

April-June 2017

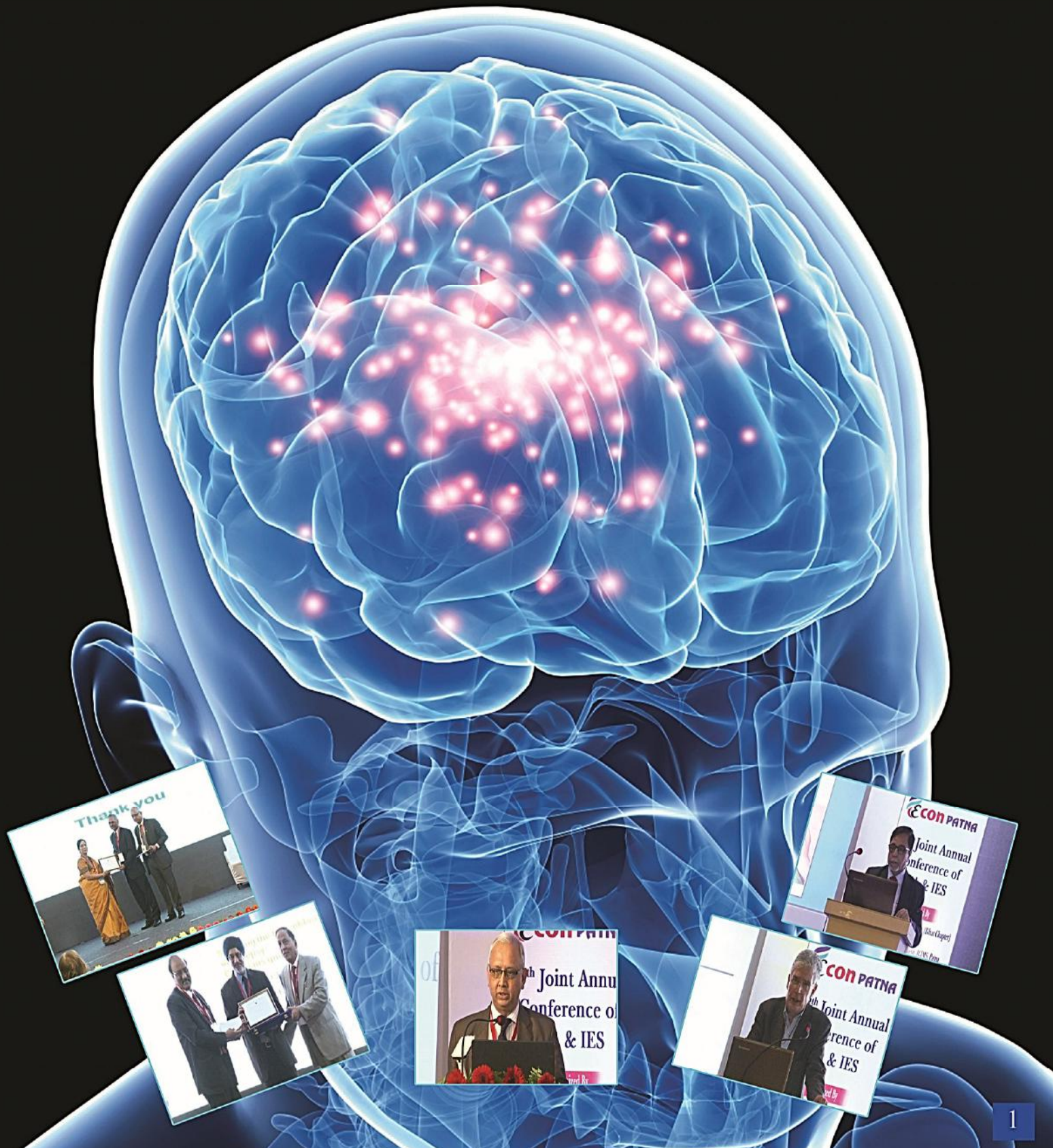
Issue 2, 2017



Epilepsy India



Newsletter of the Indian Epilepsy Association & Indian Epilepsy Society



CONTENTS

Editorial	3
ECON 2017 Report	4-6
Contraception in Women with Epilepsy	7-8
Chapter Activities	9-15
Drug corner.....	16-17
Obituary - Prof K V Mathai	18
Glimpses of ECON 2017.....	19



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Epilepsy India - April-June, 2017



Dr. Bindu Menon

Welcome to the second issue of 2017 Epilepsy India Newsletter. We are happy to introduce our selves as the new editors of Epilepsy India newsletter. While we look forward to taking over the reins from the enthusiastic duo we appreciate them for their meticulous work and timely publication and hope to stand up to the expectations of our members.

We also congratulate the new office bearers of Indian Epilepsy Association. Prof Man Mohan Mehndiratta as the President Elect. He has served the association as Secretary and has taken it to the present heights. Dr. Rajendran served as editor and is now the Secretary General. Mr. Muralidharan continues to be the efficient treasurer. We are sure the new leadership positions will take the association to further heights!

ECON -2017, the 18th Joint Annual Conference of the Indian Epilepsy Association and the Indian Epilepsy Society, held at Patna was a huge success. Speakers and delegates from all across the globe presented news and views on Epilepsy over the two and half daylong deliberations. Our salute to Dr. Ashok Kumar and his team. The highlights of the ECON are presented in this issue.

