EPILEPSY INDIA

INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

Newsletter

October - December 2012 Issue 4, 2012

'You must be the change you wish to see in the World.'

Mohandas Karamchand Gandhi

Born : 2nd October 1869 Martyred : 30th January 1948

EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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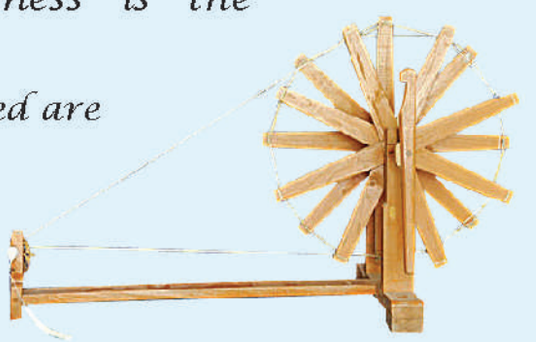
M. GANDHI SAID....

The weak can never forgive. Forgiveness is the attribute of the strong.



Rights that do not flow from duty well performed are not worth having.

An ounce of practice is worth more than tons of preaching.

A man is but the product of his thoughts what he thinks, he becomes.

Anger and intolerance are the enemies of correct understanding.

An error does not become truth by reason of multiplied propagation, nor does truth become error because nobody sees it.

Live as if you were to die tomorrow. Learn as if you were to live forever.

I suppose leadership at one time meant muscles; but today it means getting along with people.

Honest disagreement is often a good sign of progress.

A coward is incapable of exhibiting love; it is the prerogative of the brave.

If patience is worth anything, it must endure to the end of time. And a living faith will last in the midst of the blackest storm. I look only to the good qualities of men. Not being faultless myself, I won't presume to probe into the faults of others.

Confession of errors is like a broom which sweeps away the dirt and leaves the surface brighter and clearer.

I feel stronger for confession.

The moment there is suspicion about a person's motives, everything he does becomes tainted. Satisfaction lies in the effort, not in the attainment, full effort is full victory.

It is unwise to be too sure of one's own wisdom. It is healthy to be reminded that the strongest might weaken and the wisest might err.

We win justice quickest by rendering justice to the other party.

HONOURS LIST

HONOURING FOUNDER-MEMBER OF IEA

Prof KV Mathai,Former Prof of Neurosurgery and a doyen amongst Indian neurosurgeons, is one of the four Founding-Members of Indian Epilepsy Association, who are with us now.

It was decided to honour him during the ECON 2012,inaugural function at Cochin but due to his indifferent health at that time, he could not attend the Conference. To honour him, Dr B Rajendran, Dr KP Vinayan and Dr Mahesh Sambashivan visited him at his house in Thadiyoor,120 km from Cochin. We were greeted very warmly by Prof Mathai and his graceful life partner Dr Raechel Mathai. After installing the 'Ponnada' and presenting the memento, we were treated to a historical journey of neurosciences in India by the great teacher that he always was.

When we bid adieu he reiterated that we are part of his family and promised to attend the next NSI Kerala Chapter meeting.

We pray that may his tribe increase and Almighty give him many more healthy years ahead.

Dr B Rajendran, Cochin

ILAE-CEA EUROPEAN SERVICE AWARD

Ms Ann Little

Ms Ann Little, Administration Director at the Headquarters of International Bureau for Epilepsy, Dublin, has been selected as the first recipient the ILAE CEA European Service Award 2012.

The Award was presented at the Opening Ceremony of the Tenth European Congress on Epileptology in London on 30th September, 2012.

This award is open to individuals in Europe of any profession who have made outstanding service contributions to European Epileptology and who have not received the Ambassador for Epilepsy Award.

All The Chapters of IBE and of IEA join to congratulate Ms Ann Little for this Award which is a worthy recognition of her hard and consistently good work over two decades.

vss

The International Executive Committee of IBE

The International Executive Committee of IBE met in Paris from 10 to 13 August 2012..The first day of the meeting was entirely devoted to the meetings of the Task Forces and Governing Task Force which covered all the policy issues with which IBE needs to deal in this term.

The Executive meeting took place on 11 and 12 Aug when the full Agenda was taken up including reports from the Region.

1. South East Asia Region report covered activities which were sent till 1st Aug. These included reports from India, Nepal and Hongkong. The film made by Nepal came in for special mention as this was a successful use of grant received on Promising Strategy Programme. More communications from member countries were highly desirable.

2. Eastern Mediterranean Region regarding the North Africa and Middle East Journal, Dr Najib Kissani, Chair was conveyed that regional journals of regional committees were a good idea but IBE needed to agree to the layout and title in advance of publication so as not to hinder future development of these two regions.

3. The Regional Members must settle any outstanding dues as soon as possible.

4. Members who failed to complete dues will be excluded from the election process.

5. Governance Task Force

- It might be necessary to call on the services of a US attorney to review proposed constitutional amendment but costs need to be reviewed.
- The situation where the same person represented by IBE and ILAE in an elected or appointed position is to be presented to the task force

6. IBE Presence at WHO Regional Committee Sessions

Ann Little to advise the GCAE leadership of the planned attendance of Janet Mifsud (Europe) and Shunglon Lai (Western Pacific) on behalf of IBE, at the upcoming WHO Regional Committee Sessions. (On a later date it was agreed that Vinod Saxena will represent South East Asian Region during WHO Regional Meeting in Yogyakarta 4-7 September 2012).

