



Editorial

Dear Friends



Happiness of Giving: the visage

Microsoft left it at age 52, not to play golf which he found time wasting for its good.

What was the great retirement plan he and Melinda his wife had? Apart from picking up kids, 14, 11 and 8, and taking them for excursions, they are busy fighting malaria, roto virus, HIV/AIDS and concerns on agriculture and environment.

He feels giving money to his children will neither be good for them nor be fair to the society. Could he find something with an incredible impact? His vaccine program cost him, \$30 billion but he says it has benefited 250 million poor children making a difference between their living or dying.

Buffett owns 80 major companies but is a model for decades for a simple life, in a 50 years-old 3-bedroom house, drives his own car, travels in commercial airlines though he owns a company of executive jets. In *laissez faire* management, he writes only one annual letter to each of his company chiefs.

Buffett and Gates were always philanthropic but arrived at their biggest decision while dining on burgers and milk shake in a nondescript fast food joint in Omaha airport.

Following that meeting, in May 2009, behind closed doors in a house in New York, these two met Rockefellers, George Soros, Bloomberg, Oprah Winfrey and some others whose combined net worth was a large slice of US\$600 billion. Their sole objective: to start giving away their wealth. "How much do us and our family need for ourselves"

Buffett had once famously said

"Leave your kids enough to do anything, but not enough to do nothing."

Gates does not want to launch a dynasty which Warren Buffett calls 'Lucky Sperms Club'

A quick consensus came up as most confirmed that their children did not need anything.

Buffett pledged away 99% of his wealth. Gates confirmed to give more than 95% of theirs. The other families also confirmed at least 50%. All this was behind news to the

"Happiness of Giving"

Two of the world's wealthiest, Bill Gates and Warren Buffett (net worth \$54 and 46 billion resp) want to share all they have with the needy.

Gates a workaholic who slept under his desk to save time and to nurture

world until June 2010, as they did not wish to lose the focus.

Now they have approached other billionaires. Paul Allen - Microsoft has pledged at least \$13 billion. One from China donated all his \$ one billion and others are following. However, no Indian yet, despite having three in the top 10 billionaire list.

What moves these happy givers?

It is the trust in people of the community beyond your own. Respect for community, rules, regulations and ethics. These great givers have earned money out of businesses but give value to what is earned, saved, invested or spent. Real value is for the greater good of the greatest numbers.

Trust has even a neurochemical explanation. Oxytocin and vasopressin bring positive emotions in lowly fish, mammals and in humans trust and generosity for even perfect strangers. Perhaps these individuals possess the right amounts of the chemicals.

The subcontinent could do well with some local philanthropy (see page 4). A sociologist-academician Dipankar Gupta terms this as our natural reluctance to give to public causes (Parsi industrialists are honourable exceptions). We of course happily contribute to religious symbolisms towards 'philanthropy'.

We all seek happiness and its dimensions in life by moving up the scale from comfortable, pleasant to good. However, creatively enhancing life for a higher purpose could make it more meaningful as some have realized.

Greetings for happy festivities and celebrations in the coming season.

Dr VS Saxena

Editor



A Billionaire in Bihar: the personage

EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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ANNOUNCEMENTS



IBE-NEWS

PROMISING STRATEGIES 2011

IBE is pleased to announce 5th round of funding under the Promising Strategies Program, which has funded 38 projects in 25 countries since the program was introduced in 2006.

Your association is now invited to submit a Letter of Intent to be considered for funding in 2011.

1. The Letter of Intent should be one typed page.
2. Do NOT submit full proposals or detailed budgets until invited to do so, as these will not be considered at this stage.
3. All Letters of Intent must reach the IBE office by 15th November 2010.
4. The IBE Management Group will review all Letters of Intent received after the closing date and a short list will be drawn up.
5. Those short listed will then be invited to submit full proposals and budgets, on a template provided. The final list of projects to be funded will be selected by the International Executive Committee in late March 2011.

If you would like any further information, please contact: Ann Little or www.ibe-epilepsy.org

EXCELLENCE IN EPILEPSY JOURNALISM AWARD



Despite its extensive impact around the world, the need for education on the correct facts about epilepsy is still great. To encourage

journalists to raise awareness of epilepsy and to help break down these barriers, IBE and UCB Pharma are pleased to continue the Excellence in Epilepsy Journalism Award.

The international award is open to consumer, health and medical journalists from around the world writing for print, broadcast or online media and will celebrate journalism that challenges stereotypes, must have been published or broadcast between 30th June 2009 and 29th October 2010.

Contact: www.ibeadmin@eirecon.net

IEA-NEWS

Reminder



ANNOUNCEMENT FOR IEA ELECTIONS FOR GC 2011-2013

This is to remind members that:

Last Date for Receipt of Nomination papers is
05 November 2010 - 5pm

For more details please refer to

Epilepsy India Issue 3, 2010 (July - September)

NATIONAL EPILEPSY DAY 2010



Dear Members and Friends

We were looking forward to your suggestions on the coming celebration of National Epilepsy Day on 17 Nov 2010.

Our main theme this year is children and women and we must attempt to have maximum reach to spread awareness about epilepsy and dispel all wrong notions about this condition.

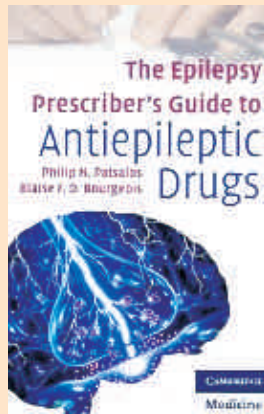
All Chapters, Branches and members are encouraged to hold programs in as many places as possible. Remember, the Trust provides Rs10,000 for each of the Chapters and Branches who require this support.

Dr Pravina U Shah
President
IEA

DR VS Saxena
President
IEA-18th IEC Trust

BOOK REVIEWS

THE EPILEPSY PRESCRIBER'S GUIDE TO ANTIEPILEPTIC DRUGS



Prescriber's Guide to Antiepileptic Drugs provides a applicatory and apothegmatic meaning pass for ingest by every those clinicians and united upbeat professionals that impact or tending for patients with epilepsy. In flooded colouration throughout, this

intensity presents the medication drugs (AEDs) in alphabetical visit and for apiece AED the aggregation is separated into octad black sections: generalized therapeutics, pharmacokinetics, interaction profile, inauspicious effects, dosing and use, primary populations, and advisable reading. This accessible incurvature pass module be an superior consort for every clinicians that impact patients with epilepsy.

WEB MD

QUESTIONS TO ASK YOUR DOCTOR ABOUT EPILEPSY

1. Do I have partial epilepsy or generalized kind?
2. Am I likely to have more seizures in the future without treatment?
3. If I need medication, what side effects can I expect?
4. What should I do when I notice these side effects?
5. What should I do if I have another seizure?
6. Is it safe for me to drive? If not, when will it be safe to start driving again?
7. Is it safe for me to swim? Are there any other activities I should be cautious about participating in?
8. Is it safe for me to drink alcohol?
9. Could brain surgery be effective in stopping my seizures?
10. What should I tell my friends, co-workers, and family members about this condition?

"PLEASURE OF OWNING"

Antilla, Mumbai,
home for Mukesh
Ambani, his wife and 3
children. Height 550
feet, 27 storeys with
400,000 square feet
floor area. Acclaimed
as the costliest private
home at \$ 2 billion,
nearly Rs10,000
crores (give or take a
few executive jets).
Compared to this, the
two richest persons
Buffett and Gates , live
in shacks and are
happier for that.



It will be interesting to watch the Indian rich and their contribution to philanthropy while they ensure that their families fly in personal planes the equivalent of Air Force One. As they settle legal scores with their siblings. I hope they give a patient hearing to Bill Gates when he calls to cough up a few billions.

Our philanthropy is sublimated in religious symbolisms. Just the other day a devotee from Khamman won an auction for sacred laddus for Rs 6.5 lakhs ,fine for his conviction. The tragedy was that the one who was out-bid is alleged to have died of the shock of losing his face. In symbolism even, Lakshmi the Goddess of Wealth holds a pot in her hand, a man made article. If you fill this from an outside water body, the water in the pot then belongs to the owner. This ownership makes the individual 'significant'.

It is this great search for 'significance', ego and ostentatiousness . If there is one common factor of acquiring riches in India, it is proximity to the rulers. The rich have emerged from licensed sectors. This transference from state to self has been called 'privatisation by stealth' by Raghuram Rajan ex Chief Economist IMF and Economic Adviser to PM. That is the legitimacy of such wealth but with no plan for inclusion of the deprived!

VSS

EPILEPSY IN THE WHO EUROPEAN REGION.

A new report "Fostering Epilepsy Care in Europe" was released on 26 August 2010 during the 12th European Conference on Epilepsy and Society in Porto.

The report was launched by three international organisations working together to bring epilepsy out of the shadows. The International League Against Epilepsy (ILAE), the International Bureau for Epilepsy (IBE) and the WHO joined forces as part of a Global Campaign Against Epilepsy (GCAE). Launching the report in Portugal on August 26, the WHO GCAE identified significant gaps in epilepsy care throughout Europe and a serious lack of access to effective treatment.

Up to 40 per cent of people suffering from epilepsy remain untreated, a new World Health Organization (WHO) report, called 'Fostering Epilepsy Care in Europe', has found.

Mike Glynn, President of the International Bureau for Epilepsy (IBE) said epilepsy was the clearest example of



Mike Glynn, President of the International Bureau for Epilepsy (IBE)

a neurological disorder for which effective, cost-efficient treatment was available. Up to 70 per cent of people with epilepsy could be seizure-free and enjoying a higher quality of life.

One of the goals within the strategic Plan of the Global Campaign Taskforce, states:

Increase partnerships and collaboration with other organisations

- Collaborate with chapters and members, ILAE/IBE Commissions and Committees, WHO, WHO Collaborating Centres, other organisations and academic institutions to develop projects
- Identify, co-ordinate and promote activities of regional ILAE/IBE Campaign co-ordinators

- Encourage regional commissions to liaise with individual countries and act as conduit between Taskforce and grass roots
- Develop partnerships with other international organisations
- Identify entry points with all of the above

Ms Hanneke M de Boer acted as the Global Campaign Co-ordinator acting between IBE and ILAE on one side and WHO on the other side. At least 50 million people suffering from epilepsy, there may be 6 million people in Europe who cost over Euro 20 billion per year. Despite that few countries have any national program for managing the disorder.

Mike Glynn said these patients remained "in the shadows of the treatment gap", and he described epilepsy as a "Cinderella condition", always hidden inside by the sufferer.

