



Editorial

Dear Friends

The familiarity of some home truths breeds obvious contempt. An exhortation "Think out side the box" has become one such and it has been rated as the top peeve in the corporate circles.

People are expected to create new approach by lateral thinking, when in logjam of decision making.

The terminology is attributed to Dr Edward de Bono who qualified in medicine and then as a Rhodes scholar gained degrees in psychology and neuro-physiology from Oxford. Despite holding University appointments in Oxford, London, Cambridge and Harvard he merely lists his profession as a "Thinker". With intuitive understanding of the human mind, he correlates neurological wiring with human response. How the brain selects and then processes to store or reject information. Depending on the mode of thinking, this may lead to consolidation into myths or may even be a natural and logical choice but creativity can help acquire laterality.

In a simplistic example de Bono claims "Just as you need the fourth wheel to be able to drive a car, similarly without design our conventional thinking is inadequate."

(the picture is of an ultimate lateral thinker)

As an original thinker who has influenced the way we think can hardly be overstated. Author of over sixty books, many translated in thirty-seven languages, he is one of the most popular invited speakers by the top managements of Fortune 100 companies. Government functionaries in more than sixty countries and even school and college curricula in twenty countries now include his thoughts. Peter Ueberroth who so famously salvaged the organization of Los Angeles Olympics in 1984 attributes his spectacular success to lessons learnt from de Bono.

There are arguably few original thinkers since the Greek triad of Socrates, Plato and Aristotle. Solomon's wisdom was tested in resolving the problem of two women both claiming the child to be their own. The solution of giving sawn one-half to either claimant was instantly and expectedly rejected by the real mother who yielded to her claim so that the child could live.

De Bono has an astounding thought about jurisprudence. He says that the courts are trying to establish right over

wrong. Often these are not the solutions as no way forward is suggested. Indian legal system is groaning under the oppressive weight of 31.2 million (by latest count) unresolved court cases pending for decades. All in search of truth but with no end in sight or solution for the hapless parties.

De Bono further feels our thinking, despite scientific and technological advancements, is complacent and impoverished. He believes that most successful people think rationally which places them in a position to succeed. They could, however, fail to see the emotional or the creative aspects. Similarly pessimists may be excessively defensive and logical people may lack creativity or intuitions.

De Bono has devised a wonderful tool to aid decision making.

"Six Thinking Hats" theory allows the right mix for finding better solutions. The decision may be made 'wearing' each of the hats in turn.

White Hat wearer focuses on the data available and what more is needed.

Red Hat uses intuition, gut feel and emotion as to how others could react to the decision

Black Hat is the pessimist, cautious and defensive and addresses the negatives. This helps in preparing contingency plan.

Yellow Hat thinks positively about the benefits of the decision.

Green Hat employs creativity in a freewheeling kind of manner

Blue Hat is the process controller to channelise decisions, play different roles and in stalemate ensures that persons carry out assigned tasks.

Ideas which come out may still be based on experience so may be unsuitable for future needs. The important thing is not to be too ready to reject lest we lose a chance to explore a real opportunity.

A standard question can only elicit standard answer. But will that create value?

The Holy Ahura Mazda said "To get some thing you never had, you have to do something you never did"

Best wishes

Dr VS Saxena
Editor



EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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NOTICE BOARD



INDIAN EPILEPSY ASSOCIATION- 18TH INTERNATIONAL EPILEPSY CONGRESS TRUST

AWARDS DURING ECON 2010

We congratulate all the winners of the awards instituted by the Trust
Awards Session

Best Paper-Medical

"Vigabatrin Induced MRI Changes in Infants"

Dr Pradnya Gadgil, Dr Sarbani Raha
PD Hinduja Hospital, Mumbai

Best Paper-Non-Medical

"A Study Profile Of People With Epilepsy Who Have Attempted Suicide"

Savitha S A, Subhas G T, Chandrashekar H
Victoria Hospital, Bangalore Medical College and
Research Institute, Bangalore

Best Poster-Medical

"A study of the use of Oxcarbazepine in children with partial Epilepsy **Kawalpreet Chhabra**, Gouri Rao Passi"
Department of pediatric Choithram Hospital and
Research Centre Indore

Second Best Poster-Medical

"Recurrent loss of consciousness – A Caution in EEG interpretation" **Renu Khamesra**, Hemant Kumar Singh
Nongthombom Raghavendra S, Rajesh, K N, Shoney K
K, Netravathi S, Ellur, Vikram Huded, Rajesh B Iyer
Narayana Institute of Neuroscience, Narayana
Hrudayalaya Multispeciality Hospital Bangalore

Best Poster-Non-Medical

"Quality of life in children with epilepsy"

Arti Jain, Jayashree Nadkarni, Rashmi Dwivedi
Department of pediatrics, Gandhi Medical College
Kamla Nehru Hospital Bangalore

Second Best Poster-Non-Medical

"Survey of risk for Osteoporosis in PWE attending epilepsy camp by BMD test"

Neelam Ranade, V V Nadkarni

Department of Neurology, Gita Bhawan Hospital Indore

HONOURS

Dr KMP Suresh, Hubli received recognition for his service to pediatric neurology by the Indian Academy of Pediatric-Neurology Chapter who conferred on him "The Golden Gem of Pediatric Neurology"

Dr Suresh received the award from The Honourable
Medical Education Minister-Govt. of Karnataka,
Sh. Ram Chandra Gowda.



NATIONAL EPILEPSY DAY 2010

Dear Members

This is an advance notice to you that we propose to celebrate NED with as much gusto and organisation as we did in 2009.

Last year resulted in NED celebrations in at least 17 centres, 11 already covered in the previous issue of EI and 6 more get their coverage in the present issue. The activities were effective, rewarding and innovative. One distinctive feature was activities spread over many days.

We thought that we could choose a theme this year as well "Women and Epilepsy". We could start working on this theme in the next 6 months at our disposal so that all of us can come out with great programmes with best chances of success to convey the message.

Your suggestions in this regard will be most welcome.

Best wishes for you and your family.

Dr Pravina U Shah
President IEA

Dr VS Saxena
Editor EI

ECON 2010, 6th-7th FEBRUARY, INDORE



Traditional Lamp Lighting

Reported by Dr VV Nadkani

The 11 Joint Annual Conference of the Indian Epilepsy Association & Indian Epilepsy Society, ECON2010 was organized by the Department of Neurology Gita Bhawan Hospital & Research Centre Indore at Sayaji Hotel Indore. 250 professionals and 115 patients from all parts of the country attended the conference. In addition 100 caregivers attended the program on the second day. There was coverage of the events by print and electronic media.

There was a pre-conference work shop on childhood epilepsies on 5th February where in Dr Solomon Moshe President of ILAE & Shri Banwarilal Jajoo Trustee of Gita Bhawan Hospital were the Chief guests. Dr PU Shah President of IEA was the guest of honour.



Inaugural Function

Dr Vasant Dakwale Chairman and Dr Nadkarni Organizing Secretary welcomed the delegates from India and guests from abroad.

Smt Sumitra Mahajan Member of the Parliament & State Health Minister Shri Mahendra Hardia inaugurated the ECON 2010

Dr PU Shah gave her Presidential Oration "Epicare need of the hour"

She gave an excellent presentation on the social activities in the field of epilepsy welfare Samman group and a message for every one to come together to achieve the goals.

Dr Satish Jain gave the Dr AD Sehgal Oration.

Dr Solomon Moshe President ILAE gave Mrs Shobha Arjundas Oration.

There was a guest lecture on medical management of refractory epilepsy by Dr K Radhakrishnan.

There were two symposia during ECON 2010 in which:

Epilepsy & Genetics was discussed & participants were Dr Zenobia, Dr AN Prasad, Dr Sanjeev Thomas and Dr Patrick Kwan, Hong Kong.

There was a session on poster presentations on both medical and non-medical aspects.



Audience during inaugural function

On 7th February, Break fast seminar was attended by 65 delegates in Sapphire Hall. Dr Zaiwalla spoke on sleep related epileptic Disorders & EEG correlates

Dr AN Prasad talked on energy mitochondrial & seizures in infants.

There was a guest lecture by Dr Patrick Kwan on "drug resistant epilepsy."

"First Seizure in Elderly" was discussed by Dr Trishit Roy. Dr Manjari Tripathi spoke on "Funny Spells in Elderly Is it Epilepsy?" Dr JMK Murthy, Hyderabad discussed "Non Convulsive Status Epilepticus."

Dr Patrick Kwan showed an illustrated case presentation.

There were Parallel interactive sessions for groups of caregivers & patients.



Drs P Satish Chandra, MM Mehndiratta & JS Kathpal

ECON 2010, 6th-7th FEBRUARY, INDORE



Chairpersons Dr Sangeeta Ravat, Mumbai
& Dr Chanda Kulkarni, Bangalore

from Indore, Pune, Mumbai and Bangalore chapters participated. Psychologist Madhvi Tiwari coordinated the program and represented Indore chapter. Ms Carol D'souza and Ms Kavita Shanbaug represented the Samman group from Mumbai Chapter. Mr Murlidharan represented Bangalore chapter. Mrs Yashodha Wakankar represented the Pune chapter.

Dr Garima Airen, Gita Bhawan Hospital gave a presentation on mobile OPD in slum area. The lecture was very motivating and informative for person with epilepsy.

Ms Kavita Shanbaug, Mumbai gave a presentation on the formation of Samman group and the current activities of the group.



Dr P Kwan, Hong Kong with Dr T Roy, Kolkata

Mr Murlidharan, Bangalore provided details of the courses runs by Bagalore chapter on Diploma in Epilepsy. Mrs Yashodha Wakankar, Pune described running a marriage bureau for the person with epilepsy.

Dr Shobhini Rao gave oration on Cognition in epilepsy Twin Goal of epilepsy treatment seizure control with adequate cognition. Prevention of cognitive deficit with early treatment for seizures & needs neuropsychological rehabilitation combined with counseling to normalized functioning.

A symposium "Prevention of epilepsy", discussed Neurocystercosis in epilepsy by Dr Sangeeta Rawat &

Dr Swati Mulye discussed on birth injuries as a cause of epilepsy .

Dr Gagandeep discussed head injuries & Dr Swati Mulye discussed birth injuries as a cause of epilepsy .

The symposium ended with a take home message of hand washing, wearing helmets while driving two-wheelers and safe delivery for pregnant woman.