7. The introduction of a triage process in 2011 had hindered the chances of IBE people being selected, and enhanced the chances of better known ILAE candidates.The Presidents of IBE and ILAE to discuss if the former process be reintroduced.

8. Members of the International Executive Committee to review the papers on classification of epilepsy circulated with the agenda document and to send opinions to Carlos Acevedo.

The venue of the meeting in Paris in Montparnasse was interesting as the area was known for its Bohemian style living, erstwhile villas (our hotel was converted site with a small garden in the rear for al fresco eating) . The location allowed walking visits to the nearby sights the Luxembourg Gardens, Montparnasse Cemetery etc were very nice to walk around . We had an opportunity to dine in a World renowned brasserie La Coupole with a has a remarkable history. Established in 1928 in special art deco style, the list of illustrious visitors is the history of Paris of that time. Camus, Jean Paul Sartre, Chagall, musicians like Patti Smith who played on the terrace, busker Renaud who made it big here. A host of artists, painters, authors, thinkers and even politicians like Mitterand frequented this place. The restaurant is known for its dome which has once again been painted in 2008. This visit certainly added to the pleasure of the Parisian meeting.

VSS

65th SESSION OF THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

World Health Organization

Yogyakarta, Indonesia ,
04 Sept to 07 Sept 2012

Reported by: Dr VS Saxena

A Strategic Plan for Epilepsy for WHO South-East Asia was presented by us on invitation from WHO.

The first day of the Meeting was primarily for WHO and the Health Ministers of the 11 member countries. The following three days 5/6/7th were taken up as Regional Committee Meetings.

The Director -General of WHO Dr Margret Chan, Regional Director Dr Samlee Pliangbangchang, Deputy Regional Director Dr Poonam Singh and about 100 official country delegates (who kept changing from day to day) attended these meetings.

Significantly there were 10 NGOs who were given the designation of being "In Official Relations with WHO" This included IBE.

The main purpose of our attendance was to present our strategic plan so that it becomes part of the official documents under active discussion with WHO. Four of the NGOs including us, were permitted to read out their statements.

Dr VS Saxena presenting the Statement with Regional Director, WHO and Health Minister of Maldives in Chair

The preamble in the Strategy Statement was modified in tune with the requirements of the this Region. It was highlighted that a large number of cases were present and being added each year and the treatment gap could be higher than some of the developed Regions.

The success in PAHO Region was cited . The initiative of the European Parliament in approving Written Declaration on Epilepsy and WHO collaborated efforts in Global Campaign "Out of the Shadows" and WHO aided efforts in China and Vietnam were also cited.

The opportunity to present the Statement came to us late on the second day afternoon during the session on Non-Communicable Diseases.

I came to know that a Session was held in Yangon in April this year where Dr Vijay Chandra spoke about impact assessment of intervention through Primary Health Centres in epilepsy citing treatment gaps in four countries.

Both Myanmar and Bangla Desh claimed drastic improvement , from gap being in 90's before coming down to low single digits. Bhutan and Timor showed more modest improvements.

It was brought out that the spectrum of diseases in this Region is moving from Communicable to NON Communicable with 80 % fatalities from Diabetes, CV diseases, Chronic lung conditions and Cancer.

WHO supports action areas on exposure reduction to risk factors; improving health systems ;setting national targets with monitoring and promoting international cooperation.

This attendance provided a unique experience. Granted that the WHO machinery moves very slowly but perhaps this still remains the most effective international health cooperation mechanism.

Dr Vijay Chandra provided encouragement but some from their Delhi Office were also very helpful.

One fervently hopes that in a small manner this may turn out into a new and major World outlook of epilepsy.

Top Left: ***Borobudur-the largest and the oldest Budhist shrine in the World.***
Top Right: ***Prambanan-the tallest and the one of the largest Hindu temples.***
Both are UNESCO World Heritage Monuments situated just outside Yogyakarta

ACTIVITIES OF BANGALORE CHAPTER

DISTRICT LEVEL MENTAL HEALTH AUTHORITY MEET

Reported by: Mr K V Muralidharan , Bangalore

Mr K V Muralidharan

The Supreme Court appointed a sitting High court judge Hon-Justice N Kumar to constitute a board for awareness of mental health in all districts of the state.

Karnataka State Mental Health Authority, was constituted with(1) Department of Health and Family welfare services,(2) District Judiciary(3) District Administration(4)Zilla Panchayat (5) District Legal Services Authority(6) District Lawyers Association and (7)Indian Medical Association as its members

Primary objective was to create awareness about mental health in all the districts involving all these associations by holding a day-long seminar and work shop on various aspects of mental health in each district.

Dr H Chandrashekar, Prof & Head of the Department of Psychiatry, Bangalore Medical College, is the Member secretary, who coordinated this programme with all the members.

As all the top administrative authorities of the judicial, administrative and the executive branch of the state government are involved these seminars had huge attendance upto 2000 people.

IEA Bangalore Chapter was invited to participate to create awareness about epilepsy.

While emphasizing that 'epilepsy is not a mental illness' we said we would like to take part in the awareness programme.

Honourable Justice N Kumar

In our allotted 45 minutes our drama troupe brought out very impressively all aspects of epilepsy and answers frequently asked questions in a. There was a panel discussion where queries on epilepsy were answered by Mr Damodar Rao and Mr KV Murlidharan.

We had a meeting in Davangere on 22 April 2012 and to a packed audience of over 2000 consisting of lawyers, teachers, primary health care workers, nurses, judicial employees and bureaucrats.

