sri Bapi Raju was greatly impressed by the service activities of the Tirupati branch and assured of all help to sustain and improve the activities of the branch. Further he promised to assist persons with epilepsy in Andhra Pradesh and the country as a whole by discussing the possibility of extending free treatment with the state and central ministers of health.

There was press coverage of the events in Indian Express (English) and other Telugu newspapers.





# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## ANDHRA PRADESH -NELLORE

**Reported by: Dr Bindu Menon**

On national epilepsy day, a major function was conducted in the college auditorium. The main highlights of the



function were release of a 24 page comic to be released to school children by the chief guest of the function Mr M Sridhar Krishna Reddy, MLA, Nellore City. The comic depicts the usual pattern of epilepsy myths and information regarding the disease is highlighted.

Neurocysticercosis is a preventable form of epilepsy. The awareness programmes need to start at the core of the society. A poster and a sticker regarding prevention of epilepsy by preventing tapeworms have been made by the chapter. During NED they were released by Dr K Masilamani, District Medical health officer, Guest of honor. The poster and sticker has been drawn by Mr S Pani. The awareness programmes has been discussed at the collector office and they have applauded and joined hands for officially helping to display the posters and stickers. The national epilepsy programme was attended by approx 600 people; patients, relatives,



*Media Awareness*

general public, physicians, registered practioners, and students. Snacks and refreshments were served for all.

The regular school/college awareness programmes were continued. The chapter has covered over 2000 children till date. Active interactive sessions are held. An essay competition and drawing competition was held. Three winners from each competition were given prizes on national epilepsy by the chief guests. A drawing competition for children with epilepsy was held in the outpatient complex. Children with epilepsy from the registry were telephonic informed. 30 children participated, all were distributed gifts and winners were given prizes.

Regular epilepsy camps are being held by the chapter where consultation and free medicines are distributed. Camps are conducted in the outer of the city in different areas where prior information through pamphlets and loudspeaker announcement is done. Around 40 patients attend the camps.



*Posters / Stickers*

A coloring competition for spastic children at the Red Cross was held and prizes for the winners were distributed. Subsequently a free medical camp was held, Epilepsy was seen in 40% of spastic children. Deputy collector Mr. Gaur attended the program.

All activities were duly covered by the media. An article about epilepsy was written in the local newspaper Sakshi. A television interview for half an hour about all aspects of epilepsy was also aired on 2 days consecutively in the local CAN channel. Both programmes were well taken by the public judging from the response.

A CME program with Dr K P Vinayan Pediatric neurologist from Kochi was conducted which was attended by over 70 doctors.

Nellore chapter will continue such through the year.



# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## DELHI - GB PANT HOSPITAL

**Reported by: Dr Meena Gupta**

Like the previous years, **Epilepsy Day** was celebrated by



the Department of Neurology, GB Pant Hospital on **17/11/2011** under the aegis of Indian Epilepsy Association, Delhi Chapter. This day is specially marked in the Neurology Calender to spread awareness regarding the epilepsy to the General Public. On this occasion a painting competition was organized by the Department of Neurology for children suffering from epilepsy. More than 75 children participated in the painting competition which was divided into three groups i.e. 5-8, 8-13 & 14 Year onwards. Total no. of participants were more than 200.

Children were very excited and eager to participate in this Competition. Among them two children were physically challenged and one was mentally retarded. All of them were very excited about the prizes. Children had interaction within the group and with the deptt. persons, which seems to be very meaningful. 40 minutes were given for the painting. Most of them completed their painting before time.

### **The following topics were given to them:**

Environment, Commonwealth Games, Jungle Scene, Green Delhi, Children Day and any festival. Children showed a great enthusiasm for painting. Children were very disciplined and showed interest in painting activities rather than competition. Few of the participant involved



surroundings in their paintings rather than their imagination. Their parents were also very happy to participate in the event and mix with other families and follow children. Four prizes were given in each category after a panel of judges reviewed the paintings. 1st, 2<sup>nd</sup>, 3<sup>rd</sup> & consolation prizes were given to them.

After this a street play was performed by the OT students to clear the myths among general public. There was "**Mirgi aur Hamara Samaj**". Performers conveyed a message to general public, parents/guardian of patients that how to handle a patient when there is a fit, what to do and what not to do? Performers were full of enthusiasm & tried to convince each and every patient by clearing all the myths. Play was appreciated by each and every person.



This was followed by a question. Answer Forum in which Director-Prof & Head Dr Meena Gupta, Dr Geeta A Khwaja, Director-Professor, Professor Dr Debashish Chowdhury, Dr Neera Chaudhary & Dr Sanjay Pandey, Associate Professors. Many interesting queries were answered and it turned out to be a highly interactive event.

The discussion focused on wide ranging issues regarding epilepsy like its causes, treatment options, drug side effects, social Inhibition & psychological stress that is faced by the patients. This event provided an opportunity to the patients and their parents to talk freely & clear many doubts regarding this disease. One of the parent conveyed the message to the General Public that I after giving regular treatment to her child with doctors advise at every step her child was seizure free and suggest that all of be regular in as advised by the doctor.

After the discussion, prizes were distributed to all the 12 winners. 1st, 2<sup>nd</sup>, 3<sup>rd</sup> & consolation prizes in three groups. the entire auditorium echoed with the thundering round of applause. Everybody enjoyed the programme including the Departmental staff. In the end each and every person was given refreshment. It was a memorable event both for the patients, parents, doctors and other staff of the Department of Neurology, GB Pant Hospital, New Delhi.



# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## DELHI-GTB HOSPITAL

Reported by Dr L C Thakur



On the Event of National Epilepsy Day on 17th November 2011, Dr LC Thakur, Director Professor & Head Department of Neurology, University College of Medical Sciences and Guru Teg Bahadur Hospital, Delhi organised a Symposium on “ Current trends in the management of Epilepsy” at Library block Seminar Hall.

After lamp lighting ceremony, Dr Rajpal Medical Superintendent, GTB Hospital, inaugurated the symposium, Dr OP Kalra, Principal UCMS released a



small booklet containing important information on Epilepsy to be distributed among patient with epilepsy free of cost. Key note addressed was given by Dr LC Thakur on recent advances in Epilepsy Management. It was followed by Scientific session

covering various aspects of Epilepsy like Epidemiology, Classification, Mechanisms, Diagnosis & Treatment guidelines, Management of status Epilepticus, Antiepileptic drugs and focus on newer anti-epileptic drugs like Levetiracetam. It was attended by various faculty members, students, interns, specialist doctors, post-graduates students, junior & Senior residents & other paramedical staff of the Institute as part of CONTINUED MEDICAL EDUCATION PROGRAMME to update their knowledge and skill in the field of Epilepsy. It was followed by very interesting Questions & Answers session with the



audience. This interdisciplinary & open approach to Epilepsy Knowledge exchange was highly appreciated by the staff, faculty members of all the departments, doctors & students who attended the programme. Lunch was served by courtesy Cipla India Ltd.





# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## KARNATAKA-BANGALORE

**Reported by: Mr KV Murlidharan**

This years National Epilepsy day was celebrated on the 19<sup>th</sup> and 20<sup>th</sup> of November.

The theme for the year being "Epilepsy in Teens" the Venue was very appropriately chosen. The two day



function was held at the 'Indira Gandhi institute of Child Health Hospital'.

An Exhibition was held on 19<sup>th</sup> and 20<sup>th</sup> Nov.

The theme of the exhibition was "Epilepsy, Anatomy to treatment" with a special focus on the Teens. Various institutions participated in the Exhibition

The Anatomy stall was managed by Dr Padmavathi of MVJ college who explained the eager school children the Anatomy of the brain and this stall was followed by the Physiology stall where Dr Pramod of the M V J Medical College explained to the children the various functions of the brain. Neuro pathology stall from NIMHANS displayed specimens of the brain with head injury, cysticercosis, stroke etc

The children were allowed to handle the specimens touch and feel and were guided by the ever enthusiastic staff, Dr Shankar and Dr Anitha. Dr Shankar had painstakingly



prepared lots of charts with a special emphasis on Epilepsy and Teens for this occasion

The management stall charts displayed causes of epilepsy and various aspects of epilepsy the EEG and the MRI/CT scans explained by doctors of Bangalore Medical college and Research Institute led by Br Archana and Dr Amruth.

Lastly it was the turn of the Neuro Epidemiology department to put up a very impressive show with a special emphasis on wearing a proper helmet while riding two wheelers and consequences of not wearing one and the risk of eating unhygienic food on the road side. This stall was ably handled by Dr Girish and his team

A lot of ground work and planning went in to this programme and over sixty schools were contacted and their principals were requested to send their 9<sup>th</sup> and 10<sup>th</sup> standard children.

There was an overwhelming response nearly three thousand visiting the exhibition in addition to general public.