This program was conducted in Hindi by all the stalwarts in neurology for the benefit of patients & caregiver. It was highly appreciated by every one .

Dr K S Mani Patients Forum saw inspiring presentations by the PWE from the Indore Chapter. Several person suffering from Indore, Mumbai, Bangalore, Pune chapter boldly shared their views and experiences on living with epilepsy. This was followed by a folk dance.



Ms Yashoda Wakankar, Pune

Prizes were given to best papers and Poster during valedictory function. Diploma In Epilepsy Care Certificates were handed over to the succesful students.

Dr.Gagandeep Singh extended invitation for the 12th Annual conference of IEA & IES at Ludhiana Dr JW Sabhaney gave vote of thanks .

There was a cultural program on 6th evening with Gazals by Ahmed Hussain & Mohamed Hussain from Jaipur followed by gala dinner.

The Trade Exhibition consisted of 28 stalls.



Dr Gagandeep Singh inviting ECON 2011 to Ludhiana

IEA PRESIDENTIAL ORATION

Dr P U Shah, Mumbai

"This is my journey down the last 40 years of neurology ,particularly epilepsy. I dedicate this oration to the nine founder members of IEA who all had vision to start IEA in 1971 with special feelings for Drs EP Bharucha, NH Wadia, AD Desai, and KS Mani, my team at KEMH,Conwest Jain Hospital and E CELL, my teachers Dr EPB and Dr VP Mondkar and my mentor Dr Richard Masland, my patients and their family members.

"What sensitized me was anguish on the face of father of young female patient who is all the time worried whether to hide or reveal and depression of those who are sent back due to epilepsy. I thought epilepsy is one area where lot can be done to bring smile on thier face just by time concern and committment. My interaction to make posters and documentary by Shyam Benegal gave me further depth.

"My trip abroad in 1988 and interaction with Dr Richard Masland in his house gave me direction and wrote a booklet. This was further strenghened by Formation Of SAMMAN in 1991 and entry of Dr Urvashi Shah, Carol Dsouza and Kavita in 1997 when we also got the space E CELL in 1997.

"Then all activities by our team

"Other unique activities of Bangalore, Tirupati, Indore Pune and Chennai

"Role of IES,Trust, Epilepsy India, website

"I srongly recommend education at schools, Life skill training programs and give good QOL to patients and their family members, somehow improve compliance and reach out programs for diagnosis therapeutics and education and ofcourse all of us to maintain our enthusiasm and passion for the cause."



EPICARE Need of the Hour

- Education
- Potential
- Independence
- Compliance
- Advocacy
- Reach out programs
- Enthusiasm

OUR STRENGTH



Training the Trainers



Unique Activities



Unique Activities



HAVE WE FORGOTTEN TO REMEMBER PHENOBARBITONE?

Dr Satish Jain, New Delhi



In 1864, Johann Friedrich Wilhelm Adolf von Baeyer, of Bayer Pharmaceuticals fame, concocted a new compound, 'malonylurea' and renamed his new compound barbituric acid. Emil Fischer and Joseph von Mering uncovered the medical value of the barbiturates in 1903. In 1912, Bayer Pharmaceuticals introduced phenobarbital (PB) to the market under the name Luminal - an effective sleeping aid that exhibited properties as an anticonvulsant. PB still remains an active component in the treatment of seizures, making it the oldest epilepsy medicine still in use.

PB acts via enhancing the activity of GABA-A receptors; depresses glutamate excitability; affects sodium, potassium & calcium conductance. PB has been always considered as a highly effective and cheap AED, effective in partial or generalized seizures (including absences and myoclonus), status epilepticus, Lennox-Gastaut syndrome, childhood epilepsy syndromes, febrile convulsions, and neonatal seizures. Common side effects being sedation, ataxia, dizziness, insomnia, hyperkinesia (children), mood changes (depression), aggressiveness, cognitive dysfunction, impotence, reduced libido, folate deficiency, rash, vitamin D deficiency etc. It has a number of interactions with AEDs & other drugs and is now not commonly used as a first-line AED.

Meta-analysis of 4 major trials found no difference between PB and PHT in various primary outcome

measures. Some randomized trials performed in industrialized countries have reported higher discontinuation rates with PB. Observational studies in rural & urban Tanzania, India, Nigeria, Mali have confirmed the effectiveness of PB in spite of long history of untreated seizures among patients. PB still remains a popular choice even in some of the developed countries despite the reported adverse effects and its being not used as a first-line AED. Italian FIRST study showed that more physicians chose PB as compared to CBZ, VPA, PHT to initiate AED therapy after first or second seizure (Neurology, 1997; 49: 991-98). PB continues to occupy a unique position and is still the most widely prescribed AED in the world. PB is recommended by the WHO as first-line AED for partial and generalized tonic-clonic seizures in developing countries (WHO-Initiative of support to people with epilepsy. Geneva: WHO, 1990).

PB is an 'ideal' AED since it is effective in most seizure types and is a genuine 'Broad Spectrum AED'. It has the longest half-life among all AEDs, is available in multiple formulations, is cheap and affordable, it does have some side-effects but beneficial effects outnumber side-effects and no other AED matches PB in its overall usefulness during the last 80-90 years!! PB is lot cheaper than believed. PB is thus the 'ideal drug for national epilepsy control programs'

The efficacy of PB has been established & is not in question, but its general use as a first line drug is limited by its perceived potential to cause sedation & mental slowness. There is no large pharmaceutical company promoting or marketing PB. It is a classical example of 'pharmaceutically orphan drug'. PB thus has a definite role in epilepsy management both in the developing and developed world even in the 21st century. Based on the knowledge gained in regards to pharmacogenetics & pharmacogenomics, we can modify some of the existing AEDs to produce better, cheaper & safer molecules. We should try and identify the reasons for the harmful effects of PB especially among children and elderly. PB molecule can then be made safer and more acceptable - it is still effective & cheap!!

EPILEPTOGENESIS LINKING SEIZURES FROM EARLY INFANCY TO CHRONIC EPILEPSY



By: Dr Solomon L Moshe, President ILAE, USA

Epidemiological studies suggest that early in life the brain is unusually susceptible to seizures and especially status epileptics (SE). Epidemiologic and outcome related clinical studies are important to generate hypotheses that can be tested in model system and then brought back to practice. However two way translation studies from the bedside to the animal model are crucial experimental studies suggest that the increased propensity of the development brain to experience SE may be related to

immaturity of the networks (such as the substantial nigra based network) that can suppress recurrent seizures in adult. There is an ongoing debate on the effect of SE on the brain as function of age. Most of the studies focus on effects on hippocampal function based on the notion that SE early in life may lead to the development of temporal lobe epilepsy (TLE) however there are many factor that contribute to the development of TLE following SE including that age the SE occurred. Indeed during early infancy Se may not predispose to TLE on the other hand it may have more widespread effect that are specific for discrete development windows, brain sites and often sex related some of these changes may be important for the propensity of subsequent seizures to also be prolonged as the system involved in seizure control may be substantially altered. Other changes may contribute to cognitive deficits that may occasionally occur. Understanding the spectrum and progressive nature of SE-induced changes in brain function may have important implications in the design of treatments aimed at disease modification. These treatments can potentially be used over relative short periods thus avoiding the potentially detrimental effects of long-term drug administration.

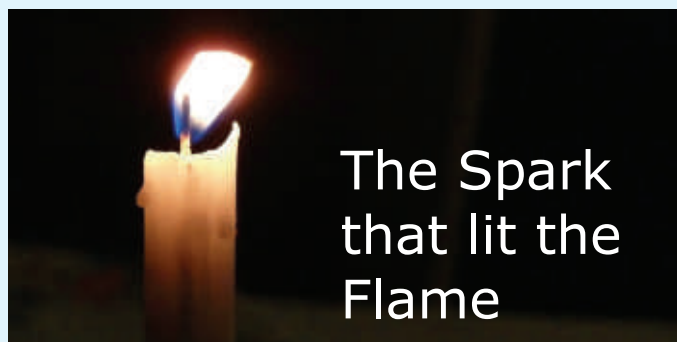
ANTIEPILEPTIC DRUG TREATMENT IN THE ELDERLY



Dr Patrick Kwan, Hong Kong

Epilepsy is most likely to develop in later life. Its burden on healthcare resources will rise further as the world's population continues to age. Making a secure diagnosis can be challenging because the clinical manifestations of

seizures and the differential diagnoses and causes of epilepsy can be different in older compared with younger individuals. Unique pharmacokinetics and pharmacodynamics changes occur in old age. The use and selection of antiepileptic drugs is often further compounded by the presence of comorbidities, polypharmacy and concomitant functional impairment, but there is a paucity of high level clinical evidence. A holistic model of care should combine expertise in the diagnosis and treatment of epilepsy with effective assessment and management of the psychosocial impact in order to improve the prognosis in this vulnerable and often neglected patient group.



This story is even more inspiring than some other events in epilepsy movement in the world. The time was February 1952 in the UK and the person, Haro Hodson who designed the emblem for this movement.

He was an artist and writer working then in the London Observer. One of his acquaintances Sheridan Russel an almoner (medical social worker) at National Hospital in Queens Square in London . Russel was involved with a charity whose chair was Lady Cynthia Colville . The charity had briefed Hodson that "we need an emblem to be used in all aspects of our work, something distinctive immediately recognizable and symbolizing our cause."

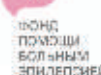
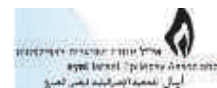
Of all the possible designs, one design brought an immediate agreement in unison. It was a brightly lit candle, a symbol of hope and of enlightenment. Thus came the symbol of the new charity British Epilepsy Association.

In 1950's as other epilepsy associations began to form, they also needed a symbol and were happy to accept the brightly burning candle. In 1961, IBE met in Rome where in (Dr Abraham) Mosovitch Motion was passed which recommended that the emblem be used for this activity.

From the article "The Spark That lit the Flame" by Philip Lee as published in IEN, Issue 4, 2009.

Addendum:

IEA was formed in 1971 and needed a symbol too. George Burden late of IBE visited India and he commended this emblem. IEA indiginised by using the auspicious lamp as a symbol of the very same enlightenment, hope and a sense of spiritual value.



Dansk Epilepsiforening



PRESIDENT'S LETTER

January 2010

PRESIDENT'S LETTER



With the new decade still in its infancy, we are already racing to keep up with all of the activities planned for 2010.