Another reason for the treatment gap is the social stigma attached to epilepsy, the report suggests. This stigma affects young people in education and the 'employability' of adults.

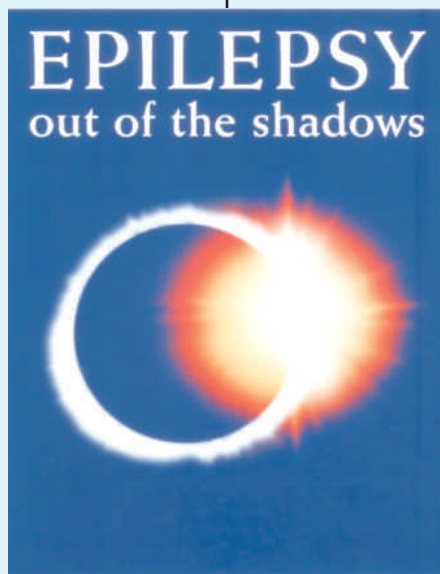
Challenges

Major challenges for epilepsy in European Region were included in the European Declaration:

- improving public understanding and reducing stigma
- removing discrimination
- helping PWEs to understand their condition and empower them to seek treatment
- improving knowledge of healthcare professionals
- ensuring availability of equipment, stimulating research, encouraging close liaison among all stake holders.

Actions

Several actions aimed at raising the profile of epilepsy, effective health policies, improve access to care, surgery, rehabilitation, educational campaigns, promote research and organise economic studies.





PRESIDENT'S MESSAGE



Solomon (Nico) L Moshé

relentless work to improve the care of people afflicted by epilepsy.

During the last several months the League's main effort has been the development of a new message. This message will allow us to increase our reach to all people with epilepsy in terms of access to care, education of professionals and people with epilepsy. It will also help with our efforts to augment training in both resource intensive and in resource poor underdeveloped countries. Ed Bertram, our Information Officer, the Global Campaign Task Force and several members of the EC have been working on this message. Many discussions have addressed the fact that epilepsy can be a potentially devastating disorder that can kill. We also want to include that while we have a few treatment options available, in the future we should strive to find a cure or even prevent the development of epilepsy. Although this message will attract attention, I should point out that it is contradictory to the previous slogan "Living well with epilepsy." That slogan was chosen to help some people with epilepsy better cope with the condition, and to avoid the discrimination and stigma that usually accompanies the diagnosis of epilepsy. However, it did not bring the attention of the general public, governments and funding

It is nearly a year since I became your President. Through the coordinated efforts of the Executive Committee (EC) and the Commissions as well the support of all the Chapters we have accomplished many wonderful things, and once again it is important to thank you all for your hard and

agencies to the plight of people with epilepsy, many of whom suffer from ongoing seizures and associated comorbidities including SUDEP. Therefore, the development of the new message is of paramount importance. Suggestions from all of you are welcome, especially on how to transition from the previous slogan.

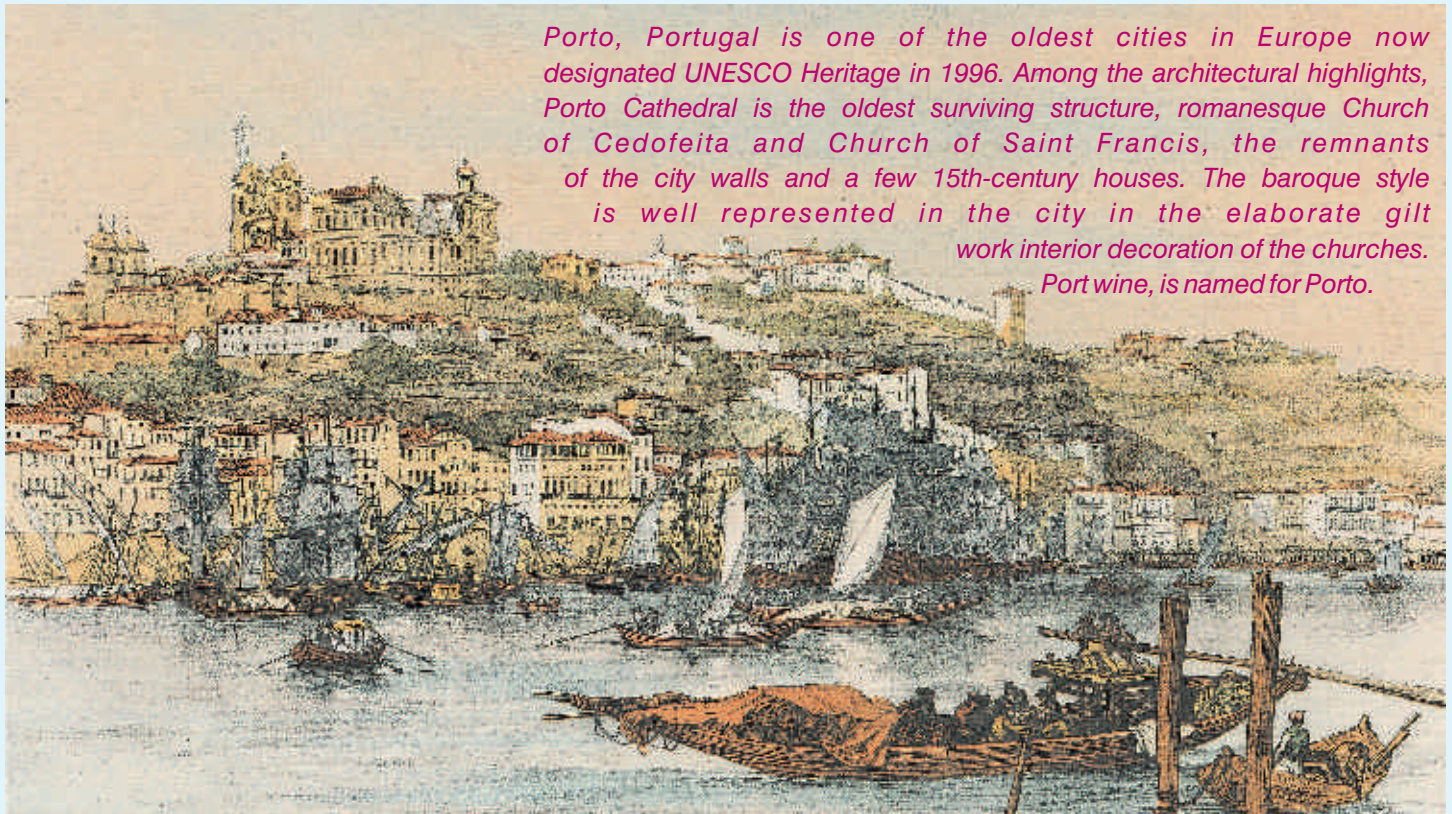
We are also working to develop the far-reaching goal of improving the care of people with epilepsy worldwide, taking into account local obstacles. We are carefully assessing opportunities to further advance our mission. Through our collaboration with the WHO, Autism Speaks, Project Hope and other organizations we have identified regions where we may provide a comprehensive assessment of needs and deliver services at all levels, from the individual to the community to the general society in terms of access to care and education of all people involved. For this purpose, we are actively pursuing projects to raise funds. In this issue of Epigraph you will note our progress thus far in our collaboration with IBRO as described by Giuliano Avanzini. However, to achieve our goals we need to have many more people participate in our activities, and with this letter I would like to invite all of you to volunteer your time in our League's activities and specify the area in which you are particularly interested. The current ILAE's leadership is very keen about developing the future leaders of our organization.

I am confident that given your dedication, innovation and enthusiasm we will succeed in reaching our goals. Once again, I would like to thank you for the long hours you have devoted to our League's mission, and I am looking forward to meeting with you at our Regional Congresses in the next few months.

Solomon (Nico) L Moshé

President

12 TH EUROPEAN CONFERENCE –EPILEPSY AND SOCIETY



Porto, Portugal is one of the oldest cities in Europe now designated UNESCO Heritage in 1996. Among the architectural highlights, Porto Cathedral is the oldest surviving structure, romanesque Church of Cedofeita and Church of Saint Francis, the remnants of the city walls and a few 15th-century houses. The baroque style is well represented in the city in the elaborate gilt work interior decoration of the churches. Port wine, is named for Porto.

12 th European Conference –Epilepsy and Society 25-27 August 2010, Porto, Portugal

GREETING FROM MR MIKE GLYNN PRESIDENT OF IBE



The theme of the European Conference on Epilepsy and Society this year was “Epilepsy...so what?” which analyses different aspects of living with epilepsy. As IBE President, I am proud to be part of this meeting in particular because the

main objective of the conference is to reduce the stigma by discussing issues associated with epilepsy. Stigma can be deeply hurtful, isolating and can be used to exclude and marginalize people. It is necessary to confront biased social attitudes in order to reduce the discrimination and stigma of people who are living with epilepsy. That this why the eradication of epilepsy-related stigma is something that the International Bureau for Epilepsy is committed to and I have listed it among the urgent matters I would like to address during my time as IBE President.

DR ATHANASIOS COVANIS CHAIR IBE EUROPEAN REGIONAL COMMITTEE



Distinguished speakers will come together to exchange ideas and experiences on new developments in epilepsy treatment, associated cognitive dysfunction and the psychosocial implications that derive from this common brain disorder.

Venue for Opening Ceremony **Santa Casa da Misericordia do Porto**



12 TH EUROPEAN CONFERENCE –EPILEPSY AND SOCIETY



Influencing policy- *(Tarun Dua, WHO Switzerland)*

Epilepsy affects 50 million people worldwide, 80% of whom live in low and middle income countries. People with epilepsy are vulnerable because of the disorder itself unless appropriately treated.

In order to improve acceptability, treatment, services and prevention of epilepsy worldwide, **Global Campaign Against Epilepsy (GCAE)** was launched in 1997.



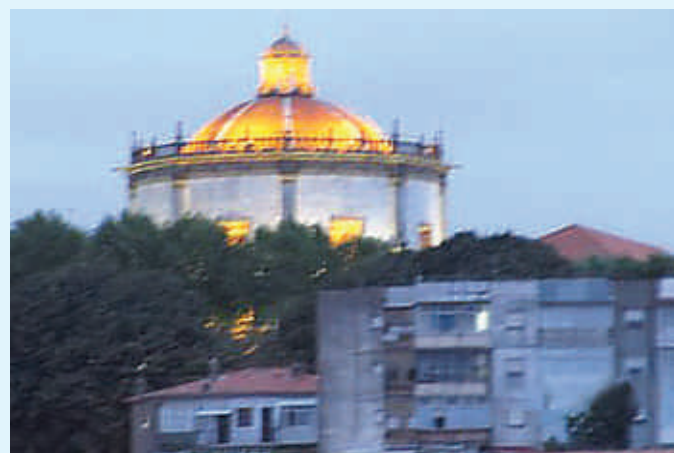
Epilepsy in the family- *An De Cock, Belgium*

When epilepsy is diagnosed in a family member it will feel as though a bomb has exploded. The fact that epilepsy is more than just the occurrence of seizures quickly becomes apparent. Not only the person with epilepsy but the entire family is affected. It seems like a mourning process. Learning to deal with the epilepsy, being

dependent on others are all things that must be dealt with, whatever from the seizures may come in.