We have received the activities from various chapters and these are briefly summarized which clearly indicate the best efforts that our members are putting in to drive away the myths/misconceptions associated with epilepsy as well as to remove the stigma. Well done and thanks for sharing your efforts for the cause of epilepsy.

An article on contraception in women with epilepsy has been presented in this issue which is often unaddressed both by the physician and patient. A recent study reports that 65.0% of the pregnancies in women with epilepsy were unintended and this is an eye opener!

A drug review section featuring latest antiepileptic drug has been introduced. We anticipate receiving many such articles that will collectively encourage health professionals to take epilepsy care from theory to practice.

The new sections will be added as the need be and as we go along. Needless to say, you are welcome to submit articles to the editorial board and send your suggestions at any point of time for continued improvement and to help us widen the scope of scientific utility of our quarterly Epilepsy India Newsletter.

Happy Reading ...



Dr. Chanda Kulkarni

Reported by :

Dr. Ashok Kumar Singh
Organising Secretary ECON 2017



ECON 2017 (18th Joint Annual Conference of Indian Epilepsy Association and Indian epilepsy society) was held at Patna (Bihar) from 17th to 19th of February 2017.

The conference was organized by Indian Epilepsy Association, Bihar chapter and Neurology Department, Indira Gandhi Institute of Medical Sciences, Patna. Dr. Ashok Kumar, who is professor and Head of Neurology department of IGIMS Patna, had called specialists from reputed institutes of all over the globe and India to talk on the subject. Specialists have discussed recent advancement about diagnosis, management and social aspects of Epilepsy. Bihar Medical council of Registration had provided 4 hours CME credits per day for this conference.

Padmashree Prof Gopal Prasad Sinha was the President of the organizing committee and under his guidance conference was organized. Prof A.K.Agrawal, HOD, Neurosurgery Dept PMCH Patna and Dr Udayan Narayan, Consultant Neurophysician, Patna were Vice President of organizing committee. Dr Ashok Kumar, Professor and HOD, Neurology department, IGIMS, Patna was organizing secretary of this conference.

Various international eminent speakers were part of this scientific programme. Prof. Solomon Moshe (USA), Prof Jaideep Kapur (USA), Prof Sandor Beniczky (Denmark), Dr Jithangi Wansinghe (Sri-Lanka), Dr Sushma Goyal (UK), Dr Gaik Bee Eow (Malaysia), Dr Elaine Wirrel (Mayo clinic), Dr Catherine Nickels (Mayo Clinic), Dr Sunita Durgalust (USA), Dr Niraj Kumar (Canada), Dr Simona (Denmark), Dr Goh (Malaysia). Delegates were from Nepal, Austria, Malaysia and various parts of India.

The conference had started on 17 February 2017 with a preconference workshop entitled “Status epilepticus” (SE). Definition, classification, diagnosis, electroencephalogram (EEG) and treatment of SE were discussed in detail. Videos of interesting cases were presented by Dr Anaita Hegdei, Dr Atma Ram Bansali and Dr S.A.Jabeen, Hyderabad. Prof Solomon Moshe spoke on definition and classification of SE, Prof Jaideep Kapur spoke on Pathophysiology and management of SE and Prof Ashok Kumar, Patna had delivered speech on etiology of Status epilepticus (SE). Dr. Sandor Beniczky had delivered talk on EEG in SE and participated in debate. Prof. K.P.Vinayan discussed neonatal status epilepticus, Prof. Bindu Menon delivered talk on Complex partial seizure, Prof Manjari Tripathi delivered talk on management of non-convulsive status epilepticus. Prof K.P.Vinayan discussed status epilepticus in neonates (Up to 1 month of age).



Prof Ashalata Radhakrishnan spoke on status epilepticus in & around pregnancy (Eclampsia). Prof Sangeeta Ravat participated in debate on use of EEG in altered sensorium. The day long deliberations were very interactive and highly appreciated by the delegates.

This was followed by the Inauguration. Sri Ramnath Kovind, Hon'ble Governor of Bihar was the chief guest of the conference. Prof. N.R.Biswas Director cum Vice Chancellor, IGIMS Patna was the Guest of Honour. Prof.M.M.Mehndiratta, Secretary of IEA/ IES gave the secretary's report and an over view of the organization. Dr. Satish Jain, President IEA and Dr. Nadkarni President IES spoke on the milestones of IEA and IES. His Excellency, the Governor was full of appreciation for the efforts of the organization and emphasized the need to create awareness among general public. Dr. Ashok Kumar proposed a vote of thanks.

The conference on 18th February started with award session papers. Dr.M.Gaurie Devi and Dr. Devika Nag both most respected teachers for generations of neurologists in our country and Dr. Ashok Kumar Singh chaired the session.

18th February- Prof Lakshmi Narasimhan spoke on epilepsy in elderly. Prof Bindu Menon had highlighted the management of seizures in calcium disorders. Prof M M Mehndiratta delivered talk on brand vs. generic drugs. Prof P.Sarat Chandra and Dr Manas Panigarhi debated on epilepsy surgery.

IEA Presidential oration was delivered by Dr.V.V.Nadkarni from Indore. Dr.V.V.Nadkarni was introduced by Dr.P.U.Shah and the topic of oration was "Quality of life in intractable epilepsy and management strategies" and the same was well received by the audience. Dr. B.M.Sharma oration was delivered by Dr. Atul Agarwal from Lucknow.

Dr. B. M. Sharma was introduced by Dr.Vimala Paliwal and the topic of oration was "Tuberculosis and Epilepsy- Known and unknown controversies. The topic was very interesting and Dr. Atul had made it more interesting with his years of experience in the field.