This being an 'even' year, beginning with the 2nd East Mediterranean Epilepsy Congress in March, IBE will be involved in four regional congresses during the year.

The first European regional meeting took place 22 years ago in Rome in April 1988 and, in the years since then, other regional congresses have become established in the Asian Oceanian Region, Latin America and, more recently, in the East Mediterranean Region.

The great attraction of regional meetings is their ability to focus on particular aspects of epilepsy that are either peculiar to that region or which impact in a different way within the region.

In addition, regional congresses are more accessible to those living in the region, with shorter journeys and, usually, fewer issues with language. Most regional meetings are on a smaller scale than the biennial major international events and this provides a better opportunity to make contact with colleagues old and new. And, with lower delegate numbers, there is more scope to become involved in discussing issues of relevance to you or to your association.

For people with epilepsy and their carers, the Special Programmes held during the regional meetings, have become hugely popular. The mix of workshops, plenary sessions, special awards and, of course, the great social activities are a big success with all who attend them. Already the Regional Executive Committees are working hard to put attractive and well planned programmes in place for 2010.

The IBE/ILAE congress website www.epilepsycongress.org has full details on all of this year's congresses and I would urge you to make a special effort to attend the congress in your region.

I hope to meet you in Dubai, Cartagena, Porto or Melbourne!

With best wishes

Mike Glynn
President

Regional Congresses
2010



2nd East Mediterranean Epilepsy Congress
4th - 6th March 2010
Dubai, United Arab Emirates



12th European Conference on Epilepsy & Society
25th - 27th August 2010
Porto, Portugal



6th Latin American Epilepsy Congress
1st - 4th August 2010
Cartagena—Colombia



8th Asian Oceanian Epilepsy Congress
21st - 24th October 2010
Melbourne, Australia

NATIONAL EPILEPSY DAY 2009

ANDHRA PRADESH-NELLORE



Reported by: Dr Bindu Menon

Nellore chapter actively celebrated the National epilepsy day. Keeping in view the theme based awareness for National Epilepsy Day, the chapter focused on the prevention of Epilepsy. November 9- November 16th was kept as Epilepsy prevention awareness week. On these days the booklet send to the Nellore chapter was distributed to all and they were counseled about the ways one can prevent epilepsy. The booklet was translated to the local language and was distributed. The matter in English as well as Telugu was put up in flex and poster form. They were displayed in strategic locations in the hospitals, cafeteria, mess, Auto stands etc.

A free epilepsy camp was organized on 14th of November and EEG was done for patients on concessional rates. A painting competition for children with epilepsy was conducted on the 16th of November.



Educational Programme

Painting Competition

Children participated with enthusiasm and prizes were distributed to the winning participants.

A CME programme for the Medical officers from Nellore was held on the 17th of November. Medical officers of Nellore district attended the teaching programme. The chief guest of the function was Dr D Suresh Kumar, District Medical Health Officer. The programme started with the welcome address by the Medical Superintendent, Dr P Narsimha Reddy who emphasized in his talk the importance of the prevention of epilepsy and conveyed to the medical officers to transmit the information to one and all. Dr Ramakrishna, Principal spoke of the magnitude of the illness and the treatment gap.

Dr D Suresh recalled the treatment in the earlier days and the myths prevailing in the villages. He appreciated



Quiz competition on epilepsy

Winners

the association for having organized the educational programme for PHC doctors. 98 PHC doctors attended the programme. Dr Bindu Menon, President of IEA chapter gave a talk on the diagnosis and management of epilepsy. Video of epilepsy was also shown and there was a good interaction among the audience. Dr Lokesh proposed the vote of thanks. The programme was given a good coverage by the local channels and newspapers.

As part of National Epilepsy day celebration, a school educational programme was conducted in the Gomathy International School on 21st of November. Dr Bindu enlightened them about the myths and facts of epilepsy. The teachers actively participated in the programme. A quiz competition on epilepsy was conducted for the Final MBBS, MSc Nursing and Physiotherapy students on 26th of November. There was a good response with 42 participants.

NATIONAL EPILEPSY DAY 2009

DELHI-IHBAS

Reported by: Dr Kiran Bala, Delhi



On the eve of National Epilepsy Day, an Epilepsy Symposium was conducted on 15th November 2009 by the Department of Neurology, Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi under the aegis of Indian Epilepsy Association, Delhi Chapter. The theme of this year's academic activity was “Management Issues in Pediatric Epilepsies”. This was a whole day CME which had been granted academic accreditation for 4 ½ hours by the Delhi Medical Council. After a welcome address by Dr Kiran Bala, HOD (Neurology), IHBAS and an introductory address by Prof Meena Gupta, President, Delhi Chapter, the CME was declared open by Dr VS Saxena, Editor Epilepsy News Letter. Amongst the distinguished invitees were Dr KS Anand, Dr Manjari



Tripathi, Dr Ish Anand and Dr BK Gupta.

More than one hundred attendees constituted by neurologists, pediatricians, DM & DNB (Neurology) senior residents, physicians, and MD & DNB (Pediatrics) residents attended the CME. An overwhelming response was obtained from the participants whose lively interactions made the discussions worthwhile. At the end of this symposium certificate of participation was

given to the attendees along with Guidelines for the Management of Epilepsy in India published by Indian Epilepsy Society & India Epilepsy Association-18th International Epilepsy Congress Trust.

To mark the occasion of National Epilepsy Day, an Epilepsy Awareness Program under the aegis of Indian Epilepsy Association, Delhi Chapter was organized on 17th November, 2009. Dr RK Grover, Director, addressed



the patients, their attendants and people from different walks of life regarding the treatable nature of epilepsy and round-the-clock availability of neurology services in IHBAS. The availability of drugs from the internal pharmacy was also stressed upon. Dr Sangeeta Sharma, Medical Superintendent advocated the need of rational drug therapy in patients with epilepsy and that adequate control can therefore be achieved with least number of drugs. Dr Kiran Bala, HOD-Neurology reiterated the availability of neurology services and requested the public to develop a positive attitude towards persons with epilepsy and enhance the self-esteem of those suffering from the illness.

There was a Drawing & Painting competition: For two groups of children divided by age and Sports Activity: For four different groups of children & adolescents.

The nursing staff of IHBAS presented a short drama which focused on the issue of prevailing myths and ignorance about epilepsy in our society. It was a very lively presentation with the correct message.

At the end of the program all the children suffering from epilepsy received participation gifts and refreshment in addition to the prizes for winners in various events. The brochures containing information about epilepsy and the facilities for its treatment available at IHBAS & other hospitals of Delhi were distributed to all the participants.

NATIONAL EPILEPSY DAY 2009

DELHI-UCMS

Reported by: Dr LC Thakur, Delhi



Dr LC Thakur, Director Professor & Head Department of Neurology, UCMS & Guru Teg Bahadur Hospital the only teaching hospital in East Delhi delivered a public lecture on "EPILEPSY, WHAT I CAN DO" on 17th November, 2009. This area serves thickly populated and economically backward region of Delhi touching Uttar Pradesh.

He talked on "community awareness and participation in epilepsy management, prevention and rehabilitation" in vernacular language i.e. Hindi for better communication, public participation and comprehension on the burning issues involved in epilepsy care management. He stressed on the people that epilepsy patient can be

treated in majority of cases (more than 70%) with medicine alone.

5-10 million people with epilepsy live in India however, half of them hardly get any treatment they deserve. They are subjected to social stigma, superstition and myths they go from pillar to post, to molvis or paadris or pujaris in a false hope to remove evil spirit or upari hava are subjected to various types of social outcast, mental and physical tortures, both in urban as well as rural areas."

He gave his views against all these evils and superstitions

This was followed by very interesting and very educative interactive question and answer session with the general public.



PUNE - SANVEDANA FOUNDATION OUTREACH

Reported by: Yashoda Wakankar, Pune



Sanvedana goes to "Morachi Chincholi"

With the start of new year 25 members of Sanvedana went for a picnic at "Morachi Chincholi" a beautiful picnic spot full of tamarind trees and dancing peacocks. Morachi Chincholi, has more than 2000 peacocks who are like villager's neighborhood friends from childhood. Children grow up with these beautiful creatures around them.

Janardan Thopate, the owner of "Mauli Krishi Paryatan Kendra", welcomed us with the nice tea; and "pohe"

with the typical warmth of the village. He and his family showed us the farms and told us about every plant, seed and the tree. There were so many farms like wheat, onion, jwari, sunflowers etc.

Thopate family cooked typical rural type lunch: pithale, bhakari, thecha, chatani, koshimbir, rice, daal which we all enjoyed.

While we enjoyed the moments together with games, sing-along, poetry recitation, we had the future plans of Sanvedana in mind. All contributed with ideas to make the whole event more than welcome for all who joined us on that day.



NATIONAL EPILEPSY DAY 2009

MAHARASHTRA - NAGPUR



Conducted two programs in collaboration with CIIMS (Central India Institute of Medical Sciences) celebrating its silver jubilee year and has Dr G M Taori as the Director.

An awareness program on epilepsy was held at Saraswat Sabhagriha, Bajaj Nagar on 15th November 2008. 73 patients from Nagpur and various parts of Madhya Pradesh enrolled for this camp.

- In the inaugural function, Dr G M Taori mentioned that epilepsy was a subject close to his heart and he had always strived for making all the facilities for its treatment available to the patients in CIIMS. Dr Praveena Shah, senior neurologist from Mumbai, was present as the Chief Guest, while Mrs Aasavari Shenolikar, Deputy Editor of The Hitawada, graced the occasion as the Guest Of Honour.

- Mrs Aasavari Shenolikar acknowledged the role of media in helping promote awareness and education through banners, posters and booklets to the patients, their relatives and the public. These booklets were specially prepared in Hindi with the help of Mrs Nandini Bal.

- An educational film, a story of a 14 year old cricket playing boy with epilepsy was screened His life changes for the better after counseling and proper guidance.



- This was followed by a talk by Dr Praveena Shah about the need for a patient forum and support group and her experience with the support group 'Samman' run by the 'E-cell' in Mumbai.
- An open discussion forum was held for patients and their relatives.
- Free check up was offered to the patients. A drawing competition was held for the patients and their relatives. 30 children participated enthusiastically.
- This was followed by a quiz program, where 8 teams took part. Alternate rounds of 'general knowledge' questions and 'epilepsy awareness' questions were asked. Mrs Nandini Bal, Mrs Shobha Sarode and Mrs Vishakha Morone framed the questions and conducted the quiz efficiently.
- The winners of both the competitions were awarded prizes at the hands of Dr Praveena Shah and Dr G M Taori.