Justice Kumar remarked that the message was effectively delivered by the skit and even suggested to the mental authorities to emulate this example.

Tumkur District had a similar meeting on 24 June.

Considering the dedicated crowd and the unique opportunity to create awareness on epilepsy, we intend working in close cooperation with the mental health authority in future too.

ACTIVITIES DURING THE YEAR 2011-2012

KARNATAKA-SHIMOGA

Reported by Dr A Shivaramakrishna, Shimoga

1) Monthly camp for patients with Epilepsy which includes free check-up of patients and distribution of drugs at concessional price. About 70-100 patients attend the Camp. It is organized on first Sunday of every month.

2) National Epilepsy Day was observed in November. The following activities were conducted by IEA,Shimoga branch as part of NED activity this year.

- Free checkup,advice and drug distribution for the patients with Epilepsy.About 70 patients attended the camp.

- Games (lemon-spoon race,musical chair,putting ball in the bucket) and drawing competition was conducted for the patients and the winners were awarded prizes.

Drawing competition for patients

Educative program on Epilepsy for the public

Medical checkup camp at Thirthahalli

Games for patients

- Drawing competition was conducted for high-school and junior college students.The theme for the drawing was "Healthy life style".The winners were awarded prizes

- An essay competition was conducted for the public on "Problems in teenagers with Epilepsy". Twenty people participated by sending the articles and expressing their views.

- A discussion on "Epilepsy- Facts and misconcepts" was broadcast on AIR,Bhadravathi on 17-11-2011. Dr A Shivaramakrishna, Dr D K Prasahnth, Dr Vaman Shanbhog and Dr.Harish, D participated in the programme.

- Articles on "Epilepsy in Teens" were written by Dr A Shivaramakrishna and Dr KR Sridhara and were published in local and state papers.

- A public function was arranged on 19-11-2011. Dr BM Chikkaswamy ,senior family physician was the chief-guest. A film on Epilepsy depicting causes, treatment outlines and common false beliefs was screened. Prizes was distributed for all the winners of games, drawing and essay competitions held as part on NED activity.

- A program was conducted at Thirthalli where we conducted .

→ Free checkup,advice and free drug-distibution for patients with Epilepsy.

→A film on Epilepsy was Screened.

Dr KR Sridhara, Dr A Shivaramakrishna, Dr Vaman Shanbhog, Dr D Harish and Dr UR Arunachala spoke on different aspects of Epilepsy and the need for removal of misconcepts and taking proper treatment.

The program was conducted at JC Hospital, Thirthahalli and the Doctors association & doctors of the local Govt hospital helped us to conduct the program successfully.

INDIAN EPILEPSY SOCIETY-7TH EEG WORKSHOP 2012

The Indian Epilepsy Society held its 7th EEG Workshop at GB Pant Hospital, New Delhi on 11,12 August. Dr Man Mohan Mehndiratta was the course organizer & Dr Manjari Tripathi was the course Director for the Workshop. Though planned to restrict the number to 60 but due to an enthusiastic response the total delegates were 124.

We had a national faculty of 37 national and two International ,. Dr Byung -in Lee, Chairman Commission of Asian Oceanian Epilepsy Affairs (CAOA) S Korea & Dr Lim Shih-Hui Chairman Asian Epilepsy Academy (ASEPA) Singapore. Though the latter could only deliver his talk through video conferencing. All the presentations were converted into PDF format and written on DVD to save the cost of printing and xeroxing.

This time we have provided Wi-Fi & LAN connection facility to the delegates to access the speaker's PPT presentation & EEG on their laptops or tablets. Another first time milestone during EEG workshop was ASEPA-ASNA(ASEAN Neurological Association) joint EEG Certification examination (Part 1) for neurologist, neurology resident and EEG technologist to establish and improve the EEG Certification examination for training and professional practice of EEG in Asia. Thirteen candidates appeared for this exam.

Dr Man Mohan Mehndiratta
Course Organizer

Dr Manjari Tripathi
Course Director

IEA INVITES RECOMMENDATIONS FOR ORATIONS AND AWARDS DURING ECON 2013

Recommendations are invited from members of IEA for the following orations to be delivered during the joint IEA / IES Conference in February 2013 at Hyderabad.

Prof BM Sharma Oration

The proposed orator should have made significant contribution/s in the field of epilepsy. He/She is very likely to be a senior member of IEA who would have over the years distinguished himself/herself with contributions in the advancement of knowledge and understanding of epilepsy.

Mr HC Bajoria Award

This Award recognises significant contributions made in the social or paramedical aspects of epilepsy.

In either case, please send a brief biodata of about 200 words along with a list of important publications to IEA -Central Office by email: ieaindia@gmail.com

DIPLOMA IN EPILEPSY CARE On Distance Mode

BANGALORE UNIVERSITY in collaboration with CBR Network, South Asia and

Indian Epilepsy Association

Duration of the Course – One Year

Medium – English, Kannada, Hindi.

Eligibility A pass in 10 + 2 or Equivalent examination.

WHO WILL BENEFIT

Families with a person with epilepsy (PWE) Teachers, Nurses, Community Health Care Workers, CBR Workers, Teachers in special schools and Primary Health Care Professionals including Medical Doctors, learning difficulty specialists, EEG Technicians and those working in Voluntary Services like IEA & Spastic Society and anyone interested in the field of epilepsy.