Dr. B.C.Bansal & Uma Bansal oration was delivered by Prof Gagandeep Singh from Ludhiana. The topic of oration was "A Worm in the brain and epilepsy; past, present and future" The speech was enlightening and was emphasized on treatable epilepsy in the country. Dr Gagandeep Singh was introduced to the audience by Dr.Manjari Tripathi. Dr Sushma Goyal delivered talk on Home Video telemetry EEG monitoring in children. The talk encouraged lots of discussion as it was a novel modality of EEG monitoring. More than 60 free papers and posters were presented, which included 6 award papers. On 19th February Prof Jaideep Kapur had delivered guest lecture on- first recording of EEG in India and network theory of epilepsy. Dr. Nirmal Surya rendered the Sri H.C.Bajoria Oration on "Epilepsy care model for rural India-my experience and vision" He was introduced by Dr.Urvashi Shah. The talk was enlightening. Dr. Nirmal Surya's efforts need to be complimented in his success in persuading the Maharashtra Government in making all the anti-epileptic medication available in all Public health centers and distributed free to patients with Epilepsy.



Prof Satish Jain spoke on Epilepsy and law in India. Prof Mala Bhaskar Rao spoke on epilepsy and brain tumors. Prof Ajay Garg and Dr Amar Kumar Singh Patna had conducted a quiz on Imaging in epilepsy. Prof Kameshwar Prasad has discussed about seizures in stroke patients 'How to predict, prevent and treat'.

Clinicopathological conference was presented by Dr Ashalata Radhakrishnan and discussed by Dr P.S.Kharbanda under the chairmanship of Prof M.M.Mehndiratta and Dr. Pravara Passi. Dr K.S.Mani Memorial patient forum was well attended by patients and their relatives. The forum was attended by more than 100 people. The attendees included 50-60 patients (2 from Austria). Patients from Vienna, Salzburg, Mumbai, Bangalore, Patna and Ranchi shared their experience on epilepsy. Dr. P.U.Shah and Mr. K.V.Muralidharan were chairpersons for this session. Dr Urvashi Shah played the key role to organize the forum. The forum started with a skit in Hindi by the Samman chapter which was very ably directed and acted by Kavitha Shanbagh and the other actors. Persons with epilepsy who acted in the skit are congratulated who put their heart and soul in the act. This was followed by talks from the patients and this time we had seven of them sharing their experience.

The conference was a huge success with more than 500 delegates attending the meeting.



CONTRACEPTION IN WOMEN WITH EPILEPSY

Reported by :
Dr. Venkata Rohini Udayagiri



Women with epilepsy face specific challenges in the reproductive age group, of which contraception is an important issue. There is a complex multidirectional interaction between oral contraceptives and antiepileptic drugs. Women need to plan which contraceptive to use. A brief overview is provided about contraception for women with epilepsy. Anti-epileptic drugs (AED's) are classified as old generation or enzyme inducing drugs and new generation or non-enzyme inducing anti-epileptic drugs. A group of anti-epileptic drugs (AED's) are called liver enzyme inducing drugs that breaks down the contraceptive pill more quickly than usual, so they stay in the body for less time and are less effective in preventing pregnancy. If women are on these AED's, she needs to consult her neurologist and gynaecologist for change of medication (AEDs or oral contraceptive) or their dose.

Different methods of contraception are :

1. Barrier methods 2. Hormonal methods 3. Emergency contraception 4. Intrauterine devices

1. Barrier methods: They include condoms, femidomes, caps and diaphragms. Anti-epileptic drugs do not affect them. However they are not an effective form of contraception because of high contraceptive failure rate (10-14%).

2. Hormonal methods: Hormones regulate or stop ovulation and prevent pregnancy. It is usually a combination pill containing estrogen and progestin (2 types of female hormones). Combined oral contraceptives containing estrogen and progestin popularly known as the 'The Pill' are not recommended for patients on enzyme inducing AED (EIAED), but can be used with newer AEDs. However if contraception needs to be continued with a particular EIAED, the patient needs to consult her gynaecologist to increase the estrogen content in the pill from 35mcg to 50 mcg. The pill free interval also changes with tricycling pack compared to the regular single cycle pack of tablets. However even with increased estrogen in pill and tricycling method, reliability of pill is not complete for preventing pregnancy and failure rates are high in women with EIAED.

Mini pill, Contraceptive patch, Implants, Vaginal rings are not effective in women with enzyme inducing AEDs, however are effective with newer AEDs.

Contraceptive injections :

Contraceptive injections such as Depoprovera, contain progesterone and are given at regular intervals i.e.; every 10 weeks instead of giving every 12 weeks.

3. Intra uterine devices (IUDs) are available as Copper- T in India; these devices are fitted into the womb. They are not affected by AED's, as they do not contain hormones.

Intra uterine systems (IUSs), available as Mirena coil in India contains hormone progestogen. They are not affected by AEDs as they are released directly into the womb.

CONTRACEPTION IN WOMEN WITH EPILEPSY

4. Emergency contraception :

The morning-after pill

The 'morning – after' pill is a type of emergency contraception that is taken after unprotected sex. In women with epilepsy the dose needs to be increased. Women need to consult their gynaecologist.

The best method of contraception for women on AEDs should be worked out by consulting the neurologist and the gynaecologist. Break through bleeding while women are on hormonal contraceptive indicates ovulation and contraceptive failure and warrants consulting her doctor.