- The program was greatly appreciated by the patients and in fact it was such a satisfying event because of their enthusiastic participation.

A symposium on 'Epilepsy' was held on 16th November, 2008, at Hotel Center Point. The discussions were targeted towards upgrading the knowledge amongst 120 junior doctors, general practitioners, physicians, pediatricians, psychiatrists and neurologists from Nagpur, Wardha and Savangi. The symposium was inaugurated by Dr Vibhavari Dani, Ex-Dean of GMC, IGMC and Dr Gopal Dubey, Ex-Dean LMH.

- Dr Mukund Baheti, Nagpur, Dr Nandan Yardi, Pune, Dr K Radhakrishnan, Trivandrum, spoke on the role of surgery in managing refractory epilepsy and Dr Sudhir Bhawe, Nagpur, spoke on the various aspects of epilepsy.

- In the end Dr Taori expressed his further vision to set up such a center in Nagpur, with a trained team of neurologist, psychologist and neurosurgeon.

NATIONAL EPILEPSY DAY 2009

UTTAR PRADESH - LUCKNOW



Reported by Dr Atul Agarwal

Dr Atul Agarwal gave a lecture to students and teachers of Parvati Devi Public High School. He was invited at local daily Hindi newspaper 'Dainik Jagran' in program Hello Doctor where he answered phone calls of persons on all aspects of epilepsy for one hour.

Prof Rakesh Shukla spoke on Epilepsy on FM channel Lucknow and answered the questions of audience.

A CME on "Prevention of Epilepsy" was organized on 15th November 2009 at the IMA Hall, River Bank Colony, Lucknow in the evening. where Prof Rakesh Dr Atul Agarwal, Dr Rajesh Verma spoke on epilepsy. Dr Maneesh Kumar Singh presented bad state of Indian roads & emphasized on prevention of accidents & head trauma for prevention of epilepsy due to it. The CME was attended by a large number of doctors. (supported by Sun Pharma)

"Conquer Epilepsy" was organized as an interactive program for patients, their relatives & caregivers at CSM Medical University. It was presided by Vice Chancellor Prof Saroj Chooramani Gopal who emphasized on need of such programs to spread awareness about the illness & remove stigmas associated with illness.

Artists of Kadambari group performed a drama skit on Epilepsy. The chief guest of function Prof Devika Nag told the gathering Do's & Don'ts if someone develops a



epileptic fit. Prof RK Garg gave the statistics of epilepsy while Prof Rakesh Shukla elaborated on what epilepsy means and discussed its types. Prof Rajesh Varma pointed to all what can cause epilepsy. Special emphasis was given on preventable causes like Cysticercosis. Dr Atul Agarwal emphasized on regularity of treatment, ensuring adequate night sleep & avoiding precipitating factors. Dr Maneesh K Singh discussed about importance of details of fits in history taking and investigations done in patients of epilepsy. Prof Yogesh Govil discussed about Febrile seizures and other issues like schooling in children with epilepsy. Prof Prabhat Sitholey told the gathering that sometime excessive stress in a person may result in unconsciousness & fit like situation which is exactly not seizure.

Again on 16 Nov AIR Lucknow aired a 30 minute talk by Dr Atul Agarwal on various aspects of Epilepsy.

'Dainik Jagran' published half page article which contained Q&A of 'Hello Doctor' program on 15 Nov and other information on Epilepsy.



On 17 Nov a Painting competition for children with epilepsy was organized at Vivekanand Hospital, Lucknow in which 36 children participated and prizes distributed (provided by Abbott Pharma). All the participants were also given coloring books & participation certificates. others asked many questions which were answered by experts.

On 19 Nov an Epilepsy Quiz was held for undergraduate students of CSM Medical University at Pharma Lecture theatre. Dr Atul Agarwal presented 60 interesting questions. (prizes supported by Novartis Pharma).

On 21 Nov a CME on Pediatric Neurology was organized by Dr Kiran Zutschi of Deptt of Pediatrics, Vivekanand Hospital. On 23 Nov. Foundation day function & CME was organized by Prof Rashmi Kumar, Head of Pediatrics, CSMU. Prof PK Misra oration on "Neurocysticercosis: The Indian experience" was delivered by Prof Veena Kalra, New Delhi. Prof NL Sharma oration on "Controversies in Febrile Seizures" was delivered by Dr Rajiv R Varma, Pittsburgh, USA.

NATIONAL EPILEPSY DAY 2009

WEST BENGAL - KOLKATA



Reported by: Dr Goutam Ganguly, Kolkata

It was held in the psychiatry seminar room of Bangur Institute of Neurology. We have the following agendas:

- Sit & draw competition among children with epilepsy
- Decorating with posters in regional language to educate patient caregivers.
- Briefing disease & advice Do's & Don'ts to all patient caregivers (Parents).
- Interactive session with all parents.
- Panel discussion



There were 43 Participants in sit and draw competition. Consolation prize to all, Best Paintings selected for Calendar of 2010 (Trioptal Calendar). Snacks were provided to all participants including their parents. Doordarshan did coverage of this programme. Dignitaries present were Prof T N Roy, Prof A K Senapati, Prof S N Ghosh, Prof A K Bhadra, Dr T K Dhibar, Dr G Ganguly, Dr A Pandit, and Dr M Sinha. Dignitaries did an interactive session with parents/caregivers of children with epilepsy.



FOURTH EEG WORKSHOP -JAN 2010, AIIMS, NEW DELHI



Reported by Dr Manjari Tripathi, New Delhi

The first IES AIIMS Epilepsy and EEG workshop was held on the 5th and 6th Feb 2008. The second such workshop was held on 27th and 28th December, The third in 2009 may. This was followed by the fourth in Jan this year. This meeting was unique in that it was organised and executed in a hands on manner with computer and EEG reading access to all attending such that participants could read EEG records and report during the workshop. The workshop was directed by Dr Manjari Tripathi. Hands on

EEG lessons were given by Prof MM Mehendiratta, Dr Manjari Tripathi, Sheffali Gulati, Achal Srivastava, Garima Shukla, Vibhor Pardasani, Deepti Vibha. The workshop was attended by 30 participants from in and around Delhi, few participants also came in from Nepal , Bihar, Gujrat, Kerala, Rajasthan, Tamil Nadu. The workshop size was deliberately kept small to allow personal interaction and attention by the teaching staff.

Examples of the feedback were obtained as participants stated that it was a wonderful experience and most felt that the teachers were very supportive and good. Most felt it gave them a good knowledge of the basics of EEG which they were not very confident of before. Some suggested regular further workshops held in the similar manner so as to benefit people doing EEG and seeing patients with epilepsy. Some participants felt that apart from being very informative the best part of the workshop was enough time given for interaction with the speakers and all there doubts and questions could be cleared. Most participants wanted to have an extended experience in the department with short term observerships and training. Some participants were researchers and did EEGs in research settings the course helped them get sure of the basics.

REPORT ON EEG AND EPILEPSY IN RURAL ORISSA



Reported by Dr Uma Padhy, Berhampur, Orissa

This little town is in southern Orissa I have joined the medical college and established a small EEG and epilepsy facility. We have a large population with a huge treatment gap in epilepsy amounting to almost 70-80 %. This is mostly primary as persons with epilepsy do not even know that this has an effective treatment attached to it. I was shocked to find after my training at AIIMS, that

many persons with epilepsy are actually getting steroids/ anabolic steroids for treatment and not good anticonvulsants as a result of which the patient has to visit the few doctors available in this little town frequently as the seizures remain uncontrolled.

During her visit here Dr Manjari Tripathi, Epileptologist from AIIMS, surveyed the equipment and standardised the montage settings for EEG to be done on patients. Our technician is enthusiastic too about performing these, the only barrier remains adequate knowledge to be dispersed to patients about the availability of adequate and good medication for epilepsy. Misconception and fear rules most lives in this remote town. We hope to narrow this barrier by periodic awareness drives on behalf of my medical college and visits from experts. Camps driven for awareness , prevention of injuries due to seizures , tribals and indogenous population are mostly medication naive- visits and identification are all in the anvil. Look into dispersing free medication is also being done.

EPILEPSY EDUCATION GOES TO SCHOOLS



Report by Mrs Sarita, Teacher, Apeejay School, New Delhi

There is this tremendous misconception about epilepsy. The perception of teachers, school management, school clinics may not always be correct. For this very reason it was necessary to bring in epilepsy education in various schools in Delhi. This started with Apeejay School, Pitampura, Delhi.

Students and teachers of class 8, 9, 10 will be the ones to benefit from this course. This is an impressionable age. Knowledge about epilepsy, what causes it, what prevents it, the triggering factors, precautions, including videos, were shared in these sessions. The sessions will be held at different times of the year and hope to change perceptions of teachers and students. This will make the concept of this disease more clear, reduce the misconceptions and myths about the same. The sessions are being conducted by Dr Manjari Tripathi, epileptologist, AIIMS. The sessions are



very interactive and occur at a leisurely pace so as to answer all the queries raised by the students.

Information on prevention will be the main concern specially the importance of having an event free delivery, good standard perinatal care, prevent head injuries specially so when youth tend to be fond of riding bikes without helmets, preventing young kids from flying kites at heights from buildings where they fall of and then have head injuries and seizures, to have adequate height of barricades in balconies and roofs where children could not wander off and fall down, washing of hands, good food



hygiene, washing vegetables before cooking to prevent tapeworms in the brain.

First aid measures of simply turning the patient to the side and removing dangerous articles from around the patient, and calling the doctor in and emergency medication routes were discussed. The condition of status epilepticus and the need for bringing the person having the same into hospital immediately was emphasised.

Overall the children were enthusiastic in participating and learning raising hopes for an EPILEPSY STIGMA FREE SOCIETY IN THE FUTURE. Integration of a person with epilepsy was the call of the course. As an extension of this information on epilepsy is being integrated in a booklet to be bought about for schools by the ministry of HRD and AIIMS shortly.