Ethics in epilepsy,- *Ley Sander, UK*

Ethics are the set of moral values that govern the interactions of oneself with others, with society and with the surroundings encompassing all spheres of life. In other words, ethics concerns the duties, obligations, and taking the right actions in our dealing with others.



Social aspects- *Victoria Dimech, Malta*

This session discussed social impacts PWE and their families have to deal with e.g. misunderstandings about epilepsy, labeling, stigma, discrimination etc. and what effect this can have on the quality of life, life choices, employment.





IBE INTERNATIONAL EXECUTIVE COMMITTEE MEETING 24 AUGUST 2010, HOTEL SHERATON, PORTO, PORTUGAL

24 August 2010, Hotel Sheraton, Porto, Portugal

The meeting was chaired by Mike Glynn, President and attended by Michel Baulac, representing ILAE, Grace Tan, Treasurer, Ann Little, Administrative Director and Regional Vice Presidents Anthony Zimba, Carlos Acevedo, Mary Secco, Janet Mifsud and Vinod Saxena

1. **Ann Little** will begin promoting the IE News Awards in the next issue of the newsletter. The first award to be presented in 2011. She will follow up with members who use the term 'epileptic' inappropriately in their association names or website addresses.

2. A subgroup to consider criteria for IBE bursaries for Rome by early October.

3. **Mike Glynn** will discuss new signatories for the EUCARE Resolution issue with Hanneke de Boer.

4. **Grace Tan** will adjust the budget for 2010 as there have been changes since the draft in March 2010. The changes included lower than expected grants and support from industry and the termination of the Administration Services agreement with EUCARE since June, 2010.

5. **Mike Glynn** invited **Susanne Lund**, **Tomás Mesa** and **Vinod Saxena** to form the Election Task Force to announce election for Secretary General since Eric Hargis has resigned. He advised **Members of the committee** to encourage people whom they consider active to consider standing for election.

6. **Mike Glynn** to write to **Abdulaziz Al Semari**, reporting the concern of the committee on his non-attendance at meetings and non-communication.

The **Governance Task Force** to be asked to look at changes to the Constitution to address the problem in replacing a retired member of the executive and the issue of non-attendance of committee members at meetings.

7. Congresses

1. To celebrate and honour Ambassadors for Epilepsy, a poster display and booklet to be considered for the congress in Rome by the **Jubilee Task Force**.

2. To promote Promising Strategies, request to be made for a special session in Rome.

3. The call for nominations for IBE/ILAE Congress Awards will be circulated by the **IBE office**. **Members of**

the committee to consider suitable candidates to be nominated. Each member of the committee is entitled to submit up to 4 Ambassador for Epilepsy nominations.

8. Joint Initiatives

Global Campaign

Against Epilepsy

1. **Michel Baulac** to discuss the inclusion of **Anthony Zimba** on the ILAE African Task Force as the IBE representative for the African Region.

2. Following the resignation of Eric Hargis, **Mary Secco** to become the IBE Global Campaign focal point for North America and the members of the Global Campaign Task Force to be advised.

9. Conflict of Interest

1. **Michel Baulac** to provide Ann Little with the latest version of all of the Conflict of Interest papers to circulate and adapt as appropriate, for IBE use.





Reported by: Dr Manjari Tripathi

Report on the Fifth- IES- AIIMS Epilepsy and EEG workshop- July 11th and 12th, 2010- organised at All India Institute Of Medical Sciences- AIIMS CMET Conference room

The need for streamlining the EEG reading and reporting is immense in India, in fact there are no formal courses except for the EEG training that one gets when in neurology, there are no formal boards in EEG training. With this in mind Dr Manjari Tripathi under the aegis of the Indian Epilepsy Society initiated a structured course on EEG education.

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 of 2010 and the fifth in July 2010. These meetings were unique in that they were 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 Mehndiratta, Dr M Tripathi, S Gulati, G Shukla, A Srivastava, M Singh, V Pardasani, D 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, Saudi Arabia. The workshop size was deliberately kept small to allow personal interaction and attention by the teaching staff. The initiating lecture was by Prof Satish Jain who spoke on the history and importance of EEG.

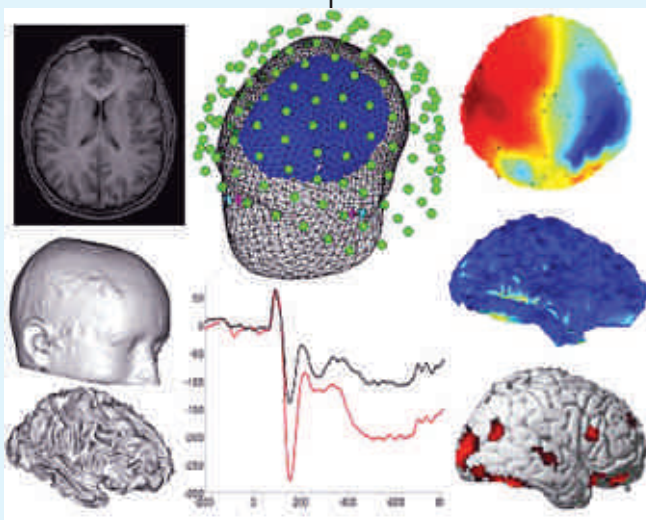
The topics covered were extensive and exhaustive ranging from EEG Physiology, polarity concepts, normal patterns and variations, finding in different epilepsies and the classification of epilepsies with video demonstrations of each type, metabolic encephalopathies, PLEDs, non convulsive status, ictal EEG patterns and EEG quiz. Topics like malignant epilepsy syndromes in childhood and

seizure semiology were also covered with video demonstrations of each type. The proposed epilepsy classification was discussed.

Enough time was given for interaction and question and answers. The workshop was entirely conducted with no finances involved and teachers were drawn from the local pool of trained Neurologists with an interest in epilepsy to save on time travelling between cities.

Examples of the feedback obtained were as follows 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 their 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.



Many physiologists and pharmacologists attended this workshop and this was the first formal course they had on EEG which they use and would like to use in their research they felt more such workshops specially in the basics analysis should be there.

These workshops will be held biannually. The next will be in Jan 2011. Website for the same is <http://www.aiims.edu/aiims/events/eegepilepsyaiims.htm>, and Email: eegepilepsyaiims@gmail.com.

From 2011 one workshop will be held at AIIMS and the other will go offsite- to any centre wishing to have an epilepsy and EEG workshop.

All DNB students, PG students and practitioners in Neurology and pediatrics are encouraged to apply. As the number of seats is limited the earlier done the better.

TEACHING PROGRAM FOR EPILEPSY MANAGEMENT IN INDIA

Reported by: Dr Satish Jain - President IES & Course Director



Faridabad, 5th September 2010



We have a very large population with very few neurologists let alone epileptologists. It has been felt that the huge treatment gap in epilepsy is also the result of lack of training in management of epilepsy.

With this objective Indian Epilepsy Society wanted to provide adequate training so that the general physicians are able to treat most of the cases which come to them.



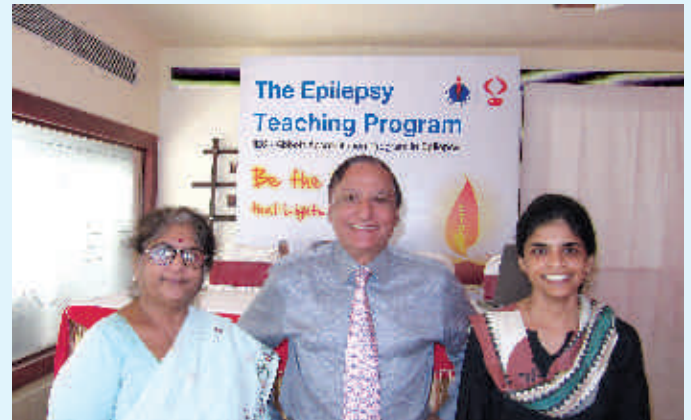
Siliguri, 19th September 2010

Not only that, they should be in a position to judge the right time to refer the patient to a specialist centre .

IES has come out with a comprehensive program targeted at general physicians who are the first step in

management of this disorder. A rational approach would help reduce the treatment gap both at primary and secondary levels.

To achieve these objectives, IES wanted to utilize the inputs from those amongst the membership who will be able to contribute time for this activity. An Expert Group was therefore formed. This Group had its meeting to finalize the contents of the teaching program for Epilepsy Management in India in Goa on April 2nd and 3rd, 2010. The Epilepsy Teaching Program (ETP) was aimed to be an



Vasai, 26th September 2010

extension of the GEMIND. After extensive deliberations, the 'Course material' was prepared based on the consensus arrived by the expert group.

The inaugural session of the ETP was held on September 5, 2010 (Teacher's Day) at Faridabad for the practicing doctors of that region. The program was formally inaugurated by Dr VS Saxena, President of the IEA-18th IEC Trust. Dr Satish Jain, President of IES and Dr MM Mehndiratta, Secretary General of the IES were also present. Dr Satish Jain and Dr Manjari Tripathi were the faculty for the inaugural program. The teaching program was very much appreciated by the participants there was extensive and interesting discussion after the teaching sessions.