Important points to remember :

- * For effective contraception it is best to seek advice from the consultant neurologist and gynaecologist to avoid unplanned pregnancies.
- * Prefer non-enzyme inducing drugs in reproductive age women.
- * All form of contraception is effective in women treated with non-enzyme inducing drugs.
- * In certain circumstances, AED's that are liver enzyme inducers like phenobarbitone, phenytoin, carbamazepine and oxcarbazepine are required for treatment.
- * Barrier methods are recommended but associated with high failure rates.
- * High dose oral contraceptive pills are recommended but the risk benefit ratio should be assessed
- * Mini-pills (progestogen only pills) are not recommended.
- * Progestogen injection called Depo-provera needs to be taken every 10 weeks rather than every 12 weeks.
- * Combined transdermal contraceptive patch not recommended.
- * For emergency contraception initial dose of levonorgestrel should be increased to 1.5 mg followed by 750mcg 12 hrs later.
- * Intra uterine devices like copper IUD'S, Mirena IUS's are the most effective methods of contraception in women with epilepsy as they are long acting and reversible methods of contraception.

Antiepileptic drugs and its effect on hormonal Contraception

NO EFFECT :

- Benzodiazepines: Diazepam, Clonazepam, lorazepam
- Divalproex, Valproic Acid • Lacosamide • Levetiracetam • Zonisamide

DECREASED EFFECTIVENESS :

- Carbamazepine • Clobazam

Lamotrigine: >300 mg/day may reduce contraceptive efficacy:
<150 mg/day does not appear to affect COC efficacy

- Oxcarbazepine • Phenobarbital • Phenytoin • Topiramate:>200mg/day

CHAPTER ACTIVITIES

PUNE

Reported By : Yashoda Wakankar

Pune's Sanvedana Foundation Epilepsy Support Group runs a unique activity of "Marriage Bureau for the People With Epilepsy (PWEs)", and "Matrimonial Meets for the PWEs". This activity is (probably) the only one in India. This activity has been started since 2008.

This year, we celebrated International Epilepsy Day, one month in advance! Matrimonial meet for the people with epilepsy was arranged on 8th Jan 2017. And this activity went on very well! As I was doing publicity on Facebook and through Newspapers, the society was aware that Matrimonial meet for people with controlled epilepsy was held on Sunday, 8th January 2017. It was the great start of the new year! I am happy to share with you all that it was a grand success.

72 girls and boys (living with controlled epilepsy) were present for this event with their parents. They were not only from all over Maharashtra, but from Karnataka and Madhya Pradesh too. They expressed their feelings and gratitude, that this is the only platform that they are getting to introduce themselves, confidently and without inferiority, that they are living with epilepsy! They were from different castes and classes, different levels of educations, but the similarity was all of them knew very well about epilepsy.

Dr Sujit Jagtap, young and eminent Neurologist from Pune, and Dr Nandan Yardi, an experienced Epileptologist and the President of IEA Pune Chapter, guided us on this topic very well!

Sanvedana Foundation's Trustee Radhika Deshpande talked about the work Sanvedana Foundation is doing for last 13 years. She talked about our activities other than marriage bureau, such as, epilepsy self-help group meetings, epilepsy counselling centre, awareness programs, helping others to start SHGs etc.

Then I, Yashoda Wakankar, talked about the Medicine Project for the poor people with epilepsy. I shared how this idea came in our minds, and how we tried our best to make it happen. I showed my gratitude to the donors who helped us particularly for this project. We have started this project few years back. But the lack of funds, we could help only few patients regularly. But from December 2016 we have got a donation from the company Bajaj Finance Limited, and we are expanding the number of patients till 100.

Sanvedana Foundation's core group member Mr Mohan Phatak talked about how we started the activity of "marriage bureau for people with epilepsy." Actually, this activity is the brainchild of Mr Phatak. Seven years back, he took the initiative and started this activity. All of us supported him. He is always enthusiastic to start the new activities with the new ideas.

We did the inauguration of Sanvedana Foundation's marriage bureau website too! "sanvedana.org" website will start soon, and so that the people from all over India would be able to register their names online!

We felt really nice that the famous National and International award winner film director, sociologist and a thinker Sumitra Bhave was our chief guest. She shared her thoughts extremely well! In the end, Dr Anil Awachat, the famous Marathi author, socialist, and Sanvedana Foundation's trustee, talked about epilepsy in social point of view. Dr Awachat told how a person with epilepsy has rights to live a good life. How they have rights to get married. Dr Awachat shared his experiences in the social field too.

We had a small ten minutes break, and then the actual epilepsy matrimonial meet started. 72 prospective brides and grooms introduced themselves on the stage. Many of them showed interest in each other, they took each other's contacts too. And then, the program was ended with the delicious Indian lunch.

This event was not possible without the great teamwork! I am really proud of all my colleagues! I also appreciate to all our donors! I am thankful to all my journalist friends and the print media for publishing the news before the event. I am thankful to all the neurologists in India, for supporting us. I am thankful to our caterer friend, who sponsored the event's breakfast and lunch! I am thankful to one of our donor, who has sponsored our website! And the most important, I am thankful to Facebook, and my FB friends!