THE NORTH AMERICAN ANTIEPILEPTIC DRUG PREGNANCY REGISTRY

The North American Antiepileptic Drug Pregnancy Registry is pleased to announce findings on the comparative safety of some combinations of anticonvulsant drugs. We have previously published our findings regarding phenobarbital, carbamazepine, valproate and lamotrigine taken alone as monotherapy.(1) Since we have analyzed the rate of malformations in infants for each of these specific drugs when taken alone, we wanted to investigate the effect they might have on the prevalence of major malformations when taken in combination.

A common perception in prescribing anticonvulsant drugs during pregnancy is that the combination of two or more drugs harbors a greater risk of major malformations. As a result, monotherapy is more frequently recommended as an ideal treatment even though a woman's condition may be better controlled with multiple antiepileptic drugs (AEDs), which is referred to as polytherapy.

However, we predicted that the risk of malformation associated with a drug combination is a function of the specific drugs used in that polytherapy treatment, and therefore some combinations may be less harmful to the fetus than others.

As part of our ongoing research, we looked at combinations of the drugs we have already studied as monotherapy. Since its inception in 1997, 6,690 women have enrolled in the Registry. Among these participants, the most common drug therapies have been lamotrigine

(Lamictal®) and carbamazepine (Tegretol®).

We found that the rate of major malformations for lamotrigine taken as monotherapy was 1.2% and the rate of major malformations for carbamazepine taken as monotherapy was 2.5%. In comparison with these two anticonvulsant monotherapy treatments, we found that prenatal exposure to valproate has a considerably higher fetal risk. When taken as monotherapy, valproate had a 10.7% rate of major malformations.

These results are compared with an external control group for which the rate malformation is 1.6%.(2) When

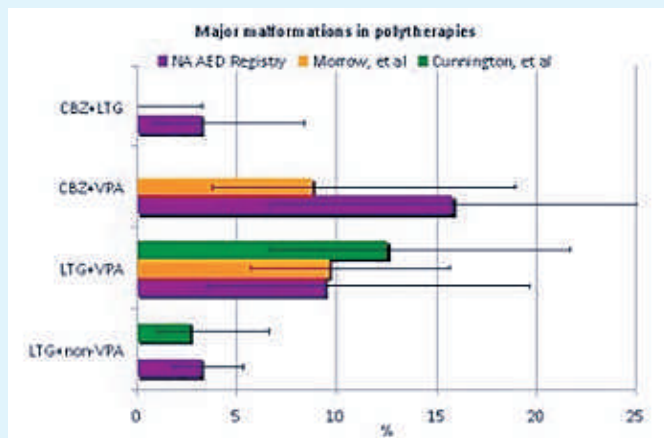
lamotrigine and carbamazepine were taken together as polytherapy, the rate of major malformation was 3.2%. We then looked at each of those drugs combined with valproate. The rate of malformation for those taking lamotrigine and valproate as polytherapy was 10.2%. The rate of malformation for those taking carbamazepine and valproate was 6.9%. The risk associated with both of

these valproate polytherapy combinations was much higher than the risk of taking lamotrigine and carbamazepine combined as polytherapy.

These results suggest that polytherapy treatments containing valproate result in a considerable increase of malformations. The combination of lamotrigine and carbamazepine was associated with a lower risk of malformations.

This graph demonstrates our findings in comparison with two separate studies that also evaluated the "safety" of certain combinations of anticonvulsants. The UK Epilepsy and Pregnancy Register(3) and the





International Lamictal Registry(4) also found that polytherapy treatments that contain valproate increase the rate of major malformations. Because these three separate pregnancy registries have comparable rates, our findings are strengthened. The general trend illustrates that the fetal risks for malformations vary for the specific drugs used in polytherapy.

The findings of all three pregnancy registries suggest that we should not necessarily be concerned about polytherapy, but rather the specific combination of drugs used as polytherapy treatment. When taken by itself, valproate generates an increased risk of malformations. Additionally, when valproate is taken in combination with another AED, high rates of major malformations are found. These findings demonstrate that there are “safer” options for pregnant women who require treatment with more than one anticonvulsant drug.

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NOVEL ANTI-EPILEPSY DRUG DEVELOPED AT WISCONSIN TO BEGIN CLINICAL TRIALS

Research at the UW School of Medicine and Public Health Department of Neurology Madison , Wisconsin - A type of glucose used for years in medical imaging is about to be tested in clinical trials to see if it can protect people who suffer from frequent epileptic seizures.

The compound, known as 2-deoxy-D-glucose or 2DG, seems to trick the body into believing there is no sugar available, thus mimicking the effect of a ketogenic or no-sugar diet in reducing seizures. Clinical trials on epilepsy patients are expected to begin this year in the University of Virginia .

Wisconsin neurology researchers Avtar Roopra, PhD; Thomas Sutula, MD, PhD; and Carl Stafstrom, MD, PhD, reported the novel anticonvulsant and disease-modifying effects of 2DG on animals with a type of epilepsy in Nature Neuroscience in 2006.

This discovery will now go from the lab to being tested in patients.

The hope is that 2DG can be used to treat the 30 percent of patients whose seizures are not controlled by current drugs. Epilepsy, the third most common neurological disorder after Alzheimer's disease and stroke, affects 50 million people worldwide, including three million in the United States. By blocking the metabolism of sugar, 2DG suppresses excitability in the brain leading to seizures, and also favorably modifies expression of neural genes.

It is claimed that 2DG has anticonvulsant effects and it is very unique that it can be given with increased effectiveness right after a seizure.

The Wisconsin researchers patented 2DG for its use against epilepsy in collaboration with the Wisconsin Alumni Research Foundation, forming the Madison company NeuroGenomeX, Inc. The trial is being funded by the Epilepsy Research Foundation, the Epilepsy Therapy Development Project, and through efforts of Neurogenomex and WARF.

Dr Nathan Fountain, head of the FE Dreifuss Comprehensive Epilepsy program at the University of Virginia, is expected to begin recruiting patients for the trial in early 2010.



RESEARCH ON EPILEPSY

CONSENSUS DEFINITION OF DRUG RESISTANT EPILEPSY

American Epilepsy Society 2009

Reported by Dr Andrew Wilner

Is "intractable" the same as "refractory?" Does the patient have to fail 2 drugs, 3, or more? What if the failures are due to allergic reactions or toxicity? Do they count the same as a therapeutic failure? What should the criteria be for entry into a clinical trial, consideration of the vagus nerve stimulator or epilepsy surgery? Until now, multiple definitions for drug resistant epilepsy have been in use.

ILAE Commission on Therapeutic Strategies Task Force formulated a new consensus definition of "drug resistant" epilepsy as "failure of adequate trials of two tolerated, appropriately chosen and used antiepileptic drug schedules (whether as monotherapy or in combination) to achieve sustained seizure freedom." With this definition, "drug resistant" replaces "intractable" or "refractory."

Patrick Kwan, Hong Kong, explained, "This proposed definition represents a testable hypothesis and a common starting point. Revision may be needed as more high quality data become available."

Anne Berg, Chicago, discussed the committee's definition of "seizure free for at least 1 year, or 3 times

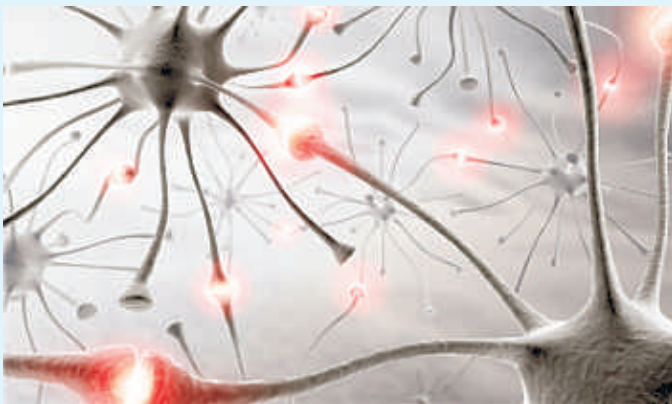
the longest inter-seizure interval (whichever is longer). Using the "rule of 3" for calculating confidence intervals provides 95% certainty.

Alexis Arzimanoglou, Lyon, France, explained that the new definition works in all types of epilepsies, independent of age of onset, frequency of seizures, and etiology. Early detection of drug resistant epilepsy should lead to early referral to an epilepsy center, where prompt diagnostic and therapeutic interventions may significantly improve a child's long term outcome.

Jacqueline French, USA, added that the definition is still a work in progress. Issues that need to be addressed include fine tuning, expanding, testing, and teaching the definition.

Dr Kwan concluded, "This definition is more usable by generalists, and not the epileptologist, because most patients are initially managed by nonspecialists, internists or general neurologists, so the system should be simple enough to be used in this context. This is a minimum or core definition that can be applied across broad scenarios as a starting point, to keep the simplicity so that it is as user-friendly as possible.

REASONS BEHIND 'STUBBORN' EPILEPSY



Dr Mark Cunningham and his team at Newcastle University conducted a test on patients' brain part of the study.

They found seizures were caused by electrical connections between nerve cells rather than chemical ones.

The research proceeded with removing brain tissue from people with epilepsy.

Electrical signals from individual neurons and networks

of neurons in the samples were then recorded. The tissue was compared to with normal brain tissue activity. The researchers noted an underlying 'noise,' a particular type of brain wave, which occurs in the intact epileptic human brain.

They found that the oscillation or "noise," a precursor to an epileptic seizure, was not controlled by the usual chemical signals which most conventional anti-epileptic drugs fight. Instead, the scientists observed that the oscillation was linked to electrical connections.

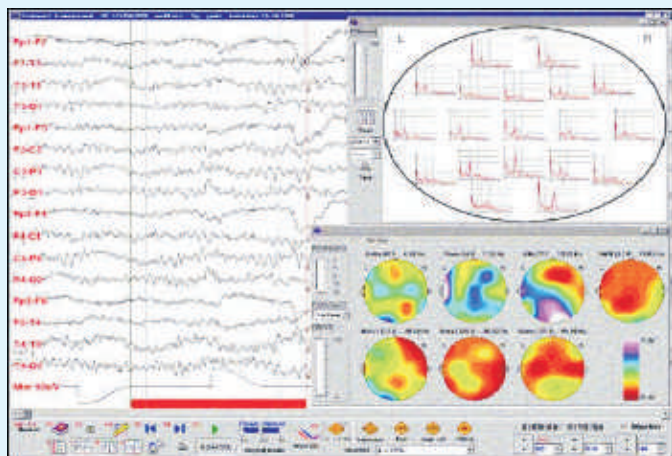
"This is exciting news for people whose epilepsy cannot be controlled by medication and an important development in our understanding of the condition," the BBC News quoted Simon Wigglesworth of Epilepsy Action, as saying.