EPILEPSY AWARENESS IN RURAL INDIA

EPILEPSY CAMP IN DISTRICT GANJAM, ORISSA



A 20 year old patient who has developed keloid scars after being branded with hot iron for uncontrolled epilepsy. The patient is seen with her brother and is unmarried because of epilepsy

Conducted by Dr Manjari Tripathi, Associate Professor, AIIMS, New Delhi, Dr Uma Padhy, Asst Professor, MKCG Medical College, Dr Sunil Aggarwal, Associate Professor, Pediatrics, MKCG Medical College, Dr Jetendra Mohan Bebortha, SDMO, Chatrapur, Dr P Suvarna Devi, Prof and Head, Pediatrics, MKCG Medical College, Dr P Sarat Chandra, Associate Professor, AIIMS, New Delhi

An epilepsy camp was conducted by MKCG Medical College, subdivision Health Center, Chatrapur along with expert faculty from All India Institute of Medical Sciences,



A Class on epilepsy taken at the end of the camp for the local doctors from the surrounding Primary Health Centre's by Dr Manjari Tripathi, Associate Professor, AIIMS, New Delhi

New Delhi on 10th June, 2011. The camp was attended by a number of patients as shown in the attached proforma. Most of the patients came from nearby villages. 98% of the patients who attended the camp had uncontrolled epilepsy. About 60% never took any allopathic medications and were on local herbal medicines "Cheramudi". The rest had poorly controlled epilepsy either due to inadequate medications, improper compliance, lack of awareness, and tendency to take treatment from local village non-medical treatment e.g. herbal, witch doctor treatment 'jhadoo phoonka'. Overall



A 32 year old lady having from epilepsy from a tribal village about 50km from the site of the camp. She suffers from 6-8 episodes per week, for the past 8 years has never been started on any treatment. She was advised to take herbal roots, which she has been taking since the onset of epilepsy

there was poor knowledge of epilepsy, and many patients were under impression that epilepsy is not treatable.

The seizure semiology included general tonic clonic seizures (40%), complex partial seizures (40%) and focal epilepsy (20%).

Venue of Camps: Chatrapur, Gopalpur, District Ganjam
Dates: 9th and 10th, June, 2010.

Objective: To assess the burden of problem by conducting a preliminary rural camps at Chatrapur and Gopalpur, in Ganjam district, Orissa.

EPILEPSY AWARENESS IN RURAL INDIA

EPILEPSY CAMP IN DISTRICT GANJAM, ORISSA



A child with epilepsy (12-16 episodes per day) with severe epileptic encephalopathy, not on any medication.

Material and Methods: After taking due permission from the Chief District Medical Officer and from the local medical college (MKCG Medical College), 2 day camps were organized at 2 villages: Gopalpur and Chatrapur. Both are located in very backward areas of the state of Orissa. Prior to the day camps, information to the surrounding 100 villages was provided with the help of state govt health workers. The camp was conducted by 2 neurologists, 1 neurosurgeon, 2 senior pediatricians and sub-divisional medical officer under the supervision of the Dr MT.

Results: A total of 205 patients with epilepsy were seen during this short period. Age ranged from 15 months to 48 years (mean: 22.8 years, median: 21 years, 153 males). The seizure semiology included general tonic clonic seizures (40%), complex partial seizures (40%) and focal epilepsy (20%). 97.6% of the patients had uncontrolled epilepsy (due to different reasons: never having been taken any medication, poor compliance, lack of proper advice, or taking local unscientific practices for treatment). Two common modes of un-scientific treatment included taking herbal roots? chudamari? or using the help of local witch doctors, ?Jahdoo phoonka??, which were used in 28% cases without any prior medical treatment. Other local methods used were hot iron branding, wearing special necklaces or

talisman or other non-medical forms of treatment. The duration of epilepsy ranged from 0.5 to 15 years (mean 8.9 years) and only 20% were on medication, majority of them (18.2%) were on inadequate doses or were poorly compliant. About a fifth (21%) had features of mental retardation due to epileptic encephalopathy. About 26% of the patients were females. About 20% of the total number of patients was of marriageable age (> 16 years). None of these females were married and this was directly related to epilepsy. When a pre-test was taken (Annexure 2), only 4% passed the test (< 5), and 48% scored 0 (had no knowledge about epilepsy). Overall 87% believed that there was no cure for epilepsy. Conclusions: An initial survey performed in 2 moderate sized villages (Chatrapur being the district head



A 6 year old male with multiple injuries because of epilepsy. This child has also been never been started on any treatment

quarters) presented a very grim picture. Even a 2 day camp has yielded a large number of patients with epilepsy which was uncontrolled in a majority of patients. In addition, there was an intense social stigma making this disease 'hidden'. What is revealed in this initial camp probably represents just the tip of iceberg, as both the centers were accessible by road transport and there was availability of medical shops within 8 km.

(*Consent for photograph taken from patients and careprovider)

IEA - ACTIVITIES OF CHAPTERS

JHARKHAND-RANCHI

Reported by: Dr Sayeed Akhtar

Taking forward the mission of public awareness, many programmes were conducted by the Indian Epilepsy Association, Ranchi Chapter during the period of 2009-2010. The focus of the programmes was on identification of the various forms of epilepsy in general public and reduction of the treatment gap. A brief account of some of these activities follows:

Epilepsy Camps

Several community outreach camps were held in and around Ranchi with the aim of community awareness, identification and management of epilepsy, reduction of treatment gap, reduction of stigma and fighting discrimination against the people suffering from epilepsy.



The camps were organized in Namkum block of Ranchi at four different places every month. Camps were organized on a regular basis in other rural and semiurban areas around Ranchi. Epilepsy camps were also organized in the rural and semi-urban areas of the adjoining states like Orissa.

Public Awareness

Various ways of mass awareness were employed to reach as many people as possible and disseminate information about the multiple facets of epilepsy. TV shows, wall writings, pamphlets, etc. were used to create awareness in rural and semi-urban areas around Ranchi. Meetings were arranged with local health care providers, Faith healers, Registered Medical Practitioners, Anganwari Workers, Gram Sewaks/ Sewikas and other community leaders. With the idea of imbibing knowledge to the young ones, awareness programmes were conducted in various schools in and around Ranchi with active involvement of the teachers to ensure its continuity in future. The help of print media was taken to reach larger number of people. Brochures and pamphlets were published and distributed on various psychosocial issues of epilepsy.

Self Help Group Meetings

In order to provide support to patients with epilepsy and

their families, meetings were held with a number of patients and their family members with support from Central Institute of Psychiatry, Ranchi and Indian Epilepsy Association. The group actively participated in discussions involving social issues like stigma, unemployment, academic difficulties, etc. An expert team comprising of a Psychiatrist, a Clinical Psychologist and a Psychiatric Social Worker guided the group meetings.

Continuing Medical Education Program

Considering the meager manpower resources emphasis was given to the continuous education and training of undergraduate and postgraduate medical students from different specialties. A CME was organized on 12th of December 2009 in which around 100 participants from various medical specialties took part. The theme of the CME was "Childhood Epilepsies". The CME included:

Presentations on different topics

1. Epilepsy: An Overview by Dr S Akhtar Dy Medical Supdt. CIP, Ranchi
2. Childhood Epilepsies by Prof S Haque Nizamie, Prof of Psychiatry, CIP, Ranchi
3. Challenges in the Management of Childhood Epilepsies by Prof Arijit Chattopadhyay, Kolkata
4. Brain Tumors and Epilepsy by Prof H P Narayan Consultant Neurosurgeon Ranchi

A quiz related to various historical and clinical aspects of epilepsy was held. The participants of the quiz were rewarded based on their performance. The annual issue of the Newsletter of Indian Epilepsy Association, Ranchi



chapter was released on this occasion. The CME concluded with a brief valedictory function.

Besides these, many other programmes on a minor scale were carried out to disseminate information about various facets of epilepsy to different sections of the community. Our endeavors in this direction shall continue till we bring every patient with epilepsy into the treatment fold.

DRUGS THAT LOWER SEIZURE THRESHOLD



Cocaine and Methamphetamine

Symbolic of their behavioral stimulating properties, common drugs of abuse such as cocaine and

amphetamine trigger widespread nervous system activation. At high doses, these drugs can elicit short-lived seizures.

Selective Serotonin Reuptake Inhibitors (SSRIs)

If taken to excess, SSRIs can trigger serotonin syndrome, a state marked by sudden elevated muscle tone, gastrointestinal disturbance, fever and confusion. Tremors and myoclonus can also occur.

Antiasthmatics

Theophylline has convulsive properties at moderate to moderately high doses, producing clinically recognizable seizures in often resulting in unconsciousness. Individuals suffering from theophylline toxicity do not have previous epilepsy histories, and typically they do not respond to initial anticonvulsant therapy to quell the seizures. Removal of the drug returns patients to normal, however. The proconvulsant properties of theophylline stem from its ability to increase the activity of brain cells.

Antibiotics

Gamma-aminobutyric acid (GABA), limits the amount of excitation that travels through neural circuits. Drugs that interfere with GABA function, therefore, increase the probability that a seizure will happen. Beta-lactam antibiotics such as penicillin share many structural similarities with synthetic GABA receptor blockers. In keeping with these similarities, penicillin has been shown to produce myoclonic twitching after intravenous administration and epileptogenic changes in the brain.



POSITIVE RESULTS FROM PHASE III PERAMPANEL TRIAL

Results of a Phase III study in epilepsy patients with refractory partial seizures demonstrate the clinical benefits of the novel investigational compound E2007. Discovered and developed by Eisai, perampanel is a drug with a definite mechanism that selectively and non-competitively antagonizes alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid-type glutamate receptors.

The global study (study 306), conducted primarily in Europe and Asia, was a multi-center, randomized, double-blind, placebo-controlled, dose escalation, parallel-group

study. The study consisted of 706 patients from 25 countries who were randomized to placebo or one of three perampanel doses (2mg, 4mg or 8mg). Patients randomized to receive perampanel started on 2mg doses, then remained on 2mg or increased dosage weekly in 2mg increments to their randomized doses of 4mg or 8mg.

Findings demonstrated that perampanel was effective in reducing median seizure frequency, and increasing responder rates, the study's two primary outcome measures, with high statistical significance in 4mg and 8mg doses compared to placebo. A linear trend for dose response was also highly statistically significant.

Study 306 is the first in a series of Phase III clinical trials being conducted as part of Eisai's global development program for perampanel and two more Phase III studies are currently underway. Final results of all three studies are expected to be available within one year. Based on these results, Eisai plans to submit regulatory applications to the health authorities in the US and the European Union before the end of fiscal 2011.

FDA WARNING: LAMICTAL CAN CAUSE ASEPTIC MENINGITIS

The FDA notified healthcare professionals and patients that Lamictal (lamotrigine) can cause aseptic meningitis. Patients should contact their healthcare professional immediately if they experience signs and symptoms of meningitis while taking Lamictal. If meningitis is suspected, patients should be evaluated for other causes of meningitis and treated as indicated. Discontinuation of Lamictal should be considered if no other clear cause of meningitis is identified.

The decision to revise the Lamictal label is based on FDA's identification of 40 cases of aseptic meningitis in patients taking Lamictal (from December 1994 to November 2009). Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of this product.

VALPROIC ACID IN RETINITIS PIGMENTOSA

A small preliminary study has found that valproic acid may halt or even reverse the loss of vision produced by retinitis pigmentosa (RP).