Application forms and other details can be obtained from CBR Network (South Asia)

134, 1st Block,6th Main, 3rd Phase,

Banashankari 3rd Stage,
Bangalore 560 0085.

Ph: 080 26724273 / 267242221 or

E mail at cbrnet@airtelmail.in; ieablr@vsnl.net
muralidharankv@gmail.com

THE EPILEPSY THERAPY PROJECT AND THE EPILEPSY FOUNDATION

Epilepsy Organizations Award Funding for New Devices to Treat, Detect and Monitor Epilepsy Conditions

The Epilepsy Therapy Project (ETP) and the Epilepsy Foundation (EF) announced the latest grant recipients of their New Therapy Grants Program, a unique joint venture of the two non-profit epilepsy organizations to advance clinical development and commercialization of promising epilepsy therapies. The grant awards will support the development of four important new technologies:

1. High definition transcranial direct current stimulation (HD-tDCS) for the treatment of intractable focal status epilepticus; High Definition Cathodal Transcranial Direct Current for Treatment of Focal Status Epilepticus (Soterix Medical Inc., New York, NY)

- Phase 1 testing of a novel application of high-definition transcranial direct current stimulation (HD-tDCS) - technology with demonstrated ability to limit cortical excitability and suppress ongoing seizures in preclinical testing as a new approach to treat intractable and/or ongoing focal seizures

- Awarded to Alexander Rotenberg, MD, PhD, Assistant Professor of Neurology, Children's Hospital Boston Dr Rotenberg and his team are developing a novel, non-invasive form of cathodal transcranial direct current (tDCS), a painless and safe method for focal brain stimulation.

HD-tDCS devices are lightweight, inexpensive and can be applied in minutes with minimal training. The proposed HD-tDCS platform is the only neuromodulation technology capable of highly focused DC stimulation of identified cortical targets, an essential safety feature for populations such as children with epilepsy.

2. Optogenetic functional MRI (ofMRI), a revolutionary technology and proprietary mouse model that directly visualizes in vivo the actual spread of seizure activity through brain networks and assesses drug effects;

- Preclinical evaluation of optogenic functional MRI (ofMRI) - an innovative technology to assess the potential of new epilepsy therapies and their effect on seizures through visualization of brain networks.

- Awarded to Jin Hyung Lee, Ph D, Assistant Professor, Neurology and Neurological Sciences, Bioengineering, Stanford University.

3. A dry electrode headset that records brain waves (EEG) without requiring extensive, time-consuming and uncomfortable patient preparation, potentially offering significant improvements in care and outcomes for patients in emergency and intensive care units; and

4. A wireless EEG device designed as a dermal "patch" applied to the scalp to unobtrusively track seizure activity in patients with epilepsy over a period of time.

Warren Lammert, Chairman of the Epilepsy Therapy Project said they selected four projects that may prove critical to managing and treating epilepsy and to accelerating the development of future new therapies. With these grants and the support and guidance our organizations can offer, we are advancing important new products to market and so to people with epilepsy.

For a comprehensive list of all epilepsy therapies in development including past projects supported by the New Therapy Grants program, please visit **http://www.epilepsy.com/etp/pipeline_new_therapies**. The epilepsy pipeline identifies the most promising products from early-stage development to commercial-stage, and whether a product is currently available in the US or internationally.

"The mission of this collaborative grant program is to improve the quality of life for people living with epilepsy in their lifetimes," said Sandy Finucane, Executive Vice President of the Epilepsy Foundation. "Epilepsy affects nearly three million people in the United States and 65 million people worldwide. Even with current treatments, close to one third of people with epilepsy live with uncontrolled seizures and there remains an overwhelming need for new treatment options."

MELATONIN AS ADD-ON TREATMENT FOR EPILEPSY

Brigo F, Del Felice A.

Epilepsy is one of the most common chronic neurologic disorders. Despite the plethora of antiepileptic drugs (AEDs) currently available, 30% of patients continue having seizures. This group of patients requires a more aggressive treatment, since monotherapy, the first choice scheme, fails to control seizures. Nevertheless, polytherapy often results in a number of unwanted effects, including neurologic disturbances (somnolence, ataxia, dizziness), psychiatric and behavioral symptoms, and metabolic alteration (osteoporosis, inducement or inhibition of hepatic enzymes, etc.). The need for better tolerated AEDs is even more urgent in this group of patients. Reports have suggested an antiepileptic role of melatonin with a good safety profile.

OBJECTIVES:

To assess the efficacy and tolerability of melatonin as add-on treatment for epilepsy.

SEARCH METHODS:

We searched the Cochrane Epilepsy Group Specialized Register (May 2012), the Cochrane Central Register of Controlled Trials (CENTRAL Issue 4 of 12, The Cochrane Library 2012), and MEDLINE (1946 to April 2012). The bibliographies of any identified study were searched for further references. We handsearched selected journals and conference proceedings. No language restrictions were imposed. In addition, we contacted melatonin manufacturers (i.e. Nathura) and original investigators to identify any unpublished study.

SELECTION CRITERIA:

Randomized controlled trials; double, single, or unblinded trials; parallel group or cross-over studies. People with epilepsy regardless of age and sex, including children and adults with disabilities. Administration of melatonin as add-on treatment to any AED(s) compared to add-on placebo or no add-on treatment.

DATA COLLECTION AND ANALYSIS:

Review authors independently selected trials for inclusion according to predefined criteria, extracted relevant data, and evaluated the methodologic quality of trials. The following outcomes were assessed: at least 50% seizure reduction, seizure freedom, adverse events, and quality of life.