He added: "Currently, there is no treatment to cure epilepsy other than surgery, which at the moment is only effective for small numbers.

"We hope that this research will move us closer to effective treatment".

The study appears in **Proceedings of the National Academy of Sciences**.

ANALYSIS OF EPILEPTIC EEG SIGNALS USING HIGHER ORDER SPECTRA



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The unpredictability of the occurrence of epileptic seizures contributes to the burden of the disease to a major degree. An automatic system that detects seizure onsets would allow patients or the people near them to take appropriate precautions, and could provide more insight into these phenomena, thereby revealing important clinical information. Thus, various methods have been proposed to predict the onset of seizures based on EEG recordings. A seemingly promising approach involves nonlinear features motivated by the higher order spectra (HOS). The goal in this paper is to find the different HOS features for normal, pre-ictal (background) and epileptic EEG signals. This may help in the detection of seizure onset as early as possible with maximal accuracy. In this work, 300 EEG data, each belonging to the three classes, are studied. Our results show that the HOS based measures show unique ranges for the different classes with high confidence level ($p = 0.002$).

UV-EMITTING DIODE MIGHT BE BENEFICIAL IN EPILEPSY

An experimental light therapy is being investigated as an alternative to antiepileptic drugs or surgery for focal seizures.

"This could become a very specific and powerful method for modulating focal epilepsy without subjecting intractable patients to toxic doses of medication or irreversible brain damage from epilepsy resections," report the investigators, led by Xiao-Feng Yang, MD, from the University of Minnesota Medical School .

The researchers studied the effect of light therapy on the paroxysmal activity of rat brain slices. They obtained electrophysiologic recordings from samples bathed with caged γ -aminobutyric acid. The team induced seizure-like activity by perfusing slices with an extracellular medium lacking magnesium and containing 4-aminopyridine.

New treatments have focused primarily on electrical stimulation of the vagus nerve, the epileptogenic region of cortex, or deeper brain structures, such as the anterior nucleus of the thalamus.

Potentially more appealing than resective surgery or electrical stimulation is the possibility of directly reducing the excitability of neurons within the epileptogenic cortex. The researchers point out that this has already been achieved by focal cooling, which can rapidly terminate paroxysmal activity in rodent and human brain.

Dr Yang's team suggests that a programmable pump could deliver the caged γ -aminobutyric acid into the subarachnoid space over the epileptic area of the brain. UV light-emitting diodes (LEDs) could then be responsively activated using techniques similar to those for cortical stimulation units that are currently in clinical trials. The UV LEDs could be activated either on a predetermined schedule, much like the present vagal nerve and thalamic stimulation units, or by a responsive seizure detection unit.

They found that light therapy can release sufficient γ -aminobutyric acid to attenuate seizure-like activity in the rat brain slices. "Because our seizure model is very severe, it is probable that this technique would have a robust effect in human focal epilepsy," report the investigators.

"There are still numerous experiments that need to be performed in vivo before clinical applications can be seriously considered," they add. (*funded by the National Institutes of Health*)

Epilepsia. 2010;51:127-135.

EPILEPSY AROUND THE WORLD

HONG KONG



The transformative power of music

"I am alive today because I had a violin."

Martha Curtis explained. Epileptic seizures began for Martha at the age of three; her music training began when she was five.

Music performance and intractable epilepsy co-existed in her life for over thirty years until her right hippocampus,

amygdala, and half her right temporal lobe were removed in three brain surgeries. Today, Martha is seizure-free, and her ability to perform and memorize difficult pieces of music is greater than before the operations. Her story has featured on "60 Minutes and "The today show" in the US.

Through the generosity of Mrs Elaine Forsgate, who brought Martha to Hong Kong, Enlighten-Action for Epilepsy and 75 guests met with the talented musician at a special event at Hong Kong's Mandarin Oriental Hotel. During the event, Martha shared her amazing story and gave a violin performance.

In her multi-media presentation, Martha used words, scans of her brain, and performed some of the music that kept her spirit driving forward all these years. her success story has singlehandedly changed preconceived theories about brain and memory function, crediting music with saving her life and allowing her experience beauty.

Reported by: Orla Gilroy, CEO Enlighten Hong Kong and published in IEN3, 2009

PAKISTAN



Aga Khan University: 'Most epilepsy cases can be treated easily'

Patients of epilepsy face dual hardship; not only they suffer from the disease but are also exposed to the myths and misconceptions attached to it.

Discussing the causes of childhood epilepsy, Dr Khalid Ahmed, a practitioner at the Aga Khan University auditorium, Karachi said that the reasons could be tumours, trauma, birth injury, premature birth, infection or genetic disorders.

Giving some tips on how to manage epileptic fits, he said that although the child may look as if he was in pain, he actually felt nothing during the seizure or if he stopped breathing for a few moments or showed some paleness that should be taken as a naturally occurring part of the seizure, caused by a temporary reduction of oxygen in the blood.

"Remove if there are any sharp objects there; loosen tight clothing; turn the child on one side in case he/she

vomits during the seizure; don't put anything in the mouth; avoid giving medications during this period and do not hold the child down or restrain. Young children should be carefully supervised while they are in the bathtub," he said.

Dr Fowzia Siddiqui, consultant neurologist and epileptologist at the AKUH, said that immediate medical intervention was required as simple fits could take a complex form.

"At the moment, there are 20 types of drugs available in the market for treatment of epilepsy. Patients must follow a doctor's advice and demonstrate complete compliance," she said.

Underlining the significance of the public awareness, doctors said that a lack of right information about the disease made patients suffer physically, socially and psychologically.

"These problems compound if the patient happens to be a woman. There is a dire need for making people know that epileptic women can function normally, provided they undergo right treatment at the right time," she said.

Posted by Ahmad Ladhani

Source: Dawn, Karachi, 25 Dec 2009

EPILEPSY AROUND THE WORLD

Do popular TV shows depict proper first aid for seizures?



Watching popular medical dramas on TV like “ER” or “Grey’s Anatomy” might not be the best way to learn what to do when someone has a seizure.

Researchers screened the most popular medical dramas and found that doctors and nurses on the shows responded inappropriately to seizures almost half the time, according to a new study.

“Television dramas are a potentially powerful method of educating the public about first aid and seizures,” said study author Andrew Moeller, with Dalhousie University, Halifax, Canada.

“Our results, showing that television shows inaccurately showed seizure management half the time are a call to action,” said R Mark Sadler, also with Dalhousie University.

In the 327 episodes, 59 seizures occurred. Fifty-one seizures took place in a hospital and nearly all first aid was performed by ‘nurses’ or ‘doctors’.

The study found that inappropriate practices, including holding the person down, trying to stop involuntary movements or putting something in the person’s mouth, occurred in 25 cases, nearly 46 percent of the time.

First aid management was shown appropriately in 17 seizures, or about 29 percent of the time. Appropriateness of first aid could not be determined in 15 incidents of seizures, or 25 percent, said a Dalhousie University release.

Reported by IANS, Toronto

These findings will be presented at the American Academy of Neurology’s 62nd Annual Meeting in Toronto April 10-17.

SOUTH AFRICA



Epilepsy Enduro - London to Cape Town

Posted by: Warren Robertson

Who's coming with me?

Epilepsy South Africa is a dynamic and growing organisation. For this reason the National Office requests assistance in the Marketing and Fund development section when it comes to external projects and events.

The project:

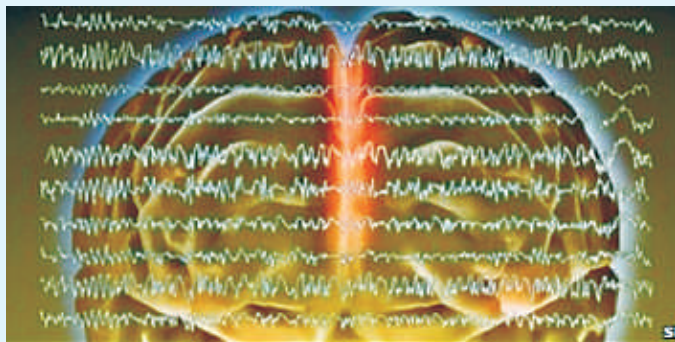
Epilepsy Enduro is an exciting project that aims to raise much needed funds and awareness for Epilepsy South Africa and will officially start on the 10th of October 2010.

A cyclist will depart from London and cycle through parts of Europe to Africa. He will cycle through Africa to Cape Town, camping where necessary, staying at local Epilepsy Organisations or wherever assistance can be obtained. Some events will be attended or hosted along the way and continued feedback will be presented to the South African base.

Two Positions of Driver and Camera operator are available and for applications have been invited by only serious conditions who will serve as major pillars for the cyclist.

UK

Text Reminder to Take Epilepsy Pills



Ben Davey needs to take 20 tablets of four different types each day - so it is no surprise that sometimes he forgets them.

But forgetting can have serious consequences for as he can have a seizure.

"For many years I have had about three fits a year," said Ben, who has had epilepsy since puberty.

"For me taking a tablet is such an important thing. If I could know that I had definitely done that it would be great"

New service

Now the National Hospital for Neurology and Neurosurgery (NHN), has launched a new service to help patients manage their condition.

The service will use text messaging to remind patients to take their medication and has a facility to alert carers if they do not respond to a text saying they have taken the tablets.

Poor adherence is the main cause of unsuccessful drug treatment.

Pill routine

Professor John Duncan, Professor of Neurology, agreed: "Most individuals with epilepsy have to take medication regularly in order to achieve the best possible control of their seizures, but remembering to take medication can be problematic for some"

Simon Wigglesworth, deputy chief executive at Epilepsy Action, said he was excited by the potential offered.

"Alerts reminding people to take their anti-epileptic drugs could be effective in ensuring they take their medication accurately and on time.

Story By Jane Elliott Health reporter, BBC News 2010/01/16

USA

American Association of Epileptologists of Indian Origin

Second Annual meeting in Boston – December 6th 2009.

Reported By Dr SANJAY P SINGH, Omaha, USA

The American Epilepsy Society had officially designated this meeting as a Thought Session. It was also included in the official program booklet. 116 people attended this second meeting, both from the USA & India. The meeting was called to order and introductory remarks were made by Dr Sanjay Singh, MD. The meeting was organized by Dr Prakash Kotagal, MD & Dr Sanjay Singh, MD.