CHAPTER ACTIVITIES

TRIVANDRUM

Reported By : Dr.Jayachandran.D

Epilepsy is a common Neurological disorder with lot of misconceptions and psychosocial implications. International Epilepsy day is being observed on second Monday of February every year as declared by International Bureau of Epilepsy (IBE) and International League Against Epilepsy (ILAE) mainly to raise awareness among public, International Epilepsy Day was observed in R.MadhavanNayar Centre for Comprehensive Epilepsy Care, SCTIMST on 15th February 2017 in Auditorium. Shri.VijiThampi renowned film Director and Cine Artist was the Chief Guest. He emphasized that regulations in lifestyle and strict adherence to treatment would enable people with epilepsy to overcome barriers in their lives successfully. He cited the examples of several renowned personalities who had overcome epilepsy and made valuable contributions.

Dr. M.D Nair, Senior Professor and Head, Department of Neurology SCTIMST presided over the function. Dr. Sanjeev V. Thomas Professor Neurology and Head Epilepsy Program welcomed the gathering and Dr. Jayachandran. D proposed the vote of thanks. The meeting was followed by a Panel discussion where Dr. Sanjeev V. Thomas, DrRamsekhar.N Menon, Mrs Lincy Philip, Occupational Therapist, Mrs Manju Suresh, Speech Pathologist and Dr. Jayachandran. D, Scientific Officer were the panelist.



CHAPTER ACTIVITIES

HYDERABAD

Reported By : Dr.Sitajayalakshmi

Krishna Institute of Medical Sciences, Department of Neurosciences - This International Epilepsy Day, programs and Launch of Support Group: Masthishk - 13th February 2017.

Every year, on International Epilepsy Day, persons with epilepsy in Telangana and Andhra Pradesh, look forward to participating in a cultural and awareness program. This year too there was a competition, awareness and enjoyment. Nearly 250 persons with epilepsy along with their family members and care givers attended the event organized at the Auditorium of KIMS Hospitals in Secunderabad.

After the prayer and traditional lighting of the lamp, the first half of the event included awareness programs held in Telugu, Hindi and English, where experts at the Comprehensive Epilepsy Care Unit of the hospital delivered brief but informative talks on epilepsy awareness. The talks included increasing awareness about managing epilepsy, surgery for epilepsy, psychological aspects of epilepsy and following a healthy lifestyle for persons with epilepsy. Subsequently, 'Epilepsy Appreciation Day' program was held where persons with epilepsy shared their experiences and psycho-social hardships. Throughout this motivating session, people with epilepsy shared their moments of fear, moments of anxiety, moments of strength and moments of compassion. However, one similarity between all the experiences is despite appropriate medical care there is lack of support from the community like employment, access to education, choosing life partner etc.

Prior to the program a comprehensive epilepsy support group "Masthisk" with team of medical professionals who are experts at epilepsy was formed in association with Cadsys India Ltd leading software company from Hyderabad. The launch of website for the support group Masthishk was launched on the occasion. Later on, Team Masthisk took turn in explaining people with epilepsy on 'What's Going Right In Our Lives' which detailed how technology, health insurance, education, disability laws, and new drugs, are helping in better diagnosis, treatment and rehabilitation of persons with epilepsy.

Notably, CADSYS announced a substantial funding for the supports of persons with epilepsy which mainly caters to improve their vocational skills.

The second half of the program comprised of singing and painting competition for persons with epilepsy. A musical program put up by people with epilepsy was lively; their performance brought on stage was a pure joy to watch. The program ended by awarding prizes to the winners of singing and painting competitions where every participant was rewarded. Taking selfies was at galore where hundreds of selfies were taken by both experts and people with epilepsy perhaps rightly justifying this year's theme "Putting Epilepsy in Picture".

The program will be etched in our memories for a long time to come.



Best prize in Painting competition



Supporting the cause of Epilepsy –
Masthishk support group with Persons with Epilepsy



Best Prize to a Person
With epilepsy
- Singing competition



I Support Epilepsy –
committed to
Support the cause of Epilepsy

CHAPTER ACTIVITIES

BANGALORE

Reported By : Dr.Chanda Kulkarni

REPORT - PUBLIC FORUM ON EPILEPSY HELD AT NIMHANS - 25th February 2017

A public forum on epilepsy was organized by the Indian Epilepsy Association Bangalore Chapter as a part of T. S. Srinivasan – NIMHANS knowledge conclave - 2017 which dealt with Epilepsy, Genetics Imaging and surgery.

The program attracted large numbers of patients and care givers as participants. Mr K.V. Muralidharan, President, IEA- Bangalore Chapter, welcomed the gathering which was followed by interesting lectures by Dr. Samuel Berkovic, Australia and Dr. E. S. Krishnamurthy, Chennai. They lectures on recent advances on “Genetics/Hereditary Aspects of Epilepsy” and “Psychosocial Aspects of Epilepsy” respectively. These were then effectively translated to local language – Kannada, by Dr. Girish, Professor, Epidemiology, NIMHANS, for the benefit of patients and the care givers and was well appreciated.

An interactive panel discussion which followed the lectures was efficiently moderated by Dr. P.V. Rai, Vice President, IEA-Bangalore Chapter with Dr. Samuel Berkovic, Dr.H.V. Srinivas, Dr. Krishnamurthy and Dr. Satishchandra, as expert panelists. The audience exhibited an overwhelming enthusiasm and addressed a variety of simple, brief, practical questions related to duration of anti-epileptic medications, precautions to be taken with routine household activities, jobs involving fine skills, driving as well as shared their embarrassment and emotional setbacks. Though panelists had to restrict time line as it went well beyond the schedule, the session was a great success!