On the 20<sup>th</sup> of November the National Epilepsy day was inaugurated by releasing the balloons with a special message by Dr Satishchandra Director/Vicechancellor NIMHANS and was presided over by Dr Sabahani a senior Psychiatrist and an active member of our chapter.

Dr Satishchandra spoke on various aspects of epilepsy with a special reference to teens and Dr Joshi spoke on Epilepsy in Teens in Local language.

Prizes were distributed to the winners of the essay competition from various schools, the essay competition being a part of our National epilepsy day.

This was followed by a drama on epilepsy by the Students of Vijaya high school very ably directed by Mr Venkatesh of NIMHANS.

Venue	Talk by
Blossom school,kanakapura	Dr G T Subhas
Vijaya High school	Dr H V Srinivas
J.S.S.School	Dr Sathya Prabha
Hombegowda Girls high school	Dr Joshi
Womens peace league school	Dr Joshi
Hosakote	Dr Joshi
Siddlagatta rural high school	Mr Damodar Rao and DEC students
Kripanidhi college of Nursing	Dr H V Srinivas

All these activities would no t have been possible but for constant guidance from Dr HV Srinivas, Dr GT Subhas, Prof Shankar, Prof Gururaj and enthusiastic and hard working members of our executive committee



# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## KERALA-COCHIN

*Reported by: Dr B Rajendran , Cochin*



The National Epilepsy Day was observed by IEA Cochin, Kerala Association of Neurologists and Cochin Neurological Society with a slew of programs over four days.

On 16th November Dr KP Vinayan, Prof. Paediatric Neurology gave a talk on epilepsy in children and teens over FM Cochin Radio.



On 17th there were two programs, Dr Arun Grace of Amrita Institute of Medical Sciences, Mrs Suschitra Narayan, President IEA Cochin and Mrs Saraswathi Rajendran, of IEA Cochin, addressed the High School students of Bhagavathi Vilasam High School. Nayarambalam, Vypin Island. They covered various issues of epilepsy in school going children and teens. About 120 students attended with a very active Q and A session.

The same day Asianet. TV Channel had a live program on

epilepsy with phone in Q and A session in their feature Doctor Live.

Dr B Rajendran was the guest and the program was anchored by Mrs Smitha.

On 18th Dr Murali Krishna Menon, of Lakeshore Hospital, gave a talk on epilepsy in women on FM Cochin radio.

On 19th, a painting competition for children was conducted at the West Side Hospital, Cochin, in which 35 school students participated.



Prizes were given to all, over and above the best three pictures adjudged by a panel. Later in the day, a Quiz on various aspects of epilepsy was held for the Nursing Staff of West Side Hospital and Male Nurse, Brother Subish walked away with the First Prize.

Considering the reach of FM Cochin and Asianet the reach of the programs have been far and wide and IEA Cochin members are still getting phone calls from all over the state and also from Keralites in Middle East to clarify their doubts.





# NATIONAL EPILEPSY DAY-17th NOVEMBER, 2011

## MADHYA PRADESH-INDORE

Reported by: Dr VV Nadkarni, Indore



Justice V S Kokje (Ex –Governor Himachal Pradesh ) was the chief guest of the function and the trustee of Gita Bhawan Hospital Shri B L Jajoo was guest of honor for this function

Dr Vinod Bhagat (Medical Director Gita Bhawan Hospital) presided over the function.

Dr V G Dakwale President of IEA MP Chapter spoke on the progress of epilepsy surgery Progress.

Dr Nadkarni Secretary of IEA MP Chapter gave the detailed report about the activities conducted during the period from Nov.2010-Oct 2011 .

Justice V S Kokje suggested that Government should give the same opportunity in job, education, & allowances .In a similar manner as given to the mentally challenge to the people. He also mentioned that people with epilepsy is most neglected person and deprived as marriage, job, education due to his epilepsy.

Shri V S Kokje released a annual newsletter of IEA MP Chapter highlighted activities carried out from November 2010 to 2011.

Rangrupiya Theater presented a drama “**Rogistan ke Mukhya Chunav**” on epilepsy. This drama shows that people are more concerned about dreadful diseases like hypertension, diabetics, heart attack, stroke-but epilepsy is always in shadows. The artist have beautifully unfolded the story of this common disease like Mirgi and there is a



definite need to change the outlook of the public .The artist I e. Daughter In Law & Mother In Law through a dialogue talked on myths & facts on epilepsy, written & directed by Ravi Joshi. This drama was shown on local TV Channel on Indore give a information on epilepsy.

After that there was screening of the patient educating program on epilepsy “Mirgi Sahi Gyan Sahi Samadhan” by 18<sup>th</sup> IEA Trust .

Dr Jaymala Shah spoke “yogasanas for epilepsy” .

**During the scientific session** Prof Dr Swati Mulye presented on “Febrile Seizures”

Dr Rashmi Sriwastav Dietician Gita Bhawan Hospital presented slide show on “diet for Epilepsy” special reference for ketogenic Diet.

Poster Exhibition on epilepsy was organized at the venue.

Posters on “Epilepsy in Teens” where displayed on the



Railway station, Bus stand and the Hospitals depicting Driving & Epilepsy, Marriage & Epilepsy, Epilepsy & sports, Epilepsy & Alcohol.

We are organized painting competition for children with epilepsy in which 40 children participated and, Quiz competition for patients & caregiver in which 70 adult participated .

More then 100 people with epilepsy & 200 caregivers participated in the national epilepsy day camp.

In the afternoon free medicines distributed to promote drug compliance. They also received the news letter & handouts. We acknowledge the support of the pharma company for the above function.

Other activities on 17th November 2011:-

Poster on "Epilepsy in Teens" where displayed on the Railway Station, Bus Stand and the hospitals depicting Driving & Epilepsy, Marriage & Epilepsy, Epilepsy & sports, epilepsy & Alcohol them.

there was a Talk show on epilepsy and Bhasker TV Channel.

# NATIONAL EPILEPSY DAY-OTHER ACTIVITIES

## Focus on 'epilepsy in teens'

## BANGALORE

The Bangalore chapter of Indian epilepsy association is actively involved in spreading awareness about the epilepsy utilizing different means and methods in both regional language (Kannada) and in English. These are conducted not only in Bangalore city, but also in surrounding rural areas through newspaper article: Articles on epilepsy was published in all major English newspapers on the eve of national epilepsy day. The article was translated into Kannada, Tamil, Telugu and Urdu languages by IEA Bangalore chapter members and was published in respective language newspapers.

Dr H V Srinivas and Dr RP Joshi and Mr Damodar Rao lectured to nursing students and school children.

Dr GT Subhas participated on TV and live phone-in programmes and Dr RP Joshi gave talk in Kannada language focusing on epilepsy in teens was broadcast on All India Radio.



## HYDERABAD



### India adds 5 lakh new Paediatric Epilepsy cases every year: Epilepsy experts

India adds approximately 5 lakh new paediatric epilepsy cases every year and of which 7 per cent cases can be cured by effective use of medicines while most of the remaining 30 cases can be cured only by surgery. This was revealed at a joint international symposium organized by Paediatric Epilepsy Society and Department of Neurosciences, Krishna Institute of Medical Sciences (KIMS) in Hyderabad.

## VISAKHAPATNAM

### An effort to spread awareness about epilepsy

On the occasion of National Epilepsy Day, Neurovision, a group of neurologists of the city, organised a free epilepsy clinic at the Indus Hospitals. A public awareness programme and CME also at Indus Hospitals coincided with the occasion.

Topics such as epileptic syndromes, epilepsy treatment, status epilepticus, seizures in head injury and epilepsy in pregnancy and in elders will be covered by experts during the CME. Neurovision was started with an objective of promoting the understanding of brain and nervous system disorders, preventing neurological diseases like stroke and head injuries, to organise social welfare clinics and public awareness programmes including conducting CME's in neurology, neurosurgery and neuro-psychiatry, its president and senior neuro physician Dr V Satyanarayana.



## KOLKATA



### Fortis hospitals launches epilepsy care program

The Brain & Spine Care department organized a workshop for teachers of Kolkata to create awareness about epilepsy, its symptoms and signs, management, first aid, surgical cure and also to discuss about psychological ramifications of epilepsy especially the stigma often associated with kids who suffer from epilepsy.

Around 40 teachers attended the workshop from various leading schools- South Point, Loreto Day School, Delhi Public School, Lakshmipat Singhan Education, St. Francis Xavier School, Calcutta International School and Welland GouldSmith School.

## JAIPUR

### Lifestyle change causes epilepsy, say experts

The function was inaugurated by Chief Guest Dr Ashok Panagaria (Professor Emeritus Neurology and member of State Planning Board (Heath)).