There were four speakers in the first part of the meeting. The theme for this year's meeting was Epilepsy Education and Awareness. Dr Jaideep Kapur (USA) spoke about the need for such an organization and its potential role in enhancing cooperation between the specialists of the two countries and also in furthering the cause of Epilepsy Education. Debra Josephs (USA), the Director of the Anita Kaufmann Foundation told the audience about the good work her organization is doing in Epilepsy education and awareness.

Dr Nandan Yardi (India) spoke about the work on Epilepsy Awareness in his region of India. He also showed a short film on Epilepsy awareness in India. Dr Sanjib Sinha (NIMHANS-India) educated the American Epileptologists of Indian Origin about the organization of Epilepsy Care in India. He also educated us about the challenges and opportunities in Epilepsy in India. Dr Sanjeev Thomas (SCTIMST-India) also shared some of his ideas.

There was a passionate discussion on the goals and objectives we should strive to accomplish. Dr Prakash Kotagal summarized the discussion as follows:

- 1. Observership Training Directory**
- 2. Explore Joint Epilepsy Workshops with our colleagues from India (IES).**
- 3. Task Forces** - It was decided to form 3 task forces, -
 - Epilepsy Awareness & Education;
 - Education of Professionals [including Nurses EEG Technicians] in Epilepsy Care in India;
 - Finance & Organizational matters.

These task forces will deliberate on these topics and will present their findings to us at our next meeting.

ZAMBIA

Epilepsy Body Calls for Relaxed Drug Licensing



IBE vice-president and national coordinator for Epilepsy Zambia Programme Anthony Zimba said because of the complicated process of obtaining the licenses for the supply of drugs such as phenobarbitone,

which was highly controlled, most pharmacists did not stock the drugs.

He said while Government was trying to control abuse of the drugs, it was also vital that it helped pharmacists easily access the drugs without undue hindrance for the benefit of rising numbers of epilepsy sufferers. He said there was need for dialogue to establish amicable solution to the effective supply of epilepsy drugs.

Zambia has over 800, 000 epilepsy patients around the country and require a reliable supply of vital drugs," he said.

Mr Zimba said he backed calls for dialogue by the Pharmaceutical Society of Zambia (PSZ) who claimed that more members were shunning the stocking of epilepsy drugs due to many restrictions.

PSZ at the weekend called for the enhancement of access to medicines for epilepsy and related illness and for the sufficient protection of health practitioners that provided such medicines.

PSZ president Bonaventure Kasama said epilepsy patients usually led a normal life when maintained on drugs, which were supposed to be readily available across the country but that fewer PSZ members were stocking the medicines due to failure to adequately interpret the law on provision of the medicines.

He said due to failure to interpret the law adequately, some pharmacists, especially private practitioners had been subjected to unsuccessful prosecutions and detentions at the expense of epilepsy patients.

USA

Neil Young: Musical enigma has many faces

When the Grammys honour Neil Young, they'll be feting more than a rock 'n' roll icon who is also a philanthropist, environmentalist, inventor and filmmaker.



Neil Young finally has his first Grammy Award, but it's not for his music of 50 years of singing and song writing its. Still, while Young will compete with his peers in a couple of Grammy categories – He keeps quiet about: his philanthropy.

Young was officially minted as the Recording Academy's "MusiCares Person of the Year" with many more fellow musicians as Elton John and Crosby, Stills and Nash got up and started serenading him with his own songs.

His quiet humanitarianism goes way back. He's been a crusader for environmental issues. He is active with the Cerebral Palsy Foundation. He is a frequent donor to the Epilepsy Foundation. He co-founded Farm Aid to help save humble American family farms facing foreclosure. He's also one on organization that assists and educates children with severe physical and/or speech impairments, and stages a famed annual, all-star benefit concert in support of the facility.

Young, of course, doesn't trumpet any of this.

MISCELLANEA

THOUGHTS TO PONDER



Number 10

Life is sexually transmitted.

Number 9

Good health is merely the slowest possible rate at which one can die.

Number 7

Give a person a fish and you feed them for a day, teach a person to use the Internet and they won't bother you for weeks.

Number 6

Some people are like a Slinky ...
Not really good for anything, but you
still can't help but smile when
you shove them down

Number 5

Health nuts are going to feel stupid someday,
lying in hospitals, dying of nothing.

Number 4

All of us could take a lesson from the weather.
It pays no attention to criticism.

Number 3

Why does a slight tax increase cost you \$200.00,
and a substantial tax cut saves you \$30.00?

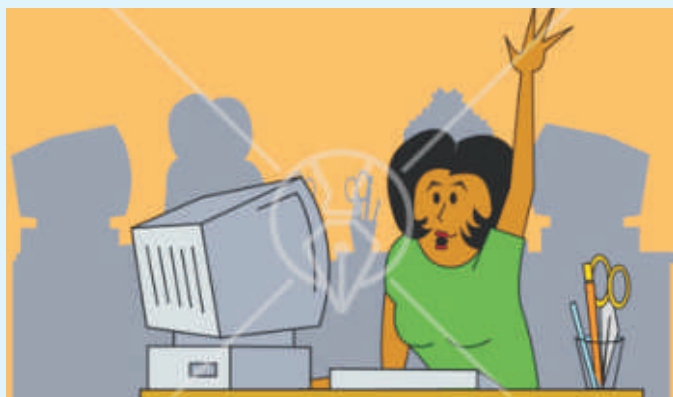
Number 2

In the 1960's, people took acid to make the world
weird.

Number 1

Now the world is Weird and people take Prozac to
make it normal.

INSTALLING HUSBAND 1.0



A woman writes to the IT Technical support.....
Dear Tech Support,

Last year I upgraded from Boyfriend 5.0 to Husband 1.0 and I noticed a distinct slowdown in the overall Computer software performance, particularly in the flower and jewellery applications, which operated flawlessly under Boyfriend 5

In addition, Husband 1.0 uninstalled many other valuable programs, such as Romance 9.5 and Personal Attention 6.5, and then installed undesirable programs such as NEWS 5.0, MONEY 3.0 and CRICKET 4.1.

Conversation 8.0 no longer runs, and Housecleaning 2.6 simply crashes the system.

Please note that I have tried running Nagging 5.3 to fix these problems, but no improvements. What can I do?

Signed,

REPLY

Dear Madam,

First, keep in mind, Boyfriend 5.0 is an Entertainment Package, while Husband 1.0 is an operating system.

Please enter command: `ithoughtyoulovedme`. HTML and try to download Tears 6.2 and do not forget to install the Guilt 3.0 update.

If that application works as designed, Husband1.0 should then automatically run the applications Jewellery 2.0 and Flowers 3.5.

However, remember, overuse of the above application can cause Husband 1.0 to default to Silence 2.5 or Beer 6.1.

Please note that Beer 6.1 is a very bad program that will download the Snoring Loudly Beta.

Whatever you do, DO NOT in any circumstances install Mother-In-Law 1.0 (it runs a virus in the background that will eventually seize control of all your system resources.)

In addition, please do not attempt to reinstall the Boyfriend 5.0 program. These are unsupported applications and will crash Husband 1.0.

In summary, Husband 1.0 is a great program, but it does have limited memory and cannot learn new applications quickly.

You might consider buying additional software

To improve memory and performance.

We recommend: Cooking 3.0 and Good Looks 7.7.

Good Luck Madam!

THINGS WORTH KNOWING ABOUT COFFEE

NO COFFEE DRINKING

In 1675, the King of England banned coffee houses, claiming they were places where people met to conspire against him.

70% of the world consumes Arabica coffee, which is mild and aromatic. The remaining 30% drinks Robusta, which is more bitter-tasting but has 50% more caffeine than Arabica.

The rise of Islam

contributed greatly to the popularity of coffee. The religion prohibited drinking alcohol, but coffee was considered an acceptable drink.

All coffee in the world grows in the **Bean Belt**

(The "bean belt" is the area between the Tropics of Cancer and Capricorn)

Dancing Goats

Ethiopian shepherds first noticed the effects of caffeine when they saw their goats appearing to become frisky and "dance" after eating coffee berries.

Coffee was then eaten.

African tribes mixed coffee berries with fat which formed edible energy balls.

It all started with

Coffee grows on trees

They can grow to be up to 30 feet tall, but are cultivated to be around 10 feet (3 meters) tall for easy-picking.



Coffee is the second most traded commodity on earth.

Oil is the first. Clearly humanity has a thing for black, delicious liquids.

George Washington invented instant coffee!

"No, not me!"

A Belgian man living in Guatemala by the name of George Washington invented it in 1906.

The top marketing director of "Coffee Company" has a meeting with the Pope at the Vatican to offer to donate \$100 million to the church if he changes the Lord's Prayer from 'Give us this day our daily bread' to 'Give us this day our daily coffee'.

The Pope looks outraged and thunders, "That is impossible." Somewhat chastened, he increased the offer to \$300 million.

Again, even more sternly, the Pope replies, "That, my son, is impossible. For the prayer is the word of the Lord and it must not be changed."

Finally, the director says, "Your Holiness, we respect your adherence to your faith, we realize that tradition is essential to your beliefs, we fully understand the importance of the word of the Lord but we do have one final offer. Please discuss it with your Cardinals. We will donate \$500 million."

The next day the Pope convenes the College of Cardinals. "There is some good news," he announces, "and some bad news..... The good news is, he continues to a hushed assembly, that the Church will get \$500 million."

"And what is the bad news, your Holiness?" "Sadly" says the Pope, "We would have to lose the "Bread Company" account.

The Caffeine High

How It Works !

Adenosine in the brain unites with Adenosine Receptors

This produces drowsiness

Then caffeine in the coffee shows up to attach to this receptor. So Adenosine can no longer attach

The Adrenal gland sees this as an emergency and produces Adrenaline

Which increases Dopamine level

Caffeine also increases Dopamine

Espresso:

Prepared by shooting pressurized, hot water through finely ground coffee.