The programme ended with a vote of thanks by the Secretary – Mr Damodar Rao, Bangalore Chapter. The response by the audience was highly encouraging which left the members of the Chapter with a thought to have more of such interactive sessions at different locations in Bangalore to cover wider population of PWE and to effectively address patient centric issues.



Panelists on dais [Lt to Rt]: Dr P. V. Rai; Prof. Samuel Berkovic; Dr Srinivas H.V.; Dr Satishchandra P; and Dr E.S.Krishnamurthy. Extreme left is Dr Chanda Kulkarni, as MC, at the public forum below



Prof. Samuel Berkovic



Dr E.S.Krishnamurthy

CHAPTER ACTIVITIES

INDORE

Reported by : Dr. V.V. Nadkarni

Indian Epilepsy Association Indore chapter celebrated the International epilepsy day on 20th Feb 2017 at Gita Bhawan Mandir campus A workshop was inaugurated by Gita Bhawan Trustee RamvilasRathi Dr.Surendra Dilliwal Professor of dental college as the chief guest and ShriKailashMunshi Director Satkar Kala Kendra and a great social activist. Medical Director of Gita Bhawan Hospital Dr. R.G. Gaur presided the function Dr.Dilliwal oriented the patients and caregivers on the epilepsy related Dental problems. Dr.Dilliwal discussed on the dental disorders in epilepsy patients like malocclusion and delayed dentition in children dental injuries related to falls and adverse effects of drugs like gum hypertrophy Dr.V.V.Nadkarni proposed a vote of thanks with few words on the associated dental disorders with long term AED treatment

To add to the flavours of the International Epilepsy day fully equipped state of Art Dental Hospital on wheels was anchored in the temple campus for dental check up of all the patients who gathered.

This dental camp was possible through Joint efforts of Sanskar Kala Kendra and Gita Bhawan Hospital started at 10 AM. There were 67 patients who were examined by Dr. Dilliwal and his students from the dental college.

Three patients of chronic epilepsy, showed evidence of sub mucous fibrosis (10 %),bleeding from gums with hypertrophy in 5 (15 %)patients.All the patients had poor dental hygiene & advised scaling. 2% children with epilepsy had mal occlusion of teeth.The free antiepileptic drugs in the camps generally includes phenytoin which is responsible for gum hypertrophy

After the camp patients were provided free AEDS and as gesture from the dentist toothpaste and toothbrush. Refreshments were provided to all who gave their services and the patients and caregivers. Mrs. Neelam Ranade, Mrs.AnitaMotwani, Dr.Jaymala Shah, Dr.Pradeep Maheshwari, Miss Priyanka, Dr.Kurechiya assisted in the activities while streamlining the patients in the dental checkup and distributing free antiepileptic drugs.



CHAPTER ACTIVITIES

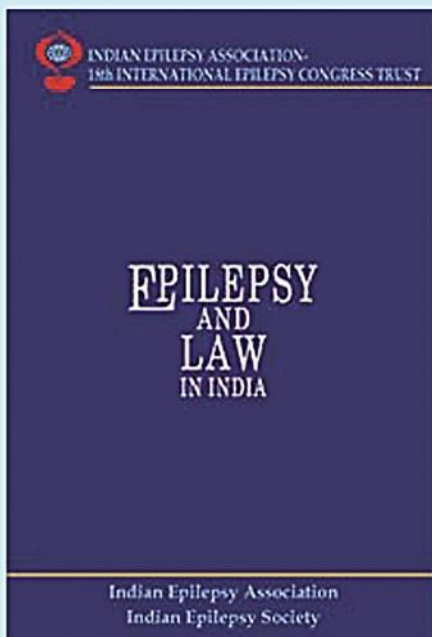
NELLORE

Reported By : Dr.Bindu Menon

International Epilepsy day was celebrated by Nellore chapter. A large graffiti board was installed in the hospital campus. All the patients, relatives and bystanders were requested to write their opinion on epilepsy. People who were hesitant were given a small awareness about epilepsy and were requested to go through the graffiti to dispel their myths. The graffiti encouraged lot of one to one talk with several people for the whole day. A TV interview was also given later in the day.



EPILEPSY AND INDIAN LAW - STATEMENT OF INTENT



The entire data has been compiled with an aim to make it readily available to the people with epilepsy, their care givers, physicians and the general public. It is emphasized once again that this attempt is aimed solely to make available the various provisions under the Indian Law. The users must make the final decision about their individual situation after verifying the facts in consultation with the legal experts. We are very hopeful that just as our past initiatives of the Trust; this one too will go a long way in fulfilling this unmet need of the millions of PWE and their care givers in India.

Dr. Satish Jain MD; DM; FRCP

Convener of the Expert Group; President of the IEA and Vice President of the IEA-18thIEC Trust

Members :

- Dr BC Bansal • Dr R Shukla • Ms Kavita Shanbhag
- Mr KV Muralidharan • Dr MM Mehndiratta • Dr Bindu Menon
- DrManjariTripathi • Mr Deepak Sharma • MrAshish
- Mr T D Dhariyal • DrMenka S Jain • Dr R Shukla

CHAPTER ACTIVITIES

UTTAR PRADESH

Reported By : Atul Agarwal

Short messages about Epilepsy by Dr Atul Agarwal, was aired by local FM Radio throughout the day. An interactive session cum quiz was held with about 80 children of 9th standard of La Martiniere Girls College. Dr Atul Agarwal told the students about the disease, first aid in a case of epileptic fit, Do's & Don'ts and cleared the misconceptions and myths. One of the senior teacher Mrs Mala Chopra made all the arrangements and attended the whole program. Three useful books for students were donated to college library (courtesy UCB Pharma)

On 26th March, a free Epilepsy camp was organised at Sitapur on occasion of Purple day with help of Abbott Pharma. Total of 85 patients were evaluated and advised by Dr Atul Agarwal from 10 am to 6pm. Many of these patients were also provided antiepileptic drugs. The gathering was initially told about the disease in simple language.