Cases of epilepsy are on the rise mainly because of change in lifestyle, neuro experts said people are always in a hurry and often lead a careless life which makes them more vulnerable to the diseases, the experts feel.

Increase in the number of head injuries during road accidents, consumption of liquor, sleep deprivation and tension are some of the main causes of epilepsy.

Dr R K Surekha, neuro physician at Sawai Man Singh Hospital said, "Eggs of tapeworm which could easily enter the body through improperly washed salad and uncooked meat are one of the causes of the disease and it accounts for 6-7%. He is spreading awareness about the disease, which is also considered as a social taboo. He started an association - Epilepsy Care and Research Foundation - in Churu, which is making serious efforts to help the epilepsy patients. The association provides free medicines to the patients.

The experts also expressed concern over the indigenous methods of treating epilepsy. SMS Medical College principal Dr Subhash Nepalia said, "The condition of the patients deteriorate when their relatives take them to a quack or witchdoctor for treatment. They also take the patients to private practitioners who are not specialized in treating the disease.

**Source: The above reports except that from Bangalore, are from daily press. Ed**





## LAMOTRIGINE/VALPROATE COMBINATION REGIMEN SIGNIFICANTLY REDUCED SEIZURE FREQUENCY IN DIFFICULT-TO-CONTROL EPILEPSY



*Dr Nicholas P Poolos*

Lamotrigine/valproate combination regimen significantly reduced seizure frequency in difficult to control epilepsy

A combination of two common drugs, lamotrigine and valproate, is more effective in treating difficult-to control epilepsy than other anti-epileptic regimens.

Out of more than 3 million Americans with epilepsy about one million of these have a difficult-to-treat form.

In a large-scale, retrospective study of a population of patients with very difficult-to-control epilepsy, researchers discovered that only the lamotrigine/valproate treatment regimen, out of the 32 drug combinations studied, significantly decreased seizure frequency in this group.

This specific combination reduced seizure frequency by about half, on average, compared to other regimens. Although it rarely produced complete freedom from seizures, the combination was superior to others in reducing the number of convulsive seizures patients experienced.

Most people with epilepsy have good control of seizures, which means that they have been seizure-free for at least 12 consecutive months. About one third of people with epilepsy are "medically refractory." They continue to have seizures, despite trying several drug combinations prescribed by their physicians.

Physicians have had little evidence to guide them on which drugs or drug combinations, from a multitude of possibilities, might be of most help for patients with difficult-to-treat epilepsy.

This long-standing clinical challenge was the impetus for

this major study, the first of its size and kind to look retrospectively at patients treated for refractory epilepsy. They went into the project with no assumptions about which regimens to test.

Identifying any anti-epileptic drug regimen with superior efficacy in patients with refractory epilepsy would be a substantial advance.

This study was made possible was the discovery of 30 years of epilepsy treatment records at two Washington state institutions for the developmentally disabled. At these institutions, the Fircrest Habilitation Center in Shoreline, Wash., and the Rainier Residential Habilitation Center in Buckley, Wash., nursing staff had been recording the occurrence of each convulsive seizure in their patients with epilepsy, along with records of each patient's dosing of anti-epileptic medications.

The researchers determined that out of 32 most frequently used combinations of anti-epileptic drugs, only the

lamotrigine and valproate combination had superior efficacy, compared to an aggregate measure of other drug regimens to which the patients had been exposed, as well as head-to-head comparisons with other anti-epileptic drug combinations. The researchers looked at both older and newer generation drugs.

The study results dispel the dogma that all drug treatments are equally ineffective for this patient population and provide evidence for future, prospective drug trials.

The researchers said that their findings reported on the superior efficacy of the combination should ideally be confirmed in a prospective study of patients with refractory epilepsy, preferably from the general population.

The researchers also were surprised to find that while concurrent use of two anti-epileptic drugs was more effective than a single drug alone, three drugs at a time offered no additional benefits. Limiting the combination to two may lessen side effects from taking more kinds of anti-epileptic drugs, without sacrificing efficacy.

The study was supported by the University of Washington Royalty Research Fund.

**Source:** Poolos NP et al, *Neurology*, December 2011 Volume 77 Issue 24



# NEWS & VIEWS ON DRUGS

## ADDITIONAL ANTI-EPILEPTIC DRUG TREATMENT LOWERS RISK OF SUDEP

Epilepsy patients receiving additional treatment with AEDs have an approximately seven times lower risk of dying from a sudden unexpected death SUDEP.

In comparison with the general population, SUDEP is 20 times more common in people suffering from epilepsy. Researchers have found some potentially preventable risk factors for SUDEP, such as large numbers of generalized tonic-clonic seizures and taking a combined regimen of AEDs. Until recently, no research has examined or developed a beneficial effect at preventing SUDEP in a controlled study.

Philippe Ryvlin from the Hôpital Neurologique in Lyon, France, and his team collated data from 112 randomized trials of AED adjunctive treatment of adults with refractory epilepsy to evaluate comparisons of definite and probable SUDEP incidences between patients receiving add-on AED therapy at effective doses and those given placebo.

During the trials a total of 33 patients died, with 18 deaths being caused by probable or definite SUDEP, and two deaths due to possible SUDEP.

Analyses revealed in general that patients treated with adjunctive AEDs at effective doses had a seven times reduced risk of dying a SUDEP compared with those given placebo with rates of definite and probable SUDEP being 0.9 per 1000 person-years in the AED group and 6.9 per 1000 person-years in the placebo group.

Opposing research's suggestion that polytherapy might increase the risk of SUDEP, this data suggests that add-on AEDs at doses effective on seizure frequency reduces the risk of SUDEP despite increasing the drug load, at least during the average 3-month duration of randomized trials. This finding provides an argument not only for active revision and optimum management of treatment in patients with uncontrolled seizures, but also for further prospective and long-term investigation of this unsettled issue.

The study provides strong evidence for an effective intervention to reduce SUDEP risk. The protective effective of adjunctive therapy suggests that seizure control could be extremely important for SUDEP prevention. Further, polytherapy does not increase risk of SUDEP during the time period of a randomized trial.

**Source: The Lancet Neurology, 21 Sep 2011**

## SOUTH ASIANS AND EUROPEANS REACT DIFFERENTLY TO COMMON DRUGS



Vidya Perera

A University of Sydney PhD student has discovered the different diets and lifestyles of South Asians compared to Europeans could lead to the two groups requiring very different doses of medicines commonly used to treat illnesses such as depression and psychosis.

Vidya Perera, a final year PhD student in the faculty of pharmacy, has found that people from South Asia could need lower doses of these medicines because they are likely to have lower levels of CYP1A2, an enzyme that metabolises drugs.



A total of 332 people took part in the study – 166 South Asians and 166 Europeans. CYP1A2 levels were measured by giving participants a caffeine tablet, and analysing CYP1A2 enzyme activity in saliva samples four hours later. Demographic, dietary and lifestyle information was obtained using a questionnaire.

“Vegetables such as cabbages, cauliflower and broccoli are known to increase levels of CYP1A2, as was demonstrated in this study and previous studies in people of European background. The lower levels of CYP1A2 in South Asians, however, appears to be due to the common practice of cooking these vegetables in curries using ingredients such as cumin and turmeric, ingredients known to inhibit the enzyme, overriding the effect of the vegetables,” says Vidya Perera.

“I started out looking for genetic differences between the two groups to account for the differences in CYP1A2 activity. What was fascinating to discover is that genetic differences only accounted for 3 per cent of variability in CYP1A2 activity, while environment and lifestyle factors accounted for 35 per cent of the differences,” says Vidya Perera, who was declared the NSW (New South Wales) winner of the AusBiotech/GlaxoSmithKline Student Excellence Awards as a result of his research.

Understanding the correct dose of a medicine is crucial to achieving beneficial results and avoiding adverse drug reactions.”

**Source: Categories: Medicine News, Nov 2011**



# NEWS & VIEWS ON DRUGS

## EPILEPSY DRUGS AND DEVICES EDGE TOWARD CLINICAL USE



Dr Jacqueline A French

Several new antiepileptic drugs and devices aimed at preventing or suppressing seizure have achieved results with better management of side effects than is seen with existing therapeutic agents, according to Dr Jacqueline A. French.

"You may hear many people saying that we have made no progress whatsoever" in epilepsy therapy, said Dr French, professor of neurology and codirector of epilepsy research and clinical trials at New York University.

Indeed, about a third of patients were considered "treatment resistant" during the era of bromide therapy for epilepsy, and about the same proportion of patients are considered "treatment resistant" today, Dr French said at the annual meeting of the American Neurological Association.

However, she explained that far better management of side effects has been achieved, resulting in better overall management and fewer total seizures in today's patients.

One measure of that success is the increasingly challenging task of finding patients who experience four or more seizures a month, thereby qualifying for clinical trials, Dr French noted.