Caffè Latte

Mocha

Cappuccino

Americano

Breve

Espresso

FORTHCOMING EVENTS

☞ 25th - 29th April, 2010

Tenth Eilat Conference on New
Antiepileptic Drugs



(Eilat X) Isrotel Royal Beach Hotel,
Eilat, Israel

25 - 29 April 2010 Abstract
submission deadline:

1 February 2010 Send to

eilatx@targetconf.com

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



☞ 28th April - 1st May, 2010

Progressive Myoclonus Epilepsies:
PME's In The New Millennium
Venice, San Servolo

Organized by: the Mariani Foundation
with Montreal Neurological Institute
and Hospital, Montreal; The Hospital
for Sick Children, Toronto; Fondazione
IRCCS Istituto Nazionale Neurologico
"C. Besta", Milan; and International
School of Neurological Sciences,
Venice

NOTE: Early Registration Deadline
Moved to March 15

March 15 deadline for poster
submissions



☞ 19th - 23rd June, 2010

20th Meeting of the European



Neurological Society
Berlin,

Germany www.ensinfo.org



☞ 27th June - 1st July, 2010

The 9th European Congress on
Epileptology



9th European Congress on Epilepsy
Rhodes, Greece

<http://epilepsyrhodes2010.org/>

Abstracts: DEADLINE EXTENDED TO
8 JANUARY

Submit to:

[http://www.epilepsyrhodes2010.org/ab
stracts/abstracts.html](http://www.epilepsyrhodes2010.org/abstracts/abstracts.html) or email
questions to

abstracts@epilepsycongress.org
IMPORTANT: Abstract presenters will
be sent a link at a later stage to
register online and obtain a deduction
of the 75 Euro abstract submission
fee. Registration now open:

[http://epilepsyrhodes2010.org/registrati
on/registration.html](http://epilepsyrhodes2010.org/registration/registration.html)



☞ 3rd - 7th December, 2010

The American Epilepsy Society
Annual Meeting is the premiere
meeting for epilepsy and other seizure
disorders. The Annual Meeting is an
international forum for the exchange of



current findings in epilepsy research.
Information is communicated and
disseminated through symposia,
lectures, scientific exhibitions, poster
and platform presentations.

The Annual Meeting attracts attendees
from all over the world and provides
educational and networking
opportunities for the academic and
practicing neurologist, epileptologist,
neurophysiologist, neuroscientist,
neurosurgeon, internist, pediatrician,
pharmacist, nurse, social worker and
other professionals.

Annual Meeting: December 3-7, 2010
Location: San Antonio, TX



☞ 1st -4th August, 2010

6th Latin American Congress on
Epilepsy (6th Congreso
Latinoamericano de Epilepsia),
Cartagena, Dear Friends and
Colleagues, It is with great pleasure
that we extend this invitation to the 6th
Latin American Congress on Epilepsy. The congress, held under the auspices of
the International League Against Epilepsy and the International Bureau for
Epilepsy, will take place in Cartagena between the 1st and the 4th of August 2010.

There will be interaction between colleagues and the presentation of recent
research. The ALADE (Academia Latinoamericana de Epilepsia de la ILAE) didactic
courses and the discussion groups will have a more practical focus.

We also hope that after the scientific sessions you will have time to enjoy Cartagena
de Indias, a UNESCO World Heritage Site and marvel at its splendid colonial
architecture, its colourful streets and the welcoming character of its people.

We look forward to welcoming you in Colombia.

Drs Carlos Acevedo, Manuel Campo, Daniel Nariño



6^o Congreso Latinoamericano de EPILEPSIA

FORTHCOMING EVENTS

☞ **25th - 27th August, 2010**

12th European Conference on Epilepsy and Society
Porto, Portugal

www.epilepsycongress.org www.epilepsyandsociety.org



Come join us in Porto next year for the 12th European Conference on Epilepsy & Society. Portugal's second city is first class and promises delegates a terrific time:

Visit the old town where you'll find steep, narrow streets, lovely neo-classical buildings and baroque churches with stunning views over the rest of the city as it curves away towards the Atlantic;

Go for a walk at the Ribeira Waterfront where the terraced, disordered rows of the old city loom over you. It's also well worth catching one of the city's charming wooden trams to the seafront;

Stopover at one of the Port wine cellars! Porto features many Port Houses, most of which offer free tours, with a tasting included.

Go shopping! From the old traditional market places to the new and bustling shopping centres, you'll no doubt find something irresistible in a city renowned for its good taste.

Take a river cruise! There's no better way to discover Portugal's lush vineyards, storied culture and stunning natural beauty than on a Douro River cruise. On a Douro River cruise, you'll see restored palaces in modern cities and lovely rural villages along one of Europe's most charming rivers.

See you in Porto in 2010!!!

Contact: porto@epilepsycongress.org



1st Announcement

8th Asian & Oceanian Epilepsy Congress

MELBOURNE, AUSTRALIA 21st - 24th October 2010



www.epilepsymelbourne2010.org



☞ **21st - 24th October, 2010**

8th Asian & Oceanian Epilepsy Congress - Melbourne, Australia

Melbourne has been selected as the venue for the 8th Asian and Oceanian Epilepsy Congress. This will be the first IBE/ILAE congress to be held in Australia after the 21st International Epilepsy Congress held in Sydney in 1995.

The second announcement is already available on website. There will be a special programme for people with epilepsy and their carers during the congress.

For further information or to receive a copy of the programme.

Contact: melbourne@epilepsycongress.org

Abstract Submission deadline 11 June 2010

Registration Fees

	Early Registration (On/Before 9th July 2010)	Late Registration (10th July to 8th October 2010)	On- site (From 21st October 2010)
Senior	US\$ 300	US\$ 350	US\$ 400
Trainee / Non Physician*	US\$ 150	US\$ 175	US\$ 200
Subsidised Registration**	US\$ 150	US\$ 150	US\$ 150
Accompanying person	US\$ 100	US\$ 100	US\$ 100

INDIAN EPILEPSY ASSOCIATION



GOVERNING COUNCIL 2009- 2011

Dr Pravina U Shah	President	(2009-11)
Dr V S Saxena	Imm. Past President	(2009-11)
Dr H V Srinivas	President Elect	(2009-11)
Dr MM Mehndiratta	Secretary General	(2009-13)
Dr C M Sharma	Treasurer	(2009-13)
Dr V S Saxena	Editor	(2009-13)

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Dr B Rajendran	Dr Alok Pandit
Dr V V Nadkarni	President - IES
Ms Carol D'Souza	Secretary General-IES

INDIAN EPILEPSY SOCIETY



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Dr Parampreet S Kharbanda	Executive Committee Member	2010 - 2012
President-IEA	Ex-officio Member	2010 - 2012
Secretary General-IEA	Ex-officio Member	2010 - 2012

In partial seizures

Start

Vinlep™

Oxcarbazepine 150, 300 & 600 mg tablets

The *Winning advantage* of efficacy and tolerability

A winning start in newly diagnosed patients



High seizure free rate¹

- At 1 year, 72.2% patients achieved complete seizure freedom¹



1. G. Pauletto, Seizure 2006; 15, 150-155.

For the use only of a registered Medical Practitioner, Hospital, Laboratories

Oxcarbazepine Tablets VINLEP™

COMPOSITION: Vinlep 150, 300, 600: Each film coated tablet contains Oxcarbazepine IP 150mg, 300mg, 600mg respectively. **INDICATIONS:** Monotherapy and adjunctive therapy in the treatment of partial seizures (which include seizure subtypes of simple, complex and partial seizures evolving to secondarily generalized seizures) in adult patients. Adjunctive therapy in the treatment of partial seizures in children aged 4-16 years. **POSOLGY AND METHOD OF ADMINISTRATION: Adults and elderly patients:** Monotherapy and adjunctive therapy - Treatment should be initiated with a dose of 600 mg/day (8-10 mg/kg/day) given in 2 divided doses. Good therapeutic effects are seen at doses between 600 mg/day and 2400 mg/day. Dose may be increased by a maximum of 600 mg/day increments at weekly intervals. **Children:** In adjunctive therapy, Vinlep should be initiated with a dose of 8-10 mg/kg/day given in 2 divided doses. Dose may be increased by a maximum of 10 mg/kg/day increments to a maximum daily dose of 60 mg/kg/day. **Hepatic impairment:** No dosage adjustment in mild to moderate hepatic impairment. Caution when dosing in severely impaired patients. **Renal impairment:** Vinlep therapy should be initiated at half the usual starting dose (300 mg/day) and increased slowly. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **SPECIAL WARNINGS & PRECAUTIONS FOR USE:** *Hypersensitivity* - Drug should be discontinued and alternative treatment started. *Dermatological effects* - includes Stevens-Johnson syndrome, toxic epidermal necrolysis and erythema multiforme. Median time to onset was 19 days. Discontinue Vinlep and prescribe another anti-epileptic drug. *Hyponatraemia* - In patients with pre-existing renal conditions associated with low sodium or in patients treated concomitantly with sodium-lowering medicinal products, serum sodium levels should be measured prior to therapy, thereafter two weeks and monthly intervals for first three months. Patients with cardiac insufficiency and secondary heart failure should have regular weight measurements to determine occurrence of fluid retention. In case of fluid retention or worsening of the cardiac condition, serum sodium should be checked. Patients with pre-existing conduction disturbances should be followed carefully. *Hepatic function* - Discontinue Vinlep in case of suspected hepatitis. *Hematological effect* - Discontinue drug if significant bone marrow depression develops. *Hormonal contraceptives* - Treatment with Vinlep may render the contraceptive ineffective, non-hormonal forms of contraception are recommended. *Alcohol* - Possible sedative effect, exercise caution. *Withdrawal* - Withdraw gradually to minimize potential of increased seizure frequency. **PREGNANCY & LACTATION:** Potential benefits must be carefully weighed against the potential risk of foetal malformations. Minimum effective dose should be given. Monotherapy should be administered. Folic acid supplementation recommended during pregnancy. Vitamin K1 should be administered as a preventive measure in the last few weeks of pregnancy and to the newborn. Vinlep should not be used during lactation. **UNDESIRABLE EFFECTS:** The most commonly reported adverse reactions are somnolence, headache, dizziness, diplopia, nausea, vomiting and fatigue occurring in more than 10% of patients. **For full prescribing information, please write to:** Sanofi-Synthelabo (India) Ltd., 54/A, Sir Mathuradas VasANJI Road, Andheri (East), Mumbai - 400 093, India. Source: Vinlep PI dated March 2009. Date: March 2009.

Group
sanofi aventis
Because health matters

Sanofi-Synthelabo (India) Limited, 54/A, Sir Mathuradas VasANJI Road, Andheri (E), Mumbai 400 093. Tel: (91-22) 2827 8000. Fax: (91-22) 2837 0939

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