MAIN RESULTS:

Four publications, with a total of 102 participants (90 aged under 18 years), were included. Two different comparisons were available: 1. melatonin versus placebo and 2. melatonin 5 mg versus melatonin 10 mg. Despite our primary intention, due to insufficient information on outcomes, we were unable to perform any meta-analysis, but summarized data narratively. Two studies were randomized, double-blind, cross-over, placebo-controlled trials and two were randomized, double-blind, parallel, placebo-controlled trials. Only one study provided the exact number of seizures during the trial compared to the baseline: none of the patients with seizures during the trial had a change in seizure frequency compared with the baseline. Adverse events were systematically evaluated in only one study (no adverse events observed). Only one study systematically evaluated quality of life, showing no statistically significant improvement in quality of life in the add-on melatonin group.

Source:

Department of Neurological, Neuropsychological, Morphological andMovement Sciences.Section of Clinical Neurology, Universityof Verona, Verona, Italy. 2Policlinico GB. Rossi, Verona, Italy.dr.francescobrigo@gmail.com.

Cochrane Database Syst Rev. 2012 Jun 13;6:CD006967.

EMA ACCEPTS LICENCE EXTENSION APPLICATION FOR USE OF EISAI'S ADJUNCTIVE TREATMENT ZONEGRAN (ZONISAMIDE) IN CHILDREN WITH PARTIAL ONSET EPILEPSY

The European Medicines Agency (EMA) has accepted thesubmission by Eisai of an application to extend the use of adjunctive epilepsy treatment Zonegran® (zonisamide) in the treatment of partial seizures (with or without secondary generalisation) to include children aged six years and above. A decision on this new licence extension application is expected in September 2012.

This submission was based on data from the double-blind, randomised, multicentre, placebo-controlled Phase III CATZ study, which showed that zonisamide is more effective than placebo, and well tolerated in paediatric epilepsy patients (6-17 years) with partial-onset seizures treated with one or two other anti-epileptic drugs.

Specifically, results showed that significantly more patients responded positively to treatment with zonisamide (50.5%) versus treatment with placebo (31.0%). Safety and tolerability assessments showed that the overall incidence of treatment-emergent adverse events (TEAEs) was similar for zonisamide (55.1%) versus placebo (50.0%). There were low rates of serious TEAEs in the zonisamide and placebo groups (3.7% vs 2.0%) and TEAEs leading to withdrawal from the study (0.9% vs 3.0%).

Zonisamide is a second generation anti-epileptic drug (AED) with multiple mechanisms of action and a chemical structure unrelated to other AEDs, which means it is unlikely to interact with other drugs. Importantly, it has pharmacokinetic properties allowing for the clinical advantage of once-daily dosing after the titration phase.

Source : PR Newswire July 11, 2012

AEDs INCREASE RISK OF FRACTURES AND FALLS

New research has shed light on the high risk of fractures, falls, and osteoporosis among epilepsy patients using antiepileptic drugs with most patients unaware of the risks associated with taking the drugs.

The study led by the University of Melbourne , found that people taking antiepileptic drugs are up to four times more likely to suffer spine, collarbone and ankle fractures and are more likely to have been diagnosed with osteoporosis.

The study also revealed that these patients are more than four times as likely as non-users of antiepileptic drugs to have been diagnosed with osteoporosis.

In addition, treatment affected balance with results showing almost double the falls rate in female patients taking the medication compared with non-users.

More than 70 per cent of epilepsy patients who participated in the study were unaware of the increased risk of fractures, decreased bone mineral density and falls associated with taking antiepileptic medications.

Most patients indicated they would like to be better informed about these issues, and assessed regularly for their history of falls and fractures for appropriate management strategies to be offered.

The study compared 150 drug users with 506 non-users. All drug users were epilepsy outpatients at the Royal Melbourne Hospital, over 15 years old and had been taking AEDs for a minimum of three months.

Source:

Falls and fractures in patients chronically treated with antiepileptic drugs: Neurology July 10, 2012 vol. 79 no. 2, 145-151

TOPIRAMATE EXTENDED RELEASE GETS FDA'S TENTATIVE APPROVAL

The Food and Drug Administration USA gave its tentative approval for Topiramate Extended Release(Trokendi XR-Supernus). The drug was formerly known as SPN-538, is a once-daily extended release formulation of topiramate.

According to Supernus, SPN-538 is designed to improve patient compliance and to have a better tolerability profile compared to the current immediate release products that are taken multiple times per day.

LOSIGAMONE ADD-ON THERAPY FOR PARTIAL EPILEPSY.

Xiao Y, Luo M, Wang J, Luo H. *

Epilepsy is a common neurologic disorder, affecting approximately 50 million people worldwide; nearly a third of these people are not well controlled by a single antiepileptic drug and usually require treatment with a combination of two or more antiepileptic drugs. In recent years, many newer antiepileptic drugs have been investigated as add-on therapy for partial epilepsy; losigamone is one of these drugs and is the focus of this systematic review.

OBJECTIVES:

To investigate the efficacy and safety of losigamone when used as an add-on therapy for partial epilepsy.

SEARCH METHODS:

We searched the Cochrane Epilepsy Group Specialized Register (1 May 2012), the Cochrane Central Register of Controlled Trials (CENTRAL Issue 4 of 12, The Cochrane Library, 2012) and MEDLINE (1 May 2012). We searched trials registers and contacted the manufacturer of losigamone and authors of included studies for additional information. There were no language restrictions.