In the pipeline today are what she called "evolutionary" drugs – new twists on mechanisms found in existing therapeutic agents that enhance their safety, tolerability, or potency – and "revolutionary" drugs characterized by novel mechanisms.

### Evolutionary Drugs

Clobazam, marketed as Frisium or Urbanol, is believed to produce less tachyphylaxis than others in its class.

Brivaracetam, an analogue of levetiracetam, is hoped to exceed the potency of its predecessor while reducing side effects of irritability and depression.

Eslicarbazepine is a third-generation version of carbamazepine, has a short half-life and is dosed once daily. Its improved side effect profile is the main draw, especially with regard to body weight, cholesterol, glucose, and hepatic effects.

### Revolutionary Drugs

Ezogabine (Potiga), a novel potassium channel blocker, selectively activates the KCNQ channel, resulting in "stabilization of hyperexcitable neuronal cells. But adverse events have limited its dosage.

Perampanel is the first drug based on an excitation mechanism rather than membrane inhibition or stabilization. The drug is a highly selective, noncompetitive, ant glutamate receptor antagonist."

VX-765 is an interleukin-converting enzyme inhibitor developed at the behest of researchers based on their hypothesis that modulation of proinflammatory cytokines might play a major role in seizure suppression.

### Devices

**Medtronic's** deep brain stimulator, a device currently under FDA review, produces shocks at regular, timed intervals following implantation in the thalamus. Patients can self-trigger the device if they feel a seizure coming on.

In studies, both actively treated and placebo groups had a reduction in seizures early on, but efficacy improved over time in the treated group, and the device is believed by proponents to be most efficacious as long as 2 years after implantation.

**NeuroPace's** responsive neurostimulator system, or RNS, a "smart" device, countershocks the epileptic focus, and is similarly believed to lead to "better and better and better" seizure control over months of use.

**NeuroVista's** seizure advisory system is another implantable device, this one acting on a complex algorithm of input from the brain to warn patients in advance of impending seizures. Should a patient receive a signal from the device, he or she might have an hour to prepare for a seizure, reducing safety concerns and heightening patients' sense of empowerment over the disease.

*By: Betsy Bates, Internal Medicine News Digital Network, San Diego*





# NEWS & VIEWS ON DRUGS

## DRUG COMPANIES MUST REPORT CLINICAL TRIAL RESULTS, EVEN WHEN PRODUCT- NOT POSITIVE FOR DEVELOPMENT

Drug companies sponsoring human trials of possible new medications have ethical responsibilities to study participants and to science to disclose the results of their clinical research — even when product development is no longer being pursued.

In the commentary, titled "Disclosure of Clinical Trial Results When Product Development is Abandoned," Michael Rogawski, chair of the Department of Neurology in the UC Davis School of Medicine, says that far too little attention has been given to the failure to reveal study results for drugs or medical devices for which development has been terminated.

With little incentive to devote resources to an abandoned project, publishing often goes by the wayside. In this situation scientific information on the efficacy — or lack of efficacy — and safety — or lack of safety — of the investigational agents is not available to the research community.

It is assumed that the mouse models used to identify new drugs to treat epilepsy have high predictive value, because every marketed antiepileptic drug has demonstrated activity in the screening models. It is possible that drugs were effective in the models but did not exhibit efficacy or had unacceptable side effects in clinical trials and were therefore terminated by their sponsors.

Translational medicine cannot approach its full potential if negative drug developments are unpublished.

Transparency in data sharing of trial results for products whose development has been abandoned will further improve translational science, engender trust among study participants, and optimize resource allocations for the pursuit of the most promising new therapeutics.

**Source:** [phyllis.brown@ucdmc.ucdavis.edu](mailto:phyllis.brown@ucdmc.ucdavis.edu)

**University of California - Davis Health System**

**Science Translational Medicine.**

## ABBOTT SAID TO AGREE TO PAY \$1.3 BILLION FOR DEPAKOTE SUITS

Abbott Laboratories agreed to pay at least \$1.3 billion to settle claims by the US government and 24 states alleging the company illegally marketed its Depakote epilepsy drug.

Abbott executives, federal prosecutors and state officials reached a tentative agreement calling for the drugmaker to pay about \$800 million to resolve civil claims over Depakote and about \$500 million in criminal penalties for marketing the epilepsy medicine for unapproved uses.

Third-Biggest Settlement

The settlement would be the **third-largest illegal pharmaceutical marketing accord in U.S. history**, behind the \$2.3 billion Pfizer paid in 2009 over the marketing of its Bextra painkiller and other drugs and the \$1.4 billion Eli Lilly & Co. paid the same year over sales of

its Zyprexa.

Justice Department officials said in June they were "engaged in active settlement discussions" with Abbott over its Depakote marketing practices brought by former Abbott employees alleging the company engaged in so-called off-label marketing the whistle-blowers claim.

It's the second illegal marketing settlement the government has reached with a maker of an epilepsy drug. In 2004, Pfizer Inc.'s Warner-Lambert unit pleaded guilty to federal criminal charges over illegal marketing of its Neurontin epilepsy drug and paid a \$430 million to resolve both criminal and civil claims over the medication.

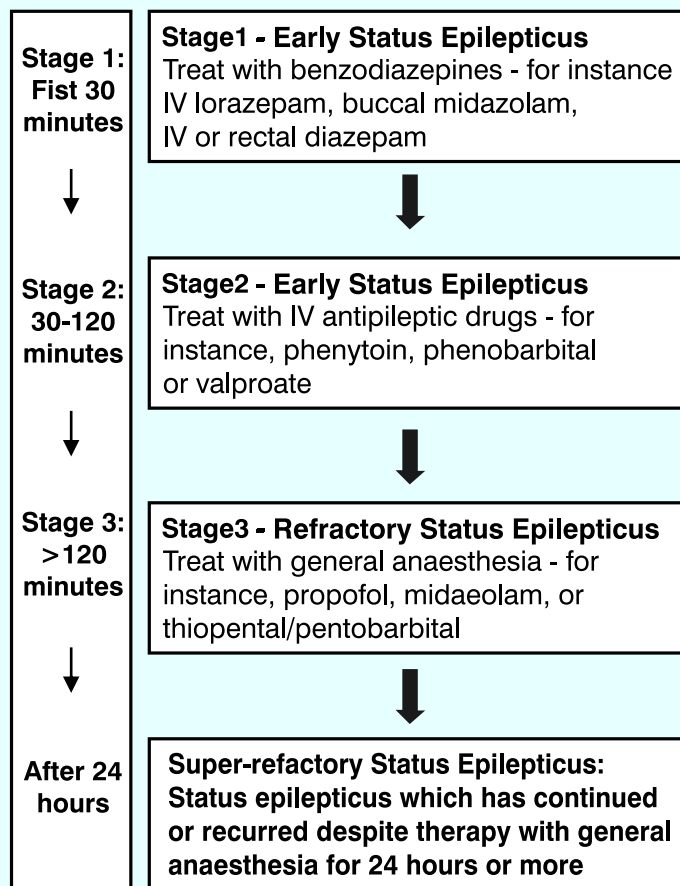
**Source:** [mhytha@bloomberg.net](http://mhytha@bloomberg.net)., 21 Oct, 2011



## THE TREATMENT OF SUPER-REFRACTORY STATUS EPILEPTICUS: A CRITICAL REVIEW

Super-refractory status epilepticus is defined as status epilepticus that continues or recurs 24 h or more after the onset of anaesthetic therapy, including those cases where status epilepticus recurs on the reduction or withdrawal of anaesthesia. It is an uncommon but important clinical problem with high mortality and morbidity rates. There are no controlled or randomized studies was critically evaluated.

The published world literature on anaesthetic agents, anti-epileptic drugs, magnesium infusion, pyridoxine, steroids and immunotherapy, ketogenic diet, hypothermia, emergency resective neurosurgery and multiple subpial transection, transcranial magnetic stimulation, vagal nerve stimulation, deep brain stimulation, electroconvulsive therapy, drainage of the cerebrospinal fluid and other older drug therapies. The importance of treating the identifying cause is stressed. A protocol and flowchart is suggested.



Source: Brain 2011: S. Shorvon and M Ferlisi

## COMPLETE REMISSION OF NONSYNDROMIC CHILDHOOD-ONSET EPILEPSY

### Abstract

#### Objective:

Determine the probability of attaining complete remission in children with nonsyndromic epilepsy (NSE) over the course of  $\geq 10$  years from initial diagnosis; identify early predictors of complete remission; and assess the risk of relapse after achieving complete remission.

#### Methods:

In a prospective community-based cohort, complete remission was defined as 5 years seizure-free and medication-free. Any subsequent seizure for any reason was a relapse. Univariate and bivariate analyses were conducted with standard methods including the Kaplan-Meier approach. Proportional hazards modeling was used for multivariable analysis.