Virtually all forms of the disease are characterized by inflammation and cell death. Dr Shalesh Kaushal, a professor of ophthalmology and cell biology at the Massachusetts Medical School in Worcester reasoned that valproic acid, which is known to affect both conditions, might slow the progression of RP, and tissue culture experiments.

Kaushal and his colleagues then treated seven patients with an early stage of RP with 500 to 750 milligrams of valproic acid per day for two to six months. The team reported in the British Journal of Ophthalmology that vision improved in five of the patients even though they were at a stage when vision loss normally progressed rapidly.

Kaushal is now organizing a three-year, \$2.1 million clinical trial of the approach to test it against a placebo.

Source: 2010, Los Angeles Times



THE BEST EVIDENCE STUDY WITH ETHOSUXIMIDE

This study was selected because of its high ranking in Medscape Best Evidence, which uses the McMaster Online Rating of Evidence System.

Of a possible top score of 7, clinicians who used this system ranked this study as 6 for relevance and 6 for newsworthiness. It was also ranked by the Faculty of 1000 Medicine as Exceptional with a 9.0 F1000 Factor.

Childhood absence epilepsy is the most common pediatric epilepsy syndrome and is usually treated with ethosuximide, valproic acid, or lamotrigine.

This study is double-blind, randomized, controlled clinical trial in which ethosuximide, valproic acid, and lamotrigine were compared for efficacy, tolerability, and

neuropsychological effects in 453 children with newly diagnosed childhood absence epilepsy.

Drug doses were incrementally increased until the child was free of seizures, the maximal allowable or highest tolerable dose

was reached, or a criterion indicating treatment failure was met. After 16 weeks of therapy, the primary outcome -- freedom from failure -- was similar for ethosuximide and valproic acid (53% and 58%, respectively), and both rates were higher than the rate for lamotrigine (29%).

Attentional dysfunction was more common with valproic acid (49% of the children) than with ethosuximide (33%). Discontinuation because of adverse events was similar among the 3 drugs. The results were particularly interesting because ethosuximide has been around since the 1950s.

NO PROOF OF EPILEPSY DRUG SUICIDE RISK

Study Finds No Evidence of Increased Risk for Suicide Attempts or Suicides Associated With Seizure Drugs in Patients With Epilepsy

Drugs used by epilepsy patients to control seizures now carry a warning that the medications may increase the risk for [suicide](#), but a newly published analysis involving more than 5 million people finds no evidence of such a risk.

The study is the latest to challenge a 2008 research review by the FDA that linked many commonly prescribed epilepsy drugs to an increase in suicidal thoughts and behaviors.

Researchers examined data collected from patients treated with [seizure](#) medications for epilepsy, [depression](#), or [bipolar disorder](#) in the UK during a 20-year period ending in 2008.

Suicide Risk Higher in Epilepsy Patients

As previously reported, patients with any of the three conditions had a higher risk for suicide, compared to the general population.

But no increase in risk associated with treatment was seen among patients with a diagnosis of epilepsy alone.

Massachusetts-based drugmaker Sepracor Inc. funded the study. The company is seeking FDA approval for its seizure drug Stedesa.

"Even in patients with epilepsy and depression, the risk was low," lead researcher Alejandro Arana, MD, of the drug safety research group Pharmacovigilance Services, tells WebMD. "We did not find any increase in risk associated with use of anti-epileptic drugs by patients with epilepsy."

Unlike many previous studies, the researchers were able to individually assess risk among different groups of patients treated with seizure drugs, including those with epilepsy, depression, or bipolar disorder alone and patients with epilepsy and depression or epilepsy and bipolar disorder.

Certain seizure drugs are used for the treatment of depression and bipolar disorder, in addition to epilepsy.

Neurologist and epilepsy researcher Josemir W Sander,

MD, of the University College London, says the assessment of risk in different subtypes of patients is a major strength of the study.

Specific Drugs Not Examined

An increase in suicide risk associated with treatment was found in patients with depression alone and in patients with an unknown diagnosis without epilepsy, depression, or bipolar disorder.

Researchers were not able to assess risk associated with specific seizure medications. Several recently reported studies have been contradictory.

In late July, researchers in Germany reported a threefold increased risk of suicidal behavior and self-harm in epilepsy patients taking the drugs [Keppra](#), [Topamax](#), and [Sabril](#).

But a study published just three months earlier found no cause for concern with these drugs. Instead, the study

implicated four other drugs: [Neurontin](#), [Lamictal](#), [Trileptal](#), and [Depakote](#).

Sanders says the new findings should reassure patients with epilepsy who take seizure drugs.

He adds that although there will probably never be a definitive study to prove or disprove the association between seizure drugs and suicide, the risks associated with poorly controlled epilepsy are well known.

"Epilepsy can kill," he tells WebMD. "It is not uncommon for people to die because they have a seizure in the wrong place at the wrong time, such as when they are driving a car. It is important for people to stay on these drugs if they need them."

Arana, A., New England Journal of Medicine, Aug. 5, 2010; vol 363: pp 542-551.

Alejandro Arana, MD, Risk MR Pharmacovigilance Services, Zaragoza, Spain.

WebMD Health News: Aug. 4, 2010 "Certain Epilepsy Drugs Linked to Suicide."

By Salynn Boyles

Web MD Health News

Reviewed By Laura J Martin, MD



GENERIC PRODUCTS OF ANTIEPILEPTIC DRUGS: A PERSPECTIVE ON BIOEQUIVALENCE AND INTERCHANGEABILITY

Most antiepileptic drugs (AEDs) are currently available as generic products, yet neurologists and patients are reluctant to switch to generics. Generic AEDs are regarded as bioequivalent to brand AEDs after meeting the average bioequivalence criteria; consequently, they are considered to be interchangeable with their respective brands without loss of efficacy and safety. According to the US Food and Drug Administration (FDA) the present bioequivalence requirements are already so rigorous and constrained that there is little possibility that generics that meet regulatory bioequivalence criteria could lead to therapeutic problems. So is there a scientific rationale for the concerns about switching patients with epilepsy to bioequivalent generics? Herein we discuss the assessment of bioequivalence and propose a scaled-average bioequivalence approach where scaling of bioequivalence is carried out based on brand lot-to-lot variance as an alternative to the conventional bioequivalence test as a means to determine whether switching patients to generic formulations, or vice versa, is a safe and effective therapeutic option. Meeting the proposed scaled-average bioequivalence requirements will ensure that when an individual patient is switched, he or she has fluctuations in plasma levels similar to those from lot-to-lot of the brand reference levels and thus should make these generic products safely switchable without change in efficacy and safety outcomes.

Meir Bialer, Kamal K Midha, *Epilepsia*

Volume 51, Issue 6, pages 941-950, June 2010



WHEN CLINICAL TRIALS MAKE HISTORY: DEMONSTRATING EFFICACY OF NEW ANTIEPILEPTIC DRUGS AS MONOTHERAPY



Emilio Perucca

Article first published online: 14 MAY 2010

Regulatory requirements to demonstrate the efficacy of novel antiepileptic drugs (AEDs) as monotherapy differ between Europe and the United States.

European regulators require a comparison with an established, optimally dosed AED, typically using a noninferiority design, whereas the U.S. Food and Drug Administration (FDA) demands demonstration of superiority versus a comparator. Because placebo cannot be used as sole therapy and it is unrealistic to expect that a new AED will be more efficacious than established agents at full dosages, superiority monotherapy trials in epilepsy have traditionally relied on inclusion of controls treated with a suboptimal (low-dose) comparator.

In the most common design, refractory patients are randomized to conversion to monotherapy with a full dose of the investigational agent or a low-dose active control, and are required to exit the trial if seizures deteriorate. Efficacy is demonstrated when exit rates are lower in the full-dose group than in controls. Although this design is efficient in demonstrating superiority, the use of suboptimal treatments has been increasingly criticized on ethical grounds.

A meta-analysis has now demonstrated that patients randomized to suboptimal treatments in all previous trials had similar outcomes, thereby allowing the build up of a dataset of historical controls against which response to investigational AEDs can be compared in future trials.

Use of historical controls has been accepted by the FDA, subject to compliance with rigorous methodologic requirements. Although the avoidance of suboptimal treatments in future trials is a welcome development, the conversion-to-monotherapy design is still far from being fully satisfactory and is not exempt from methodologic concerns.

EFFECT OF ANTI-EPILEPTIC DRUGS ON SERUM LEVEL OF IGG SUBCLASSES

There are some controversial studies on effects of anti-epileptic drugs (AEDs) on serum IgG

subclasses; however, the role of these medications is still unclear. The aim of this study was evaluation

the effects of anti-epileptic drugs on serum concentration of IgG and its subclasses

Serum IgG and IgG subclasses of 61 newly diagnosed epileptic patients were measured at

the beginning of monotherapy with carbamazepine, sodium valproate, and phenobarbital, and 6

months later. Measurement of IgG and its subclasses was performed using nephelometry and ELISA

techniques, respectively.

Reduction of at least one IgG subclass was found in 6 patients 6 months after treatment with

AEDs. Among 27 patients receiving carbamazepine, decrease in at least one serum IgG subclass level

was found in 5 patients. Among 20 patients using sodium valproate, only one patient showed decrease

in IgG2 subclass. None of the 14 patients using phenobarbital revealed significant decrease in IgG

subclasses. No infection was seen in the patients with reduction of subclasses.

Conclusion: Although in the study, children with selective IgG subclass deficiency were asymptomatic,

assessment of serum immunoglobulin levels could be recommended at starting the administration of

AEDs and in serial intervals afterward in epilepsy patients.

Source: *Mahmoud-Reza Ashrafi et al Iranian Journal of Pediatrics, Volume 20 (Number 3), September 2010, Pages: 269-276*

TRAUMATIC BRAIN INJURY



Hard hit on the head may seem like an isolated event, but can lead to cognitive, health and epilepsy years down the line.

In a review in the *Journal of Neurotrauma*, the

authors, both from the University of Texas Medical Branch at Galveston, say that brain trauma can kick off a disease process associated with a higher risk of epilepsy, sleep apnea, neuroendocrine disorders, psychiatric problems, non-neurological disorders such as sexual dysfunction and neurodegenerative disorders such as Parkinson's and Alzheimer's dementia, among other conditions.

TBI is also linked to a reduced life expectancy, they write. Because of all these associated problems, it deserves to be classified as “the beginning of an ongoing, perhaps lifelong process, that impacts multiple organ systems and may be disease causative and accelerative,” they write.