SELECTION CRITERIA:

Randomized controlled add-on trials comparing losigamone with placebo for partial epilepsy.

DATA COLLECTION AND ANALYSIS:

Two review authors independently assessed trial quality and extracted data. The primary outcomes were 50% or greater reduction in seizure frequency and seizure freedom; the secondary outcomes were treatment withdrawal and adverse events. Results are presented as risk ratios (RR) with 95% confidence intervals (CIs) or 99% CIs (for the individual listed adverse events to make an allowance for multiple testing).

MAIN RESULTS:

Two trials involving a total of 467 patients were eligible for inclusion. Both trials assessed losigamone 1200 or 1500 mg/d as an add-on therapy for partial epilepsy. One trial was assessed as being of good methodologic quality while the other was of uncertain quality. For the efficacy outcomes, results did show patients taking losigamone were significantly more likely to achieve a 50% or greater reduction in seizure frequency (RR 1.75; 95% CI 1.14 to 2.72), but associated with a significant increase of treatment withdrawal when compared with those taking placebo (RR 2.16; 95% CI 1.28 to 3.67). For the safety outcomes, results indicated the proportion of patients who experienced adverse events in the losigamone group was higher than the placebo group (RR 1.34; 95% CI 1.00 to 1.80), dizziness was the only adverse event significantly in relation to losigamone (RR 3.82; 99% CI 1.69 to 8.64). The proportion of patients achieving seizure freedom was not reported in either trial report. A subgroup analysis according to different doses of losigamone showed that a higher dose of losigamone (1500 mg/d) is associated with a greater reduction in seizure frequency than lower doses, but is also associated with more dropouts due to adverse events.

AUTHORS' CONCLUSIONS:

The results of this review showed losigamone can reduce seizure frequency but was associated with more treatment withdrawals when used as an add-on therapy for people with partial epilepsy. However, trials included were of short-term duration and uncertain quality. Future well-designed randomized, double-blind, placebo-controlled trials with a longer-term duration are needed.

* Department of Neurology, The First Affiliated Hospital, Guangxi Medical University,Nanning, China.

Source: Cochrane Database Syst Rev. 2012 Jun 13;6:CD009324.

MUSICAL BRAIN PATTERNS COULD HELP PREDICT EPILEPTIC SEIZURES

The research led by Newcastle University's Dr Mark Cunningham and Professor Miles Whittington and supported by the Dr Hadwen Trust for Humane Research, indicates a novel electrical bio-marker in humans.

The brain produces electrical rhythms and using EEG - electrodes on the scalp - researchers were able to monitor the brain patterns in patients with epilepsy. Both in patients and in brain tissue samples the team were able to witness an abnormal brain wave noticeable due to its rapidly increasing frequency over time.

Comparing these to a musical 'glissando', an upwards glide from one pitch to another, the team found that this brain rhythm is unique to humans and they believe it could be related to epilepsy.

Dr Cunningham, senior lecturer in Neuronal Dynamics at Newcastle University said: "We were able to examine EEG collected from patients with drug resistant epilepsy who were continually monitored over a two week period. During that time we noticed patterns of electrical activity with rapidly increasing frequency, just like glissandi, emerging in the lead-up to an epileptic seizure."

"We are in the early days of the work and we want to investigate this in a larger group of patients but it may offer a promising insight into when a seizure is going to start."

Professor Whittington added: "Classical composers such as Gustav Mahler are famous for using notes of rapidly increasing pitch – called glissando - to convey intense expressions of anticipation. Similarly we identified glissando-like patterns of brain electrical activity generated in anticipation of seizures in patients with epilepsy."

The team recorded electrical activity taken from patients in Newcastle and Glasgow with the help of collaborators Dr Roderick Duncan and Dr Aline Russell and worked in collaboration with the Epilepsy Surgery Group at Newcastle General Hospital part of the Newcastle Hospitals NHS Foundation Trust.

Having received permission from patients to use brain tissue removed during an operation to cure their seizures, the team were able to observe and study in great detail glissando discharges in slices of this human epileptic tissue maintained in the lab.

Publishing in *Epilepsia* online, the team discovered that glissandi are highly indicative of pathology associated with human epilepsy and, unlike other forms of epileptic activity studied previously, are extremely difficult to reproduce in normal, non-epileptic brain tissue. The team worked with Professor Roger Traub at the IBM Watson Research Centre in New York to provide predictions using highly detailed computational models. By manipulating the chemical conditions surrounding human epileptic brain tissue according to these predictions, they discovered that glissandi did not require any of the conventional chemical connections between nerve cells thought to underlie most brain functions. Instead, glissandi were generated by a combination of large changes in the pH of the tissue, specific electrical properties of certain types of nerve cell and, most importantly, direct electrical connections between these nerve cells.

"This work also suggests that given the lengths one has to go to reproduce this experimentally in rodents that the glissandi may be a unique feature of the human epileptic brain," explains Dr Cunningham.

He purposes to address the shortcomings of existing animal-based research by removing animals from the equation and addressing the issue directly in humans."

More information: Glissandi: Transient fast electrocorticographic oscillations of steadily increasing frequency, explained by temporally increasing gap junction conductance. Mark O Cunningham, Anita Roopun, Ian S Schofield, Roger G Whittaker, Roderick Duncan , Aline Russell, Alistair Jenkins, Claire Nicholson, Miles A Whittington, Roger D Traub. *Epilepsia*, 2012 (In Press)

Reference: Transient fast electrocorticographic oscillations of steadily increasing frequency, explained by temporally increasing gap junction conductance.