A press conference was arranged by Cipla in the evening where about a dozen correspondents of different news papers interviewed Dr Atul Agarwal about all aspects of Epilepsy which was published next days in newspapers.



Dr. Shiva Kumar R
Bengaluru, Karnataka.



INTRODUCTION :

Epilepsy is one of the most common central nervous system (CNS) disorder which may be caused by stroke, infection, tumors, traumatic brain injury, or abnormal brain development. However in many patients, the specific cause is not known. Of the 70 million persons with epilepsy (PWE) worldwide, nearly 12 million PWE are expected to reside in India; which contributes to nearly one-sixth of the global burden. A changing pattern in the age-specific occurrence of epilepsy with preponderance towards the older age group is noticed due to sociodemographic and epidemiological transition. Patients have different responses to the various seizure medications available, and brivaracetam offers patients a new treatment option.

BRIVARACETAM :

Brivaracetam is the 4R-propyl analogue of the previously approved anticonvulsant levetiracetam. Levetiracetam is the S-enantiomer of etiracetam which is used as a monotherapy treatment in the case of partial seizures, or as an adjunctive therapy for partial, myoclonic, and tonic-clonic seizures. Levetiracetam has been shown to reduce partial (focal) seizures by 50% or more as an add-on medication for partial seizures. Levetiracetam is in use as monotherapy in partial onset seizures, myoclonic and generalized tonic clonic seizures in India for more than a decade. On January 14th 2016 European commission and on February 18th 2016, the US Food and Drug Administration (FDA) approved brivaracetam for the adjunctive treatment of partial-onset seizures in patients 16 years and older.¹ Brivaracetam is the newer antiepileptic drug (AED) approved for partial seizures by the FDA after the approval of eslicarbazepine in 2013.²

PHARMACOLOGY & PHARMACOKINETICS :

Brivaracetam selectively binds to synaptic vesicle protein 2A (SV2A) like levetiracetam. SV2A is located in the presynaptic membranes and regulates the calcium-dependent exocytosis of neurotransmitters into the synaptic cleft.³ Brivaracetam binds to SV2A and decreases the release of excitatory neurotransmitters and controls seizures by resetting the balance from excitation to inhibition. The affinity for binding to SV2A is 15-30 times greater for brivaracetam when compared to levetiracetam, resulting in a dose approximately 10 times lower.

Brivaracetam is rapidly and completely absorbed after oral administration and peak levels reach within an hour in the serum. Drug gets rapidly and evenly distributed to most tissues and is minimally bound by plasma proteins. High fat diet slows the rate of absorption. Brivaracetam is metabolized primarily by amidase-mediated hydrolysis to the carboxylic acid and secondarily by CYP2C19 hydroxylation of the propyl side chain. Both metabolites of brivaracetam are inactive. Hence dose reduction may be necessary in people who are poor metabolizers due to mutations in CYP2C19 alleles, people receiving concurrent CYP2C19 inhibitor therapy, and those with hepatic disease. More than 95% of the dose is eliminated in the urine, primarily as metabolites. Half-life of brivaracetam is about 9 hours.

ADVERSE REACTIONS AND DRUG INTERACTIONS :

Most common side effects of brivaracetam include drowsiness, dizziness, fatigue, nausea, and vomiting. The most serious side effects are suicidal thoughts, feeling of agitation, new or worsening depression, aggression, and panic attacks. Rarely severe allergic reactions in the form of swelling of the lips, eyelids, or tongue with or without difficulty breathing may occur with brivaracetam. Brivaracetam is contraindicated in pregnancy as it has been shown to cause fetal harm in animal models. Abrupt withdrawal can increase risk of withdrawal seizures and status epilepticus.

DRUG : Brivaracetam- A New Drug for Partial Epilepsy

Brivaracetam does not alter the metabolism of other drugs. Drugs that are CYP2C19 inducers (e.g., rifampin, phenytoin, and phenobarbital) can reduce plasma concentrations of brivaracetam by approximately 20% to 40%. Hence co-administration with rifampin may require a double dose of brivaracetam. CYP2C19 inhibitors can cause modest increase in plasma levels of brivaracetam.

DOSAGE AND ADMINISTRATION:

Brivaracetam oral starting dosage is 50 mg twice daily (100 mg/day). Based on individual patient tolerability and therapeutic response, the dosage can be decreased to 25 mg twice daily (50 mg/day) or increased up to 100 mg twice daily (200 mg/day). In patients with hepatic disease irrespective of the stage of the disease, the recommended starting dosage is 25 mg twice daily, with a maximum dosage of 75 mg twice daily. Brivaracetam is also available as oral syrup and as injection for intravenous administration in US.