#### Results:

Of 613 cohort members, 347 had NSEs, of whom 294 (85%) were followed  $\geq 10$  years (maximum = 17.9). A total of 170 in 294 (58%) achieved complete remission, 10 of whom (6%) relapsed. Seizure outcome at 2 years (remission, pharmacoresistant, unclear) ( $p < 0.0001$ ) and underlying cause ( $p < 0.0001$ ) distinguished groups with complete remission ranging from  $\sim 20\%$  to  $\sim 75\%$ . Older age at onset was independently associated with a poorer chance of complete remission. Relapses occurred up to 7.5 years after attaining complete remission and were marginally associated with underlying cause ( $p = 0.06$ ).

#### Interpretation:

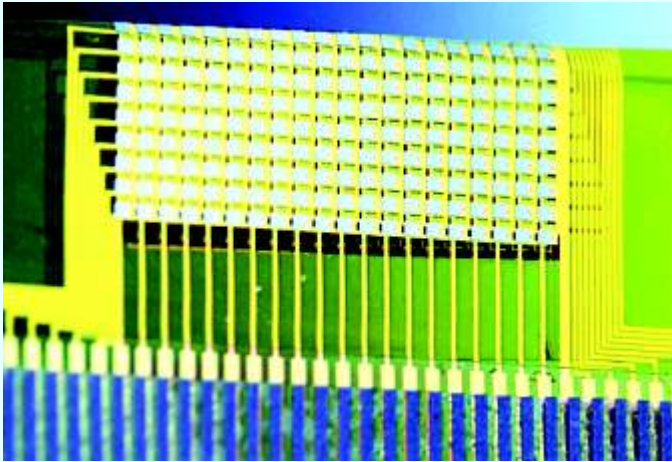
Complete remission occurs in over one-half of young people with NSE and generally persists. Meaningful but imperfect predication is possible based on underlying cause and early seizure control. The finding of age effects may play a role in meaningful identification of phenotypes, which could become fruitful targets for genetic and imaging investigations in these otherwise poorly differentiated epilepsies.

Source: T Berg AJ, et al.

Annals of Neurology, 70,4,566-573, October 2011



### SENSOR BRINGS EPILEPTIC BRAIN INTO FOCUS



Specially designed thin and extremely flexible sensors which allow it to be folded in half without damage, form a unique double-sided recording device in the brain. This device can be used to interface with rarely explored brain regions, such as the interior of sulci and in-between the brain hemispheres.

#### Enzyme lets mice eat more, gain less

Prior to the new technology, tapping into the human brain to understand its functions in daily life—as well as its malfunctions in illness—was challenging because of unwieldy, invasive arrays of electrodes and sensors that can damage tissue while only reading activity in a limited area. The need to wire each individual sensor at the electrode-tissue interface resulted in a mass of cumbersome leads rendering a high-resolution map of large areas logistically impossible.

Jonathan Viventi, assistant professor at the Polytechnic Institute of New York University (NYU-Poly), and colleagues devised a streamlined, implantable electrode array integrating ultrathin, flexible silicon transistors capable of sampling large areas of the brain with limited use of wires.

The new approach allows dense arrays of thousands of multiplexed sensors that provide unprecedented—and

minimally invasive—spatial resolution.

In experiments, just 39 wires were required for 360 electrodes. The design can be readily scaled to thousands of electrodes, while maintaining a small number of wires. The arrays are also non-penetrating and, unlike current techniques, cause little or no damage to fragile brain tissue. The use of flexible silicon also allows active circuitry to be built right at the brain surface.

Ultrathin silicon retains its performance while being flexible, and is much better suited to implantable devices.

In experiments, researchers used their system to record various types of brain activity in animals, including sleep and visual responses and observation of the brain during an epileptic seizure. The techniques may improve understanding of what causes epilepsy and lead to implantable technologies to stop or prevent seizures in patients.



Jonathan Viventi

The scientists believe this is the first reported use of ultrathin, flexible silicon in a brain interface device and say the research holds promise for other medical applications, including improvements of existing implantable devices including cardiac pacemakers and defibrillators, cochlear and retinal implants, and motor prosthetic systems.

**More news from NYU:** [www.nyu.edu/public-affairs/](http://www.nyu.edu/public-affairs/)

**November issue of *Nature Neuroscience*,**

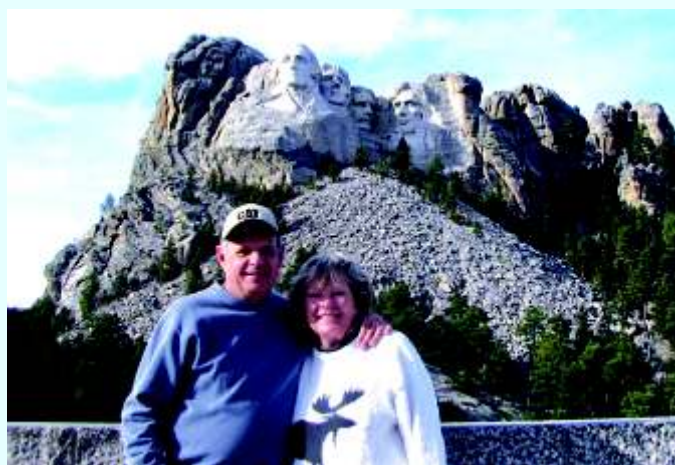
## EPILEPSY AROUND THE WORLD

### CANADA



#### **Vancouver man overcomes the stigma of epilepsy**

For more than 40 years, John Langolf kept a secret. As a teen, he kept it from his parents. As an adult, he hid it from his then-girlfriend, and now wife, Arlene. He never told teachers or employers.



He worried people would judge him, that he would lose his job. He thought his manhood would be questioned. He was ashamed, as he had epilepsy.

His wife noticed John growing more and more forgetful, then his seizures became more frequent. He couldn't work. He lost his driver's license. And he stopped leaving the house, as virtual prisoners.

Despite the increase in seizures, John continued to be untruthful with his doctors about the severity of his condition, just assumed with the drugs prescribed would make the seizures go away and I wouldn't have to worry about it,

After one year without seizures, John was able to get his driver's license back. To celebrate, he and Arlene purchased a motor home and left their Vancouver home for an extended trip to Mexico.

Every year since, John and Arlene regularly speak out about epilepsy and encourage people.

"The biggest mistake people with epilepsy make is trying to hide it," Arlene said.

Marissa Harshman:

[http://twitter.com/col\\_health](http://twitter.com/col_health); <http://face>



#### **Mike Danton's epilepsy 'rescue' flawed**

**Danton did not use standard seizure first aid, epilepsy support group says**

The Epilepsy Support Centre is weighing in on hockey player Mike Danton's recent account of how he rushed to the aid of a convulsing teammate at a Swedish game, warning that he did not use standard seizure first aid and it could have turned out badly.

On his blog, Danton said he jammed his fingers into the mouth of teammate Marcus Bengtsson and clawed his tongue.

But a spokesperson for the Epilepsy Support Centre says this is not standard seizure first aid, and such a method can be "incredibly dangerous."

"Mr Danton could have broken Mr Bengtsson's teeth or jaw. A person having a convulsive seizure might inadvertently bite down on someone's fingers in their mouth," Nikki Porter wrote in an email to The Canadian Press.

#### **The Epilepsy Support Centre offers these steps :**

1. Stay calm.
2. Time the seizure. If the seizure continues for longer than five minutes or the person has two seizures in a row without full recovery between seizures, call Emergency.
3. Protect from injury. If necessary, ease the person to the floor, and move hard or sharp objects out of the way. Place something soft under the head. Loosen tight clothing around the neck and check for medical I.D.
4. Never attempt to restrain the person as both people could become injured during the seizure, remember to consider your safety as well.
5. Never put anything in the person's mouth. Contrary to popular belief, a person having a seizure is incapable of swallowing their tongue. Attempting to force a foreign object into someone's mouth during a seizure can cause serious damage to a person's gums and teeth.
6. Gently roll the person on their side. This allows saliva and other fluids to drain away, helping keep the airway clear.
7. Afterwards, talk gently to comfort and reassure the person, who may be confused. Stay with them until they become re-oriented. The person may need to rest or sleep.



# EPILEPSY AROUND THE WORLD

## CHINA



UCB has strengthened its relationship with the Chinese Association Against Epilepsy (CAAE) by signing a fresh memorandum of understanding.

The two organisations, which have enjoyed a strategic partnership since 2005, have agreed to work towards

launching more epilepsy awareness centres across China in the coming years.

A new epilepsy centre at the Peking University First Hospital was inaugurated by Princess Mathilde of Belgium as part of the Belgian economic mission to China this week.