Mark O Cunningham, Anita Roopun, Ian S Schofield, Roger G Whittaker, Roderick Duncan, Aline Russell, Alistair Jenkins, Claire Nicholson, Miles A Whittington, Roger D Traub Epilepsia, 2012 16th June 2012

CANNABINOIDS FOR EPILEPSY

Gloss D, Vickrey B*

Marijuana appears to have anti-epileptic effects in animals. It is not currently known if it is effective in patients with epilepsy. Some states in the United States of America have explicitly approved its use for epilepsy.

OBJECTIVES:

To assess the efficacy of marijuana, or one of marijuana's constituents in the treatment of people with epilepsy.

SEARCH METHODS:

We searched the Cochrane Epilepsy Group Specialized Register (May 15, 2012), the Cochrane Central Register of Controlled Trials (CENTRAL issue 4 of 12, The Cochrane Library 2012),MEDLINE (PubMed, searched on May 15, 2012), ISI Web of Knowledge (May 15, 2012), CINAHL (EBSCOhost, May 15, 2012), and ClinicalTrials.gov (May 15, 2012). In addition, we included studies we personally knew about that were not found by the searches, as well as references in the identified studies.

SELECTION CRITERIA:

Randomized controlled trials (RCTs), whether blinded or not.

DATA COLLECTION AND ANALYSIS:

Two authors independently selected trials for inclusion and extracted data. The primary outcome investigated was seizure freedom at one year or more, or three times the longest interseizure interval. Secondary outcomes included: responder rate at six months or more, objective quality of life data, and adverse events.

MAIN RESULTS:

We found four randomized reports which included a total of 48 patients, each of which used cannabidiol as the treatment agent. One report was an abstract, and another was a letter to the editor. Anti-epileptic drugs were continued in all. Details of randomisation were not included in any study. There was no investigation of whether control and treatment groups were the same or different. All the reports were low quality.The four reports only answered the secondary outcome about adverse effects. None of the patients in the treatment groups suffered adverse effects.

AUTHORS' CONCLUSIONS:

No reliable conclusions can be drawn at present regarding the efficacy of cannabinoids as a treatment for epilepsy. The dose of 200 to 300 mg daily of cannabidiol was safely administered to small numbers of patients, for generally short periods of time, and so the safety of long term cannabidiol treatment cannot be reliably assessed.

Department of Neurology, University of California, Reed Neurologic Research Center, 710 Westwood Plaza, Suite 1-250, Los Angeles, California, USA, 90095-1769.

Reference: Cochrane Database Syst Rev. 2012 Jun 13;6:CD009270.

MCGILL RESEARCHERS DISCOVER THE CAUSE OF AN INHERITED FORM OF EPILEPSY

Researchers at McGill University have discovered the cause of an inherited form of epilepsy. The disease, known as **Double-Cortex Syndrome**, primarily affects females and arises from mutations on a gene located on the X chromosome. Drs Susanne Bechstedt and Gary Brouhard of the Department of Biology have used a highly advanced microscope to discover how these mutations cause a malformation of the human brain.

When the brain develops in the uterus, new brain cells are born deep within the brain, near the center. These newborn brain cells then crawl out of the so-called "niche" where they were born and migrate outward to the edges of the brain. This outermost layer of the brain is known as the cerebral cortex and is the seat of all higher-level thinking and cognition.

In girls with a mutation on their X chromosome, the outward migration of brain cells unfortunately fails. Instead of making it all the way to the edges of the brain, some of the brain cells pile up on top of one another and form a secondary or "double-cortex." The activity of these abnormally placed brain cells gives rise to seizures and also, in some cases, mental retardation.

Drs Bechstedt and Brouhard were able to purify the product of the mutated gene, a protein doublecortin, and to watch the protein in action under a microscope. This protein helps brain cells to build microtubules whiche form a cytoskeleton.

The McGill researchers discovered that, in order for doublecortin proteins to help build this scaffold, many doublecortin proteins must work together as a team. They found that disease-causing mutations cause a breakdown in this teamwork. T

Source: Developmental Cell 20 July 2012

PEDIATRIC INDICATIONS FOR DEEP BRAIN STIMULATION.

PURPOSE:

Based on the success of deep brain stimulation (DBS) in the treatment of adult disorders, it is reasonable to assume that the application of DBS in the pediatric population is an emerging area worthy of study. The purpose of this paper is to outline the current movement disorder indications for DBS in the pediatric population, and to describe areas of investigation, including possible medically refractory psychiatric indications.

METHODS:

We performed a structured review of the English language literature from 1990 to 2011 related to studies of DBS in pediatrics using Medline and PubMed search results.

RESULTS:

Twenty-four reports of DBS in the pediatric population were found. Based on published data on the use of DBS for pediatric indications, there is a spectrum of clinical evidence for the use of DBS to treat different disorders. Dystonia, a disease associated with a low rate of remission and significant disability, is routinely treated with DBS and is currently the most promising pediatric application of DBS. We caution the application of DBS to conditions associated with a high remission rate later in adulthood, like obsessive-compulsive disorder and Tourette's syndrome. Moreover, epilepsy and obesity are currently being investigated as indications for DBS in the adult population; however, both are associated with significant morbidity in pediatrics.