Masel says it's not known how many people with TBI — which can be anything from a hit on the head that results in distorted consciousness or a temporary lack of awareness to a comatose state — go on to have problems. Obviously, the more severe the injury, the higher the risk of other issues. But there's now an awareness that even, say, athletes who “have a mild injury, say, are bonked on the head and then go back to play football” might face cognitive or other problems going forward.

He and his co-author, Douglas DeWitt, a professor in the department of anesthesiology at UTMB, write that they are trying to raise awareness of the problems that can affect some — but not all — patients.

RESEARCH ON EPILEPSY

WAYNE STATE RESEARCHER SEEKS DRUG TO STOP EPILEPSY, SEIZURES

By using donated brain tissues from epilepsy patients, Wayne State University's Jeffrey Loeb, MD, PhD, is working to develop a drug that will prevent epilepsy. In addition to helping people born with the disease, Loeb also hopes the drug will prevent seizures that come as a result of brain injuries.

Through the study, donated tissues will be cataloged into a database to shed light on the disease's electrical, anatomical and molecular features.

The donated tissues come from epilepsy patients who underwent brain surgery at the Detroit Medical Center's Harper University Hospital and DMC Children's Hospital of Michigan, both in Detroit. Loeb said this has been a big advantage over previous epilepsy research.

"We've found a group of genes that are different in patients of epilepsy, throughout children and adults," Loeb said.

"We think that it may be the same mechanism, but we need to find out."

Loeb has been researching epilepsy for 10 years. Behind the current study is the Systems Biology of Epilepsy Project, a multidisciplinary collaboration among Wayne State experts in areas ranging from neurosurgery to information technology.

The project is funded by the Wayne State President's Research Enhancement Program and the National Institutes of Health, from which much of Loeb's nearly \$4 million in funding has come. At least \$800,000 comes from federal stimulus funds.

"Right now, there are no drugs that can prevent epilepsy in humans. The only treatment we have that can cure a seizure is where we cut out that part of the brain," Loeb said.

"Drugs right now can only suppress the seizures. All we have is like the equivalency of Tylenol, which takes care of the headache after it has already happened."

Loeb said he is optimistic the research group is close to finding a preventive treatment that can be commercialized. They have one drug that looks promising, he said, and are working with various drug companies, though he declined to say which ones.

By Shawn Wright

EPILEPSY ORGANIZATIONS AWARD GRANTS FOR NEW GENE THERAPY AND NOVEL SURGICAL INTRACRANIAL EEG

The Epilepsy Therapy Project (ETP) and the Epilepsy Foundation (EF) announced the latest grant recipients of its New Therapy Grants Program, a unique joint venture of the non-profit epilepsy organizations, to advance promising epilepsy research in clinical development. The grant awards, totaling approximately \$200,000 in funding, will support an experimental gene therapy that directly targets epileptogenic brain tissue, as well as an electrode system that has the potential to improve the efficacy of surgical therapies for certain epilepsy syndromes.

The Grant Recipients

Galanin Gene Delivery to the Hippocampus for Mesial Temporal Lobe Epilepsy

- ***Prospect of one-time gene therapy that produces anti-convulsant and neuroprotective benefits***
- ***Experimental therapy may offer less invasive therapeutic option and a prospective paradigm shift in patient care for certain forms of epilepsy***

Intracranial EEG Acquisition System with Online Fast Ripple Detection

- ***New technology to refine how surgeons will identify and define epileptogenic regions of the brain***
- ***Potential to improve surgical outcomes and broaden viability of treatment for certain epilepsy syndromes***

A Columbia University Medical Center research team headed by Catherine Schevon, MD, Assistant Professor, Neurology, received funding to support the refinement of an intracranial EEG recording system, an online detection system to better define the epileptogenic region of the brain, the area of the brain related to seizure activity, before therapy or surgery.

GENE THERAPY TO TREAT EPILEPSY A STEP CLOSER

Current antiepileptic drugs (AEDs) have many side-effects, among others slowing down brain activity, which in turn reduces patients' ability to react. These side-effects could be eliminated if genes that counteract seizures could be introduced into the brain. Professor Merab Kokaia at Lund University in Sweden has obtained promising results in animal experiments.

A large proportion of epilepsy patients are not helped by the drugs and cannot be treated with brain surgery either. Research in recent years has shown that the brain tries to counteract seizures. One of the ways it does this is by increasing levels of a protein-like molecule called neuropeptide Y and the expression of certain receptors for it.

Both Merab Kokaia's research group and others have previously shown that gene therapy can increase levels of neuropeptide Y in the brain. The Lund researchers are now also the first group in the world to introduce genes that increase the expression of certain receptors for neuropeptides in the brain.

Neuropeptide Y affects many receptors on the cells in the brain. Some of these increase the risk of seizures and thus have the opposite effect to that which we want to achieve. Therefore it is not ideal to only aim for high levels of neuropeptide Y; we should also ensure that the neuropeptide activates the right receptors", says Merab Kokaia.

He has tested the combined neuropeptide and receptor gene therapy on a rat model of epilepsy and found that the seizures were strongly suppressed. The results have recently been published in *BRAIN*.

The genes were introduced into the animals' brains via harmless viruses. These were injected into the specific parts of the brain that are affected by an epileptic condition.

"If the method works on humans, a single treatment would be sufficient, rather than lifelong medication. Unlike current AEDs, such treatment would also only affect the parts of the brain concerned", explains Merab Kokaia.

In the USA the Food and Drug Administration (FDA) is now considering an application to test gene therapy for epilepsy on humans.

However, this application only concerns introducing genes to increase expression of neuropeptide Y, whereas the Lund group's findings indicate that genes that increase the expression of the right receptors would be at least as important.

Source: *Cooljoe News*, Aug 28, 2010

EFFICACY OF PYRIDOXINE IN EARLY-ONSET IDIOPATHIC INTRACTABLE SEIZURES IN CHILDREN

OBJECTIVE: To identify pyridoxine responsive seizures among children with early onset intractable seizures, and to identify pyridoxine-dependency as a subset in this group. **METHODS:** Patients with neonatal onset idiopathic, intractable seizures were identified over a 6-month period and subjected to a 'pyridoxine trial', at the Pediatric Neurology Clinic of a tertiary-care teaching hospital in New Delhi, India. This consisted of an intravenous infusion of 100 mg of pyridoxine over 10-min with a simultaneous EEG monitoring. This procedure was carried out in the EEG laboratory with all appropriate precautions (including availability of resuscitation equipment and trained personnel). Continuous EEG monitoring was done throughout the infusion and till 20 min later, to look for correction of EEG abnormalities. All patients were then prescribed oral pyridoxine, 10-15 mg/kg/day divided TDS for 6 weeks, in addition to their current anticonvulsant therapy. Patients were reviewed every 15 days regarding compliance and change in seizure frequency. A reduction in seizure frequency by 50% of the baseline was considered as 'response' (significant change), meriting further continuation of pyridoxine therapy. In patients who remained seizure free on pyridoxine therapy, previous anti-epileptics were gradually tapered one by one. **RESULTS:** 621 children with active epilepsy were seen at the PNC, of which 48 had early-onset, medical intractable epilepsy, and 21 children (13 males and 8 females), aged between 11 months and 38 months were enrolled. The median age at onset of seizure was 5.1 months. The major seizure type was focal in 3 and generalized in 18 (including infantile spasm in 11). No patient had normalization of EEG during the 'trial'. Two patients (9.5%) had a response during the 2 weeks of oral treatment and oral therapy was continued. No toxicity or side-effects of pyridoxine were observed in these two patients over a follow-up of more than 18 months. **CONCLUSIONS:** Pyridoxine responsive seizures contribute a significant proportion to early-onset idiopathic intractable epilepsy in childhood. Routine use of pyridoxine in the management of early onset resistant seizures would go a long way in identifying these patients early.

Mishra, Devendra - et al: *Indian J Pediatr* 2010 Sept.

EPILEPSY AROUND THE WORLD

JAPAN



Doctor uses university pulpit to tackle prejudice against epilepsy

SENDAI--The first academic department in this country to be

called the Department of Epilepsy has been established at Tohoku University, the product of one doctor's passion to teach about the condition, and treat it, at the university level.

Nobukazu Nakasato, 51, was chosen by the university to become the nation's first professor specializing in epilepsy.

He was painfully reminded of the prejudice that still exists regarding epilepsy when surprised medical colleagues asked, "Are you really going to include the condition in the name of the department?"

There are 1 million epilepsy patients in Japan, but only 345 doctors who specialize in treating it. Nakasato said he has met people in major cities in the Tohoku region who had given up hope of their symptoms being controlled after receiving outdated treatments from 10 years ago.

Many epilepsy patients suffer not only from the disorder itself, but also from such problems as having to quit their jobs due to seizures.

"Most seizures can be stopped with proper treatment and people can live normal lives," Nakasato said. "Female patients can have children. I want many people to know these things."

This month, Nakasato began holding what he calls "one-hour clinics" to thoroughly listen to patients. Spending lots of time with patients was something Nakasato had wanted to do for years but could not at his previous workplace because of management issues.

"It's easier to get doctors to listen to me as a university professor. I'd like to promote my studies nationwide," he said with a twinkle in his eyes.

Makiko Tatebayashi / Yomiuri Shimbun, Japan

MALAWI



Epilepsy Drugs Wanted

As Malawi commemorates Epilepsy Week, doctors and other stakeholders have expressed concern over shortage of drugs for the disease in the country.

A Pediatric Neurologist at Queen Elizabeth Central hospital Dr Mark Malewa says the situation is near pathetic and "very worrying".

Records indicate that three percent of Malawians suffer from epilepsy.

However, while this is the position, the Federation of People with Disability in Malawi- FEDOMA-says only thirty percent of those with epilepsy seek medical assistance.

"Shortage of drugs to treat those that seek medical attention is a challenge affecting proper provision of treatment to patients especially children.

"Carbamazepine, one of the best drugs for epilepsy has been out of stock for sometime now. This creates fear that the disease could re-surface in some people," says Dr Malewa.

Dr Malewa says it becomes a problem to patients especially children who were getting better to start experiencing seizures again because of the absence of drugs.

Health minister Dr David Mphande said when he toured the hospital last week that the shortage of drugs in hospitals could partly be attributed to problems in procurement procedures which affect movement of the drugs from the central medical stores.

Programs manager for FEDOMA Mr Action Amos, on his part, cited shortage of health personnel treating epilepsy patients as another challenge affecting service delivery.