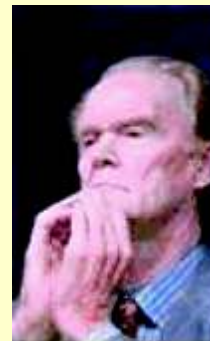
Luc Vermeesch, head of international major markets at UCB, described the Beijing centre as "an important milestone in the UCB-CAAE partnership, which will continue to blossom in the future".

He added: "Our passion is to improve the lives of epilepsy patients all over the world."

UCB has also used the trade mission to agree a new strategic partnership with the China Center for Pharmaceutical International Exchange.

## SHORT SPEECH BY BRYAN DYSON

### EX CEO OF COCA COLA



Imagine life as a game in which you are juggling some five balls in the air. They are Work, Family, Health, Friends and Spirit and you're keeping all of these in the air.

You will soon understand that work is a rubber ball. If you drop it, it will bounce back. But the other four balls-Family, Health, Friends and Spirit- are made of glass. If you drop one of these: they will be irrevocably scuffed, marked, nicked, damaged or even shattered. They will never be the same. You must understand that and strive for it."

*Work efficiently during office hours and leave on time.*

*Give the required time to your family, friends & have proper rest.*

*Value has a value only if its value is valued*

## SIERRA LEONE



### Bank helps promote health care

In a bid to promote President Koroma's free health care initiative, Skye Bank November 29<sup>th</sup> donated a cheque of Le 12 million (twelve million leones) to medical doctors assigned to the Epilepsy Clinic at Connaught

Hospital to eradicate epilepsy from among lactating mothers, pregnant women and under five children countrywide.



That persons suffering from epilepsy, he said, are at most times not accepted by society and have been left to languish as outcasts.

The intention at Skye Bank is to cushion the cost in the treatment of persons, particularly lactating mothers, pregnant women and under five children.

Receiving the cheque on behalf of the epilepsy clinic, Dr Lisk however commended Skye Bank for their kind gesture in humanly supporting the clinic, stating that even though the free health care initiative provides drugs at cost recovery for lactating mothers, pregnant women and children under five, patients of epilepsy and who are not in the above mentioned categories of persons do not at all benefit same.

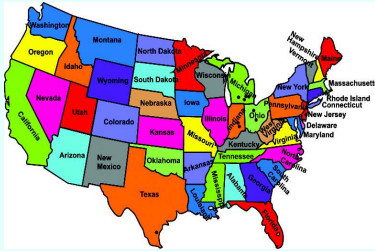
The coordinator of the epilepsy association, Max Bangura said the association was established in February 2010. He stated however that the association since then is constrained in sourcing of drugs for its targeted group and appreciate Skye Bank Sierra Leone for consideration.

He called on other business organizations to emulate Skye Bank and help provide drugs for people sufferings from epilepsy.

**SEM on November 30, 2011.**

# EPILEPSY AROUND THE WORLD

## USA



### A Film

## Epilepsy Warning: Could Cause Seizures

A scene in the latest installment of Twilight: Breaking Dawn Part 1 has some doctors worried after the film has



reportedly caused several people to have seizures.

According to reports the birthing scene in the movie has caused in-theater seizures known as photosensitive epilepsy. It's believed that the bright flashing of red and black colors is causing the incidents.

Brandon Gephart, a recent seizure victim who was attending the movie with his wife told ABC News that he began "convulsing, snorting, [and] trying to breathe," while watching the movie last week. Gephart says he doesn't remember the incident but awoke on the theater floor and was eventually taken to the hospital by paramedics.

Other incidents with similar results have been experienced all over the country, in one case a wife in Utah said her husband:

"Started mumbling and he was blinking on and off with his eyes at that point. I was kneeling in front of him slapping his face."

That couple says they left the theater and upon returning the next day they heard that the same strange event had happened to another girl in the same movieplex.

## Epilepsy hits close to home for President Obama's campaign advisor David Axelrod & wife Susan

Ali Wentworth, Michael Bloomberg, Susan Axelrod, George Stephanopoulos and David Axelrod attends the 3rd Annual Citizens United for Research in Epilepsy (CURE) Benefit at the Roosevelt Hotel in New York City.

While David Axelrod is off running President Obama's re-election bid, his wife is waging a campaign of her own: She wants to find a cure for epilepsy.

"Each seizure has the potential to end a life or have serious brain damage," said Susan Axelrod who founded Citizens United for Research in Epilepsy in 1998, a charity inspired by her daughter's lifelong battle with the disease.

Lauren Axelrod, 30, began having seizures as a baby, episodes that left her developmentally disabled. Countless medications, surgery and special diets failed to quell them until she tried a new anti-convulsant drug 11 years ago.

The Axelrods do not expect to find a cure for their daughter, but the charity funds research they hope will lead to one for future generations.

CURE, which is holding a fundraiser in New York on Monday, has raised \$18 million and is behind 116 trials, many by young researchers who weren't established enough to qualify for government funding.

"There has never been a focus on a cure, just treatment."

The Axelrods hope their political stardom - David is credited with getting the president elected in 2008 and he stepped down as a senior advisor to jump-start the 2012 campaign - can give epilepsy the attention it needs.

"David has described it as terrorism of the brain - you never know when it's going to happen. You are walking on egg shells all the time," said Susan.

*By Kathleen Lucadamo*

[nydailynews.com/lifestyle/health/2011/10/14](http://nydailynews.com/lifestyle/health/2011/10/14)



# EPILEPSY AROUND THE WORLD

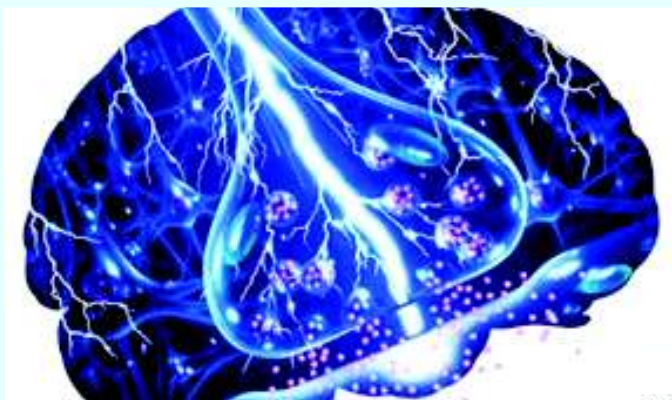
## UK



### **Epilepsy rises 38% in Scotland, BBC investigation shows**

The number of people with epilepsy in Scotland has increased by 38% in just six years, according to new figures.

A BBC Scotland investigation found there were now about in 2005, 54,000 people living with the condition while there were 39,000.



The Joint Epilepsy Council (JEC), which did the research, said it highlighted the need for more specialist provision.

It is thought better reporting of problems and an ageing population could have contributed to the dramatic rise.

Sharon Wood, JEC chief executive, said a "combination" of factors explained the rise but that improved record keeping was the main reason.

She said SIGN, the Scottish Intercollegiate Guidelines Network, which develops evidence-based clinical practice guidelines for the NHS in Scotland, had improved diagnoses.

Lesslie Young, of Epilepsy Scotland, said the increase in the number of people living with the condition emphasised the need for more specialist help.

The investigation also revealed that experts believe the lack of provision for people with epilepsy could lead to misdiagnosis and unnecessary medicines being prescribed.

The figures from the JEC suggested that the cost of misdiagnosis of epilepsy in Scotland has risen by £10m in the past six years.

## ZIMBABWE



Zvanaka Gomo, the National Co-ordinator of Epi-Women, a women's wing of the Epilepsy Support Foundation of Zimbabwe, said most women living with epilepsy had lost their self-esteem as the condition had removed all their respect and dignity.

### **Prone to abuse**

She quoted a study undertaken in India which revealed that women with epilepsy were affected in almost every area of their life: marriage, motherhood, education and employment. These women are prone to abuse and most of the cases are rarely reported.

Nelson Mandela once said that, "Most people are dying not because of the diseases they are suffering from, but from stigma and discrimination". Epilepsy has been one of the conditions shrouded in misconceptions and negative attitude.

The condition has been misunderstood for a long time, with many believing it is a mental illness in as most people with epilepsy are treated at mental care centres like the Annex in Parirenyatwa Hospital.

### **Ignorance**

Dr Gift Wilson Ngwende, President of the Zimbabwean Chapter of the International League Against Epilepsy, said that women with epilepsy were regarded as a special group with peculiar issues originating in their teenage hood, as anti-epileptic-drugs have unacceptable side effects during teenage hood.

In an open letter to the WHO, concerned epilepsy specialists in sub-Saharan Africa warned of the dangers of drug interactions between antiretroviral and some anti-epilepsy drugs.

Dr Ngwende believes that by rooting out stigma and embarking on educational training programmes for caregivers, medical personnel and the community, women with epilepsy can be supported within society.