NEW VS OLD (BRIVARACETAM VS. LEVETIRACETAM)

Brivaracetam and levetiracetam have similar chemical structures and mechanisms of action. However they have not been compared head-to-head in any trial. A meta-analysis that involved 13 trials where 1765 patients in the levetiracetam group and 1919 patients in the brivaracetam group were included. No statistically significant differences were found in efficacy between LEV and BRV at various dose levels. Incidence of dizziness was higher with brivaracetam than levetiracetam.^{3,4}

In one small (n=29) open-label prospective study because of behavioral adverse effects levetiracetam was switched to brivaracetam and found improvement in quality of life due to relatively less behavioral adverse effects. Seizure control was same as with levetiracetam.⁵ However, long term efficacy and safety of brivaracetam is not known.⁶

CONCLUSIONS :

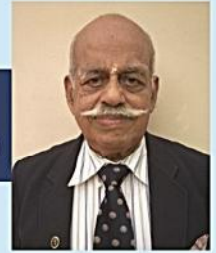
Brivaracetam is a second-generation SV2A ligand and is comparable to levetiracetam in the control of partial seizures. Brivaracetam is approved as adjunctive therapy in partial onset seizures above the age of 16 years. Levetiracetam is approved as monotherapy treatment in the case of partial seizures and as an adjunctive therapy for partial, myoclonic, and tonic-clonic seizures. Though smaller studies show lesser behavioral side effects with brivaracetam, which is a significant problem with levetiracetam, larger trials are required to confirm this finding. As both drugs have similar mechanisms of action, combination of brivaracetam with levetiracetam does not offer any advantage for control of seizures. Long term efficacy and safety of brivaracetam is not known.

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OBITUARY

TIMELESS REVERBERATIONS (A TRIBUTE TO MY LATE TEACHER, PROF: DR.K.V.MATHAI)



Time reverberates equally in the case of Prof.K.V.Mathai, whose memories reverberates not only in my mind, but also in his patients. Born to an orthodox Christian family(in 1926) in Central Travancore, Kerala, he had his early education in a reputed Science college, subsequently graduated in B.A Chemistry as the main subject. He was very keen on pursuing Post- graduation in Chemistry in a North Indian University. Towards this, he worked as a Demonstrator in chemistry for 6 months.However, it was divinely preordained that he pursue his career in Medicine and eventually in Neurosurgery, with a unique distinction of being the first M.S(Neuro) post graduate in India (being the trustworthy Lieutenant of the Father of Indian Neurosurgery, Prof . Jacob Chandy). In addition to being a qualified Neurosurgeon he had embraced Research and basic Neurosciences towards which he had contributed immensely. Thus pioneering research in Neuroepidemiology was carried out by him in the Island of Guam on Amyotrophic lateral Sclerosis. In addition, he also did landmark work in Temporal lobe epilepsy. He was absolutely in command over Electrophysiology which did put him in good stead and an enviable position.

MY SOJOURN WITH Prof. K.V. MATHAI.

I joined the Christian Medical College, Vellore, as a P.G student. Prof. Mathai impressed me with his immaculate attire(hallmark was the Red Tie, which he always sported). He used to attend every call, but never would change his attire even if its past midnight. I vividly remember, how Mrs.Mathai, had visited my wife to offer her solace following an illness (of course, at the behest of Prof.Mathai.)

The punctuality, meticulousness with a professional touch, yet very caring was the hallmark of his persona, and thus a role model of others to follow. He used to spend quality time in Clinical Neurology, painstakingly eliciting history which even the Residents used to miss out on the finer details.

His surgical mastery in Temporal lobe epilepsy is etched in my memory. The way in which he was precise, and accurate in resection(which was done with intra-op Electro-corticogram) and with excellent outcomes with regards to seizure control. (On the flip side, the attention to detail was to the extreme, that he used to ensure that the operated site was devoid of even a single RBC!). I consider myself truly fortunate, that after starting the Department in MCH, Trivandrum, Prof.Mathai visited me and stood by during the first Cranial surgery performed on a temporal lobe tumour. This provided the necessary impetus for me to maintain and improve standards in Neurosurgical care for better outcomes. Thus, he was an Inspiring Teacher, Astute Clinician, Master Craftsman, a thorough Gentleman and above all, a wonderfully dedicated Human being. And in early March 2017, the Sun had set...but the brightness of his Wisdom will shine forth... Beyond TIME!!

By:

Prof: Dr. M. SAMBASIVAN

Former Director and Vice-Principal

MEDICAL COLLEGE HOSPITAL, TRIVANDRUM.

ECON GLIMPSES





India's 1st Valproate Chrono Preparation

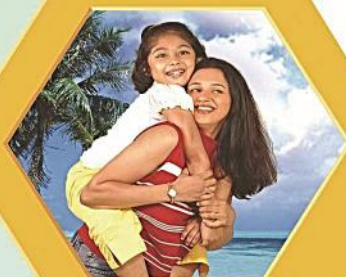
Encorate

Controlled release Sodium Valproate &
Valproic acid equivalent to Sodium Valproate
200mg, 300mg, 400mg, 500mg, 600mg

Chrono

No wonder, it is

For performance when it counts



Optimize outcomes in patients with sub-optimal
response to first line AEDs

Lobazam

Clobazam 5/10/20mg

Adding therapeutic value to epilepsy treatment



Works in a manner unlike any known AED

Levipil

Levetiracetam 250/500/750 mg / 1 g Tablets
Infusion 100 mg/ml (5 ml) / 100 mg/ml Oral Solution

Life made easier



New emerging AED for partial onset seizures

LACOSSET

Lacosamide 50/100/150/200 mg Tablets

ADDS more seizure control
more freedom
more smiles