Epilepsy is a health disorder which occurs due to malfunctioning of nerves caused by brain damage emanating from head injuries at child birth or accidents. zodiak online

EPILEPSY AROUND THE WORLD

NEW ZEALAND



..... much more than glass figurines

Kate Johnson is not backward in coming forward when it comes to speaking her mind, a trait her father Peter says he was happy to pass on.

The same can be said for how she deals with epilepsy.

"Treat us the same as everyone else," she says.

The 17-year-old from Hawera said the key was to be open and honest about the affliction as many people just want to know so they can help if needed.

Epilepsy affects 2 per cent of the country's population.

Her [a]rents were told when she was born she would only live three to four days.

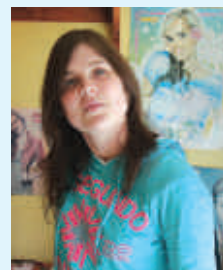
But after many visits to hospitals and doctors Miss Johnson is now moving towards NCEA level three and become an avid reader of medical publications.

"Adults treat me like I'm a glass figurine."

Mr Johnson said the only trying times had been getting the balance of medication right as she grew up. His family has been fortunate enough to have a great pediatrician and he could not fault the medical service they had received, he said.

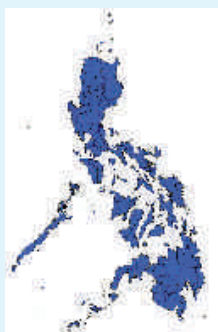
Epilepsy New Zealand field officer Dianne Darbyshire said everyone who has epilepsy experienced it in slightly different ways.

By LAIRD HARPER - Taranaki Daily News



Kate Johnson, 17, wants to remove the stigma surrounding epilepsy.

PHILLIPINES



Phillipines National Epilepsy Awareness Week

The first week of September was declared as The National Epilepsy Awareness Week, pursuant to Presidential Proclamation.

Various activities were lined up in observance of the Ninth National Epilepsy Awareness Week, including forums on epilepsy, epilepsy camps, and caravans, lectures and forums, and outreach programs.

We congratulate the Philippine League Against Epilepsy led by its President Dr Josephine C Gutierrez, Officers and Members in strengthening the public awareness on epilepsy. We wish them all the best and success in all their endeavors



Persons with epilepsy: Standing tall, marching on

In its desire to get persons with epilepsy to stand tall and be proud of who they are and what they have accomplished in spite of their struggles, the Philippine League Against Epilepsy (PLAE) gives out the Epilepsy Exemplar Award every two years to [patients](#) who have

shown admirable confidence, outstanding achievements in school or in the workplace, and dedication to promoting awareness of epilepsy despite their condition.

One such person who has received the award is Apple Valencia, a 29-year-old employee from Quezon City.

Prior to getting involved with PLAE, Valencia hated the fact that she had epilepsy. She had no friends when she was still in school. Her classmates and teachers not so much as feared her, but feared what could happen to her while in their company; they didn't know what to do when she had a seizure.

Later, she faced difficulties in finding employment due to her condition. There was one instance when she was rudely terminated from a job after less than a week of being hired.

That was when her doctor suggested that she attend patient forums, support groups and other activities organized by the PLAE.

"I attended every single activity and I always asked a lot of questions. I learned so many new things," Valencia says.

Her doctor noticed the change in her after she attended the epilepsy fora and [support group](#) activities. From someone who was introverted and angry, she became a cheerful, positive and confident person. She was nominated for the Epilepsy Exemplar Award by her doctor, and the rest is history.

EPILEPSY AROUND THE WORLD

UK



EPILEPSY AWARENESS COULD HAVE SAVED SON'

Army Cadet Darren Barrett was 16 when he suffered a huge fit in the middle of the night and never woke up. His mother is helping launch a

new campaign to reduce deaths from the condition.

She said: "He was absolutely fine growing up and then, at 14, he just got epilepsy out of the blue. There was no explanation.

Now Wantage-based charity Epilepsy Bereaved is launching a national campaign, Spread The Word, to raise awareness of Sudden Unexpected Death in Epilepsy (SUDEP) and help save lives.

Miss James said: "To find my son like that was horrendous.

"Because it was so sudden, everything was taken away at once.

And she said there must be more openness about the condition to reduce deaths – half of which Epilepsy Bereaved say are avoidable.

About 1,000 people die from it every year in the UK. More than 500 are attributed to Sudden Unexpected Death in Epilepsy.

By Liam Sloan : Banburycake.co.uk

People with epilepsy have a risk of premature death three times higher than that of the general population.

Common triggers of seizures are tiredness and lack of sleep, stress, alcohol, and not taking medication.



BRAIN OPERATION GAVE ME NEW LEASE OF LIFE

By Patrick Knox

FOR most of her 40 years, Tracey Crittenden has had to live with the unpleasant side-effects of epilepsy. She had temporal lobe epilepsy,

affecting the right hippocampus area of her brain. Unfortunately, this did not respond to anti-seizure drugs. However, an innovative operation has now given her a new lease of life.

Ten months on, she has had no fits and her brain surgeon thinks the future is looking promising.

Crucially, she no longer takes medication with tiring side-effects, and if she remains fit-free for another year, she may finally be able to drive.

Tracey suffered epilepsy from the age of nine. Sometimes more than five "grand mal" seizures a day. She was subjected to bullying and prejudice, knocking her confidence and causing her to fail her school exams. This feeling of isolation continued in her working life. She said: "I never used to last longer at work than three months."

She added her condition has also contributed to a breakdown in her relationships.

But her life was changed after she was referred to Professor William Gray, Southampton General Hospital.

Removed a 3cm by 1cm section of Tracey's right hippocampus, identified as the source of the epilepsy, The complex surgery, carried out between 15 and 20 times a year at the hospital, was expected to give Tracey a 50 per cent chance of being seizure-free or at least a 30 per cent chance of reducing her fits.

If Tracey manages to be fit-free for two years after the operation, the likelihood is that her epilepsy will be banished from her life.

EPILEPSY AROUND THE WORLD

USA



KIDS COME TO THE RESCUE WHEN MOM HAS SEIZURE ON DAY TRIP

Fuller children take control of SUV, avoiding crash into telephone pole.

A trip that began as a birthday treat for the Fuller kids turned into a harrowing experience the family is not likely to forget.

Angela Fuller was taking 14-year-old Jackson and 11-year-old Elizabeth to Dallas to celebrate their summer birthdays. Minutes after driving away from the house, 39-year-old Angela Fuller had a seizure behind the wheel.

"It was pretty scary," Elizabeth said last week. "She was slouched over and twitching, and her eyes were still open."

Angela Fuller said she has taken medication for years to regulate her epilepsy, and had not had an episode in eight years. As Angela Fuller slumped over the wheel, convulsing, the car veered to the left off the narrow country road, mowing down a 4-foot-tall tree and sideswiping a few feet of fence.

Her son Jackson lunged to grab the steering wheel, turning it back toward the road. Elizabeth jumped up from the back seat and over the console to pull her mother's leg off the gas pedal.

"If we didn't do that at the exact same time, we would have rolled over or hit the telephone pole for sure," Elizabeth said. Once back on the road, Jackson was able to put the car in park and take the keys out of the ignition.

No one was injured in the incident, and Angela Fuller has since seen a neurologist. She's healthy and has changed the prescription for her epilepsy medication.

"We had a couple of angels in there grabbing those kiddos and telling them what to do," Angela Fuller said.

nkhan@statesman.com; 445-3663

Stroll for Epilepsy to return to Saratoga Springs Sunday, Sept. 12

SARATOGA SPRINGS — Heather Straughter knows the toll epilepsy can take on a family.

Her son, 4-year-old Jake, was diagnosed with the seizure disorder before his first birthday and has since undergone major medical treatments, including a hip surgery in May. While he is vocally and physically debilitated, Straughter says Jake is a fighter.

This year, the family is continuing to seek a cure to help Jake and the thousands of others affected by epilepsy in New York state.

Straughter is chairing the second annual Saratoga Stroll



for Epilepsy on Sunday, Sept. 12, in Saratoga Spa State Park. The event supports the Epilepsy Foundation of Northeastern New York (EFNENY), an Albany-based nonprofit.

EFNENY uses the proceeds to provide education, advocacy and counseling services to people affected by seizure disorders

She said, "We really wanted it to be a place where people from all over can come together and raise some awareness. It's almost like this huge support group of people who are either personally affected by epilepsy or know someone who is."

Source: Mareesa Nicosia, The Saratogian

FAMOUS PERSONS WITH EPILEPSY

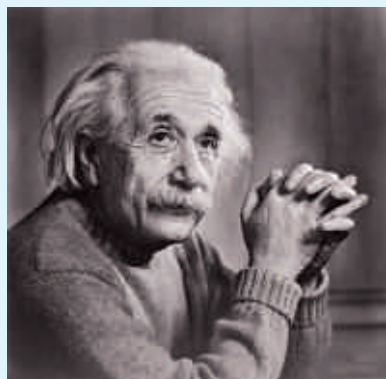
ALBERT EINSTEIN

MAN OF THE CENTURY

—*TIME Magazine*

Some Real Incidents.....

Albert Einstein had epilepsy, as did Thomas Edison and Bud Abbott. Julius Caesar, Socrates and Napoleon are all believed to have been sufferers. Present-day people reported to have the condition include Elton John, Prince, Tony Greg, Jhonty Rhodes. It can affect anyone, of any age, from any walk of life. Many people who develop



epilepsy when young do grow out of it by adulthood.

You think epilepsy ever bothered Albert Einstein the man of the century.

Read some interesting incidents

from his life....

One day during a speaking tour, Albert Einstein's driver, who often sat at the back of the hall during his lectures, remarked that he could probably give the lecture himself, having heard it so many times. Sure enough, at the next stop on the tour, Einstein and the driver switched places, with Einstein sitting at the back in his driver's uniform.

Having delivered a flawless lecture, the driver was asked a difficult question by a member of the audience. "Well, the answer to that question is quite simple," he casually replied. "I bet my driver, sitting up at the back there, could answer it!"

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Albert Einstein's wife often suggested that he dress more elegantly when he headed off to work. "Why should I?" he would invariably

argue. "Everyone knows me there." When the time came for Einstein to attend his first major conference, she begged him to dress up a bit. "Why should I?" said Einstein. "No one knows me there!"

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Albert Einstein was often asked to explain the general theory of relativity. "Put your hand on a hot stove for a minute, and it seems like an hour," he once declared. "Sit with a pretty girl for an hour, and it seems like a minute. That's relativity!"

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When Albert Einstein was working in Princeton university, one day he was going back home he forgot his home address. Einstein asked the driver if he knows Einstein's home. The driver said "Who does not know Einstein's address? Do you want to meet him?". Einstein replied "I am Einstein. I forgot my home address, can you take me there?" The driver reached him to his home and did not even collect his fare from him.