## WHISKY

The following exposition usually attributed to Winston Churchill but in all fairness the lesser, known Noah S "Soggy" Sweat, Jr, a member of the Mississippi House of Representatives turned out to be an as good astute wordsmith in 1952, when asked about his position on whiskey.

*"If you mean whisky, the devil's brew, the poison scourge, the bloody monster that defiles innocence, dethrones reason, destroys the home, creates misery and poverty, yea, literally takes the bread from the mouths of little children; if you mean that evil drink that topples men and women from the pinnacles of righteous and gracious living into the bottomless pit of degradation, shame, despair, helplessness, and hopelessness, then, my friend, I am opposed to it with every fiber of my being."*

"However, if by whisky you mean the oil of conversation, the philosophic wine, the elixir of life, the ale that is consumed when good fellows get together, that puts a song in their hearts and the warm glow of contentment in their eyes; if you mean good cheer, the stimulating sip that puts a little spring in the step of an elderly gentleman on a frosty morning; if you mean that drink that enables man to magnify his joy, and to forget life's great tragedies and heartbreaks and sorrow; if you mean that drink the sale of which pours into our treasuries untold millions each year, that provides tender care for our little crippled children, our blind, our deaf, our dumb, our pitifully aged and infirm, to build the finest highways, hospitals, universities, and community colleges in this nation, then my friend, I am absolutely, unequivocally in favor of it."

**This is my position, and as always, I refuse to compromise on matters of principle."**



## PARAPROSDOKIAN SENTENCES

*A figure of speech that uses an unexpected ending to a statement or phrase.*

- ★ I asked God for a bike, but I know God doesn't work that way. So I stole a bike and asked for forgiveness.
- ★ Do not argue with an idiot. He will drag you down to his level and beat you with experience.
- ★ Going to church doesn't make you a Christian any more than standing in a garage makes you a car.
- ★ The last thing I want to do is hurt you. But it's still on the list.
- ★ Light travels faster than sound. This is why some people appear bright until you hear them speak.
- ★ If I agreed with you we'd both be wrong.
- ★ We never really grow up, we only learn how to act in public.
- ★ To steal ideas from one person is plagiarism. To steal from many is research.
- ★ A bank is a place that will lend you money, if you can prove that you don't need it.
- ★ Why does someone believe you when you say there are four billion stars, but check when you say the paint is wet?
- ★ Why do Americans choose from just two people to run for president and 50 for Miss America ?
- ★ A clear conscience is usually the sign of a bad memory.
- ★ Always borrow money from a pessimist. He won't expect it back.
- ★ Money can't buy happiness, but it sure makes misery easier to live with.
- ★ Some cause happiness wherever they go. Others whenever they go.
- ★ I used to be indecisive. Now I'm not sure.
- ★ When tempted to fight fire with fire, remember that the Fire Department usually uses water.
- ★ A bus is a vehicle that runs twice as fast when you are after it as when you are in it.



## FORTHCOMING EVENTS

**ECON-2012, 25th -26th - February, Hotel Bolgatty Palace, Cochin**



**Cochin**



**Dr B Rajendran**  
*Chairman*



**Dr Vinayan KP**  
*Organizing Secretary*



**Bolgatty-Palace**

Dear Friend,

Welcome to Cochin. It is a great privilege to host the 13th National Conference of the Indian Epilepsy Association and Indian Epilepsy Society, E-CON 2012. The team of Indian Epilepsy Association, Cochin, Kerala Association of Neurologists (KAN) and the Cochin Neurological Society (CNS) will jointly shoulder this onerous responsibility.

An academic feast awaits you. A chance to unwind with old friends and colleagues, in the relaxing ambience of God's Own Country - these are things you can look forward and cherish at E-CON 2012. Kerala is a must-see destination according to the National Geographic – what with its languorous backwaters, sandy beaches, misty hills and rejuvenating Ayurvedic massages

The Scientific committee is busy working on a great academic feast. For the first time, we plan to hold a two day Epilepsy Workshop of international standards, with an eminent foreign and Indian faculty.

Cochin is the Queen of the Arabian Sea, a happening city with a glorious past, robust present and every prospect of becoming the Gate way to South India in the very near future. Come then, with your family, and enjoy the warm hospitality of gracious hosts. You will surely carry back with you fond memories of a great experience.

Organizing Committee ECON 2012

### **Registration fees:**

Category	
IEA/IES members	Rs 3000
Non members	Rs 3500
Residents/ PG students	Rs 2000
Non doctor IEA members	Rs 1500
Accompanying person	Rs 1500
Foreign delegates	USD 300

Visit [www.econ2012.in](http://www.econ2012.in) for more details

*Conference Secretariat*  
*Dr KP Vinayan, Organizing Secretary,*  
*Mr Parameswaran, Treasurer*  
*E-CON 2012, KAN Office, IMA House, Cochin,*  
*Jawaharlal Nehru Stadium Road, Palarivattom Post, Cochin 682 025*

**6th - 10th May, 2012**  
**Eilat, Israel**



### **Eleventh Eilat Conference on New Antiepileptic Drugs (Eilat XI)**

at Royal Beach Hotel, Eilat, Israel

<http://www.eilat-aeds.com>

**August, 2012**

**New Delhi, India**

### **IES - 7th EEG Workshop (Clinical Perspectives)**

Organised by the Indian Epilepsy Society (IES)

Local Course Organiser: Dr MM Mehndiratta

National Course Director: Dr Manjari Tripathi

Venue: Auditorium GB Pant Hospital, New Delhi-110002

Course fee IES Members Rs 1000/, non members Rs 1500/ payable at  
Delhi to Indian Epilepsy Society

Registration first come first served basis limited seats only

Only for Residents in training DM neurology/ pediatric neurology/ DNB  
students and Neurologists and pediatricians doing neurology.

Contact Email: [eeg.ies.workshop@gmail.com](mailto:eeg.ies.workshop@gmail.com)

## FORTHCOMING EVENTS

👉 **2nd - 4th February, 2012**

**Hyatt Regency, San Francisco, USA**

### **EPILEPSY PIPELINE UPDATE CONFERENCE**

3rd biennial showcase of emerging and established companies presenting their strategies,



candidates and development programs. You'll learn how anti-seizure product development is the optimal pathway for CNS therapeutic development because of well-characterized mechanisms, therapeutic approaches and clear clinical endpoints for regulatory studies.

You will be among small, mid, and major CNS companies who will present their strategies, product candidates and development programs to potential venture capital, private equity, pharma and biotech investors and partners.



👉 **17th - 19th February, 2012**

**Mumbai, India**

Neurology Update 2012 will be held on Friday 17, Saturday 18, and Sunday 19<sup>th</sup>, February 2012 at the Taj Mahal Palace, Mumbai.



*Inauguration of Neurology Update on February 2010 in Mumbai*

This update will focus on Stroke, Epilepsy, Movement disorders, Autonomic Neuropathies, Immune mediated demyelinating disorders and Myasthenia gravis with participation of invited 11 international faculty members.

Organizing Chairman - Dr BS Singhal.

Conference Secretariat

**Niloofar Patel, FTC Events, M-33, Cusrow Baug, SB Road, Colaba, Mumbai – 400 039.**

Tel.: +91 22 2282 5108,

Fax: 91 22 2282 2134

Email: [numum2012@ftcevents.com](mailto:numum2012@ftcevents.com)

Website :

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



👉 **18th - 19th February, 2012**

**Tokyo, Japan**

### **15th Annual Meeting of the International Symposium on Surgery for Catastrophic Epilepsy in Infants**

Tetusmon Memorial Hall, The University of Tokyo, Tokyo, Japan  
Abstract Submission Deadline: 31

October 2011

<http://www.iss-jpn.info>



### **IREPA Distance Education Program**

Online application for all ILAE-VIREPA Clinical Pharmacology & Pharmacotherapy Advanced Course is now open. For course details, fees and schedule see below.

#### **· Clinical Pharmacology & Pharmacotherapy - Advanced Course**

##### **Course schedule**

For information about 2012 courses, select the appropriate link below.

All distance education courses are Internet-based, e-moderated courses with downloadable learning material. To earn credits in each learning unit, tasks will be successfully completed within an active online communication process among all participants, guided by the experts. The tasks will strengthen the theoretically gained knowledge and enable the participant to transfer this knowledge to his/her clinical practice.

#### **· EEG in the diagnosis & management of epilepsy - Basic**

##### **· Course schedule**

#### **· EEG in the diagnosis & management of epilepsy - Pediatric**

##### **· Course schedule**

#### **· Clinical Pharmacology & Pharmacotherapy - Introductory Course**

##### **· Course schedule**

#### **· Neuroimaging (Part 1 & 2)\***

##### **· Course schedule**

For questions, contact Priscilla Shisler ([pshisler@ilae.org](mailto:pshisler@ilae.org)) at the ILAE Headquarter Office.