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Einstein was once traveling from Princeton on a train when the conductor came down, punching tickets Einstein reached in his vest pocket, pockets, his briefcase. He couldn't find his ticket, so he reached in his trouser. It wasn't there, so he looked in the seat beside him. He still couldn't find it.

The conductor said, 'Dr Einstein, I know who you are. I'm sure you bought a ticket. Don't worry about it.'

Einstein nodded appreciatively. The conductor continued down the aisle punching tickets. As he was ready to move to the next car, he saw Einstein down on his hands and knees still looking under his seat for his ticket.

The conductor rushed back and said, 'Dr Einstein, Dr Einstein, don't worry, I know who you are. No problem. You don't need a ticket. I'm sure you bought one.'

Einstein looked at him and said, 'Young man, I too, know who I am. What I don't know is where I'm going.'

LIGHTER MOMENTS

HOW IS NORMA?



A sweet grandmother telephoned St Joseph's Hospital. She timidly asked, "Is it possible to speak to someone who can tell me how a patient is doing?"

The operator said, "I'll be glad to help, dear. What's the name

and room number of the patient?"

The grandmother in her weak, tremulous voice said, "Norma Findlay, Room 302."

The operator replied, "Let me put you on hold while I check with the nurse's station for that room."

After a few minutes, the operator returned to the phone and said, "I have good news. Her nurse just told me that Norma is doing well. Her blood pressure is fine; her blood work just came back normal and her physician, Dr Cohen, has scheduled her to be discharged tomorrow."

The grandmother said, "Thank you. That's wonderful. I was so worried. God bless you for the good news."

The operator replied, "You're more than welcome. Is Norma your daughter?"

The grandmother said, "No, I'm Norma Findlay in Room 302. No one tells me anything."

The outstanding Memory clinic

Two elderly couples were enjoying friendly conversation when one of the men asked the other, "Fred, how was the memory clinic you went to last month?"

"Outstanding," Fred replied.

"They taught us all the latest psychological techniques: visualization, association, etc.

It was great."

"That's great! And what was the name of the clinic?"

Fred went blank. He thought and thought, but couldn't remember.

Then a smile broke across his face and he asked, "What do you call that flower with the long stem and thorns?"

"You mean a rose?"

"Yes, that's it!" He turned to his wife, "Rose, what was the name of that memory clinic?"

RONALD REAGAN: MORE PEOPLE REMEMBER HIM NOW

SOME OF HIS FAMOUS SAYINGS:-



"Socialism only works in two places: Heaven where they don't need it and hell where they already have it."

- Ronald Reagan

'The most terrifying words in the English language are: I'm from the government and I'm here to help.'

-Ronald Reagan

'The trouble with our liberal friends is not that they're ignorant; it's just that they know so much that isn't so.'

-Ronald Reagan

'I have wondered at times about what the Ten Commandments would have looked like if Moses had run them through the U.S. Congress..'

-Ronald Reagan

'Government is like a baby: An alimentary canal with a big appetite at one end and no sense of responsibility at the other.'

- Ronald Reagan

'The nearest thing to eternal life we will ever see on this earth is a government program.'

- Ronald Reagan

'It has been said that politics is the second oldest profession. I have learned that it bears a striking resemblance to the first.'

- Ronald Reagan


'Government's view of the economy could be summed up in a few short phrases: If it moves, tax it. If it keeps moving, regulate it. And if it stops moving, subsidize it'

- Ronald Reagan

'Politics is not a bad profession. If you succeed, there are many rewards; if you disgrace yourself, you can always write a book.'


- Ronald Reagan

FORTHCOMING EVENTS




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

Registration Fees

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

👉 **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, Texas-USA



👉 **25th - 27th February, 2011**

ECON 2011


Pre Conference Workshop and 12th
Joint Annual Conference of Indian
Epilepsy Association and Indian
Epilepsy Society



at Hotel Majestic Park Plaza, Ludhiana.
Organising Secretary: Gagandeep Singh, Department of Neurology, Dayanand Medical College, Ludhiana, 141001, Punjab, India; Tel: +919915554561
Fax: 0161-2308383; e-mail: econ2011@econ2011.in; Website: www.econ2011.in




The First Korean Pediatric Epilepsy Preceptorship 2010



👉 **11th - 13th November, 2010**

Severance Hospital Yonsei University, Seoul, Korea

The Korean Epilepsy Society (KES) has established a comprehensive 3 day course of an annual Pediatric Epilepsy Preceptorship program for Asian Pediatric Epilepsy Fellows. Individual endeavor will be enhanced by interaction and consultation with the faculty. Forty participants will be selected for each course from the applications received.

FORTHCOMING EVENTS

📅 **28th August - 1st September, 2011**

29th International Epilepsy Congress, ROME 2011



WELCOME

Dear Friends and colleagues,

We are delighted to announce that the 29th International Epilepsy Congress will be held in the ancient city of Rome, from 28th August to 1st September 2011, and with great pleasure we invite you to join us there.

Continuing on from the celebration in Budapest in 2009 marking the ILAE Centenary, the 129th IEC will honour and celebrate 50th anniversary and Jubilee Year of the foundation of the IBE.

To mark this historic event, the scientific Advisory & Organization Committee has begun constructing a programme of great promise. Topics will explore and integrate the scientific and social aspects of the issue faced by physicians, careers, persons with epilepsy and by all other involved in the field of epilepsy. These topics include: 'When do we consider epilepsy cured?', 'Impaired consciousness in epilepsy', 'Epilepsy during puberty – the wonder years', 'Older, slowing down and seizing up-epilepsy strike again', 'Predicting the unpredictable: the adverse effect of treatments' and the Presidential Symposium, 'Epilepsy: today a killer, tomorrow a cure'. In addition, special activities will be undertaken to celebrate the IBE jubilee year such as a photo competition, book of greetings history of IBE and other special Jubilee events.

While we will ensure that the programme will appeal to each and every one of us for whom the understanding and management of epilepsy plays such an important role in our lives, we do hope you will take the opportunity to explore this remarkable city on what is also a significant local anniversary as Italy commemorates their 150th anniversary of national unification.

We hope you will be able to accept this invitation and will join us in Rome as we unite all our celebrations on this very especial occasion.

Very best regards,

29th IEC SAOC

Mike Glynn (Ireland), Co-chair

Solomon Moshe (USA), Co-chair

Emilio Perucca (Italy), Congress Director

Federico Vigevano (Italy), Scientific Programme Director

Janet Mifsud (Malta)

Giovanni Battista Pesce (Italy)

IBE GOLDEN JUBILEE INFORMATION

CELEBRATING 50 GOLDEN YEARS

The 29th International Epilepsy Congress in Rome will mark the high point of a year of activities being planned by the International Bureau for Epilepsy to celebrate its Golden Jubilee in 2011.

Already IBE has launched the "Epilepsy without Words" photography competition. For further information and to submit your entry, please visit www.ibe-epilepsy.org

To commemorate the creation of the Ambassador for Epilepsy Awards by IBE in 1968, a special event is being planned and it is hoped that as many as possible of those who have received the award will be able to attend. Further details will be available closer to the congress- but watch out for a special commemorative Ambassador pin!

A poster display highlighting the initiatives and achievements of IBE's 122 member associations will act as visible testament to the endeavors of members in 92 countries

Worldwide. With up to 122 posters forming a backdrop to the congress walkways, this is sure to be an impressive sight.

Other events being planned include a spectacular exhibition booth, a document history of IBE in a special edition of International Epilepsy News and a newly designed Golden Jubilee logo.

A regular visit to the IBE website www.ibe-epilepsy.org over the coming months will ensure that you keep up to date with the Golden Jubilee plans.

Susanne Lund (Sweden),

Chair IBE Golden Jubilee Task Force

FORTHCOMING EVENTS

SCIENTIFIC PROGRAMME INFORMATION

The Scientific Advisory & organizing Committee (SAOC) has identified the following live main topics for the congress Plenary Sessions with each session incorporating both scientific and social components :

- Impaired consciousness in epilepsy
- Epilepsy during puberty – the wonder year.
- Predicting the unpredictable : the adverse effects of treatment.
- When do we consider epilepsy cured?
- Older , slowing down and seizing up – epilepsy strikes again

The Presidential Symposium, “Epilepsy : today a killer, tomorrow a cure”, will be held on Monday 29th August.

The 29th IEC will see the presentation of the following awards:

- ILAE/IBE Lifetime Achievement Award
- ILAE/IBE Ambassador Awards
- The Michael Prize
- ILAE/IBE Social Accomplishment Award
- IBE Volunteer Award
- The Morries –Coole Prize

CONGRESS INFORMATION

DATES FOR YOUR DIARY

Important Dates	
Registration Opens	November 2010*
Abstract Submission System Opens	November 2010*
Abstract Submission Deadline	March 2011*
Early Registration Deadline	13th May 2011
Mid Registration Deadline	15th July 2011
Late Registration Deadline	12th August 2011
Congress Opening	28th August 2011

*Dates to be announced

TRAVEL BURSARIES

A limited number of travel bursaries will be available to young investigators to assist with travel and accomadation expenses. Further detail regarding Travel Bursaries will be made available to on the congress website –

www.epilepsyrome2011.org.

The deadline for Bursary Application is March 2011.

GENERAL INFORMATION

VENUE

The 29th International Epilepsy Congress will be held from 28th August to 1st September in the **Marriott Rome Park Hotel**.

Marriott Rome Park Hotel, Rome, 00148 Italy

ACCOMMODATION INFORMATION

For accommodation booking or related queries, please contact: Mrs Gemma van Bakel at IEC2011.hotel@congrex.com

SOCIAL EVENTS & TOURS

For booking or queries relating to school events and available tour options, please contact Krystina Snaith at IEC2011.S&T@congrex.com.

SECRETARIAT CONTACT DETAILS

29th INTERNATIONAL EPILEPSY CONGRESS

ILAE / IBE Congress Secretariat

7 Priory Hall, Stillorgan,

Dublin 18, Ireland

Tel.: +35312056720 Fax.: +35312056156

E-mail.: +rome@epilepsycongress.org.

Website.: www.epilepsyrome2011.org.

INDIAN EPILEPSY ASSOCIATION



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Dr Pravina U Shah	President	(2009-11)
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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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INDIAN EPILEPSY SOCIETY



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Dr RV Narayana	Executive Committee Member	2010 - 2012
Dr VV Nadkarni	Executive Committee Member	2010 - 2012
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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
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