## FORTHCOMING EVENTS

📅 **22nd -25th - March, 2012**

**9TH ASIAN & OCEANIAN EPILEPSY CONGRESS, MANILA 2012**



The 9<sup>th</sup> Asian & Oceanian Epilepsy Congress will be held in Manila, Philippines from the 22<sup>nd</sup> to the 25<sup>th</sup> of March 2012, organised jointly by the regional associations of the International League Against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE).



The Scientific Organising Committee and the Scientific Consultative Committee have put together a scientific programme which includes the following topics:

Main Sessions	Epileptic Networks and Seizure Propagation Epilepsy Genes and Beyond The Impact of Epilepsy Epilepsy and the Developing Brain
Post Main Sessions	The Genetics of Epilepsy Anxiety and Depression Epilepsy and Autism
Parallel Sessions	Psychosis and Epilepsy: A Multi-disciplinary Approach Neuroimaging of Epilepsy: Therapeutic Implications Epilepsy and Sleep Pharmacogenomics and Antiepileptic Therapy Epilepsy and Pregnancy Novel Surgical Approaches Challenges in the Diagnosis and Treatment of Status Epilepticus Sex and Epilepsy
Practical Sessions	Workshop: Global Campaign Against Epilepsy Workshop: Epilepsy in Adolescence

An exciting **epilepsy and society programme** for people with epilepsy and their carers will run in conjunction with the congress. More details on the epilepsy and society programme will be announced shortly on the congress website: [www.epilepsymanila2012.org](http://www.epilepsymanila2012.org)

### Epilepsy & Society Day

An exciting programme that will be of great interest to both individuals living with epilepsy and to staff from community organisations supporting people living with epilepsy is scheduled for Saturday 24<sup>th</sup> March. This symposium has been developed by local and regional committees of the International Bureau for Epilepsy. The theme for this programme is The Impact of Epilepsy with sessions focusing on “The burden of epilepsy and future care in the region”, “Sex and pregnancy”, “Children and adolescents”, “Anxiety and depression” and “Epilepsy related risks: injury and death”. Delegates are invited to stay for the welcome ceremony of the congress and the reception that follows later that evening.

### Registration Fees

Registration Fees for Epilepsy & Society Symposium	
Precongress	US\$ 50
Onsite	US\$ 65

Competitive hotel rates are available via the accommodation managers, Intas for the 9<sup>th</sup> AOEC. Abstracts must be submitted in English through the official website [www.epilepsymanila2012.org](http://www.epilepsymanila2012.org). The abstract system will open in June and be available until November.

A number of travel bursaries will be available for the 9<sup>th</sup> AOEC; further details on this will shortly be announced on the congress website [www.epilepsymanila2012.org](http://www.epilepsymanila2012.org)

### SCIENTIFIC ORGANISING COMMITTEE (SOC)

#### Co-chairs:



Josephine CASANOVAGUTIERREZ  
(Philippines)



Robert COLE  
(Australia)



Byung-In LEE  
(Korea)

#### Members:



Ding DING  
(China)



Simon HARVEY  
(Australia)



Patrick KWAN  
(Hong Kong)



Andrew PAN  
(Singapore)



Vinod SAXENA  
(India)



Tatsuya TANAKA  
(Japan)

## FORTHCOMING EVENTS

### Stand Up For Epilepsy



The ILAE, through the Taskforce on Sports and Epilepsy launched an exciting and innovative new project to collect photographs of famous sportspersons meeting people with epilepsy. The photographs will convey the message that people with epilepsy, like athletes themselves, can be inspired to achieve their goals and lead full and active lives. The collection will be exhibited at the London 2012 European Congress on Epileptology, which will be held shortly after the London Olympics. If you know a national or international sports person, or a person with epilepsy who is willing to take part then please get in touch. [laura@epilepsycongress.org](mailto:laura@epilepsycongress.org)

☞ **21st - 23rd June, 2012**  
**Nairobi, Kenya**



☞ **30th September -**  
**4th October, 2012**  
**London**



☞ **23rd - 27th June, 2013**  
**Montreal**



**ILAE / IBE Congress Secretariat,**  
**7 Priory Hall, Stillorgan,**  
**Dublin 18, Ireland**  
**Tel: +353-1-2056720**

**Email: [info@epilepsycongress.org](mailto:info@epilepsycongress.org)**

**If you do not wish to receive any**  
**further updates from the ILAE/IBE**

**Congress Secretariat,**  
**[newsletter@epilepsycongress.org](mailto:newsletter@epilepsycongress.org)**

## NOTICE BOARD

### UCL Distance Learning Diploma in Clinical Neurology – A World First for UCL!



A novel postgraduate distance learning diploma has recently been launched by University College London (UCL), UK. The new curriculum has been designed and written primarily by leading UK neurologists, including those at Queen Square. This is a world first for UCL and will give access globally to Queen Square practice. This diploma is highly suitable for Indian neurologists with their similar clinical approach to those in the UK. The Diploma is a formally recognised qualification from one of the world's top universities.

The online programme comprises approximately 550 sessions covering a comprehensive range of neurological topics, including sessions on epilepsy, neurosurgery, neurophysiology and neuropathology, amongst many others. The text is accompanied by interactive multimedia features such as videos, interactive graphs and tables, as well as clinical graphics and line drawings. Written material will also include the Queen Square Neurology textbook which was recently published.

The diploma is interactive and competitively priced and all students will be offered dedicated online tutorial support from Queen Square. As this is a distance learning diploma, timing is completely flexible and students can access the course material in their own time from the comfort of their home, work or any other computer. The diploma can be completed at a speed suitable for the individual student, and we envisage that this will be typically 12-18 months. On completion students will be awarded a Postgraduate Diploma in Clinical Neurology, which will be globally recognised and a valuable asset for any medical doctor with a specialist interest in neurology.

Students can start the diploma at any point in the academic year and recruitment onto this course has already begun. Further details about the diploma can be found by visiting this website:

<http://www.ucl.ac.uk/ion/education/courses/distancelearningdiplomaneurology>





## A way of life™

- Impressive seizure control<sup>1-5</sup>
- Effective for most people with epilepsy<sup>2,3,6-9</sup>
- More than just seizure control<sup>3,9-21</sup>



**References:** 1. Gambardella A et al. Neuropsychiatry Dis Treat. 2008; 4(1):33-8. 2. Brodie MJ, Perucca E, Ryvlin P et al. Neurology 2007; 68:402-408. 3. Noachtar S, Andermann E, Meyvisch P, et al and the N166 Levetiracetam Study Group, Neurology 2008;70:607-616. 4. Sills GJ, Leach JP, Wilson EA et al. Poster presented at 61st AES, Philadelphia USA Dec 2007. 5. French J and Arrigo C. Epilepsia 2005; 46(2): 324-326. 6. Glauser TA, Ayala R, Elterman RD, et al. Neurology 2006; 66:1654-60. 7. Morrell MJ, Leppik I, French J et al. Epilepsy Res 2003; 54: 153-161. 8. Ferrendelli JA, French J, Leppik I et al. Epilepsy Behav 2003; 4: 702-709. 9. Keppra\* (levetiracetam) prescribing information, UCB India, Aug 2009. 10. Otoul C, Arrigo C et al, Clin Neuropharmacol 2005; 28 : 72-78. 11. Cereghino JJ, Biton V and Abou-Khalil, et al. Neurology 2000; 55 : 236-242. 12. Perucca E, Gidal BE, Baltes E. Epilepsy Res, 2003; 53: 47-56. 13. Panayiotopoulos CP, Principles of therapies in epilepsies. Epileptic syndromes and their treatment, 2007:161-163. 14. Ragueneau-Majlessi I, Levy RH, Meyerhoff C, Epilepsy Res. 2001;47:55-63. 15. Levy RH, Ragueneau-Majlessi I, Baltes E, Epilepsy Res, 2001;46:93-99. 16. Panayiotopoulos CP, Principles of therapies in epilepsies. Epileptic syndromes and their treatment. 2007:156. 17. Ragueneau-Majlessi I, Levy RH, Janik F. Epilepsia. 2002;43:697-702. 18. Sazgar M, Bourgeois BFD. Pediatr Neurol. 2005;33:227-234. 19. Mullin P, Stern JM, Delgado-Escueta AV, et al. Epilepsia. 2001;42(suppl7):184. 20. Diaz RA et al. Neurologist. 2008 Nov;14(6Suppl 1):S55-65. 21. Gomer B., Wagner K., Frings L, et al. Epilepsy & Behavior 2007 (10)486-494.

Please refer to the full Prescribing Information before prescribing Keppra®. Available on request from UCB India Pvt. Ltd. 504, Peninsula Towers, G.K. Marg, Lower Parel, Mumbai-400 013.



KEP2010/12/652