CONCLUSION:

While currently dystonia is the most promising application of DBS in the pediatric population, multiple conditions currently being investigated in adults also afflict children and adolescents, and thus warrant further research.

http://www.ncbi.nlm.nih.gov/pubmed/22828866

Difrancesco MF, Halpern CH, Hurtig HH, Baltuch GH, Heuer GG.

PSYCHOSOCIAL DIFFICULTIES IN PEOPLE WITH EPILEPSY- A SYSTEMATIC REVIEW OF LITERATURE FROM 2005 UNTIL 2010

Neurology, Public Health and Disability Unit, Scientific Directorate, Neurological Institute Carlo Besta IRCCS Foundation, Milan, Italy.

The aims of this paper are to identify factors that influence the psychosocial difficulties (PSDs) that persons with epilepsy experience in their everyday life, to describe their onset and the way they evolve over time, and to analyze the determinants of changes over time and other related variables. Electronic databases were searched for studies published in English between January 2005 and May 2010,and information from thirteen studies was extracted. The most frequent PSDs found in people with epilepsy were depressive symptoms, memory functions, quality of life, anxiety, stigma, locus of control, cognitive functions in general, and emotional functions in general. It can be stated that patients' life areas are affected by cognitive, emotional, and psychological problems. However, the majority of studies focus on isolated PSDs or on the effects of a specific determinant in the course of epilepsy, leaving some gaps that could encourage further research.

http://www.ncbi.nlm.nih.gov/pubmed/22749606

Quintas R, Raggi A, Giovannetti AM, Pagani M, Sabariego C, Cieza A, Leonardi M.

Epilepsy Behav.2012 Jun 29.

MUSIC AND EPILEPSY- A CRITICAL REVIEW

Maguire MJ.

Department of Neurology, Leeds General Infirmary, Leeds, United Kingdom.

The effect of music on patients with epileptic seizures is complex and at present poorly understood. Clinical studies suggest that the processing of music within the human brain involves numerous cortical areas, extending beyond Heschl'sgyrus and working within connected networks. These networks could be recruited during a seizure manifesting as musical phenomena.

Similarly, if certain areas within the network are hyperexcitable, then there is a potential that particular sounds or certain music could act as epileptogenic triggers. This occurs in the case of musicogenic epilepsy, whereby seizures are triggered by music. Although it appears that this condition is rare, the exact prevalence is unknown, as often patients do not implicate music as an epileptogenic trigger and routine electroencephalography does not use sound in seizure provocation.

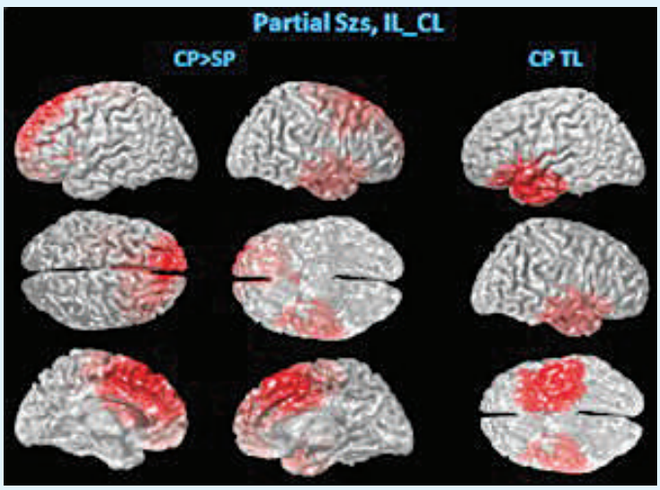
Music therapy for refractory epilepsy remains controversial, and further research is needed to explore the potential anticonvulsant role of music. Dopaminergic system modulation and the ambivalent action of cognitive and sensory input in ictogenesis may provide possible theories for the dichotomous proconvulsant and anticonvulsant role of music in epilepsy.

The effect of antiepileptic drugs and surgery on musicality should not be underestimated. Altered pitch perception in relation to carbamazepine is rare, but health care professionals should discuss this risk or consider alternative medication particularly if the patient is a professional musician or native-born Japanese. Studies observing the effect of epilepsy surgery on musicality suggest a risk with right temporal lobectomy, although the extent of this risk and correlation to size and area of resection need further delineation.

This potential risk may bring into question whether tests on musical perception and memory should form part of the preoperative neuropsychological workup for patients embarking on surgery, particularly that of the right temporal lobe.

http://www.ncbi.nlm.nih.gov/pubmed/22612325

EPILEPSY: SCIENTISTS FIND NEW WAY TO PINPOINT SEIZURE AREA



A new type of non-invasive brain scan taken immediately after an epileptic seizure could help develop new treatments for epilepsy.

Researchers from the University of Minnesota and the Mayo Clinic claim that a scan taken immediately after an epileptic attack can provide additional information about the causes and treatment of epilepsy.

"This is the first-ever study where new non-invasive methods were used to study patients after a seizure instead of during a seizure," said Bin He, a biomedical engineering professor in the University of Minnesota's College of Science and Engineering. "It's really a paradigm shift for research in epilepsy."

For several decades, medical researchers have been trying to locate the part of the brain responsible for epilepsy to help them develop new treatments.

In the past, most research focused on studying patients while they were having a seizure, ("ictal" phase). Some of these studies involved invasive methods such as surgery.

To establish which part of the brain is responsible for epilepsy, researchers used a novel approach by studying the brains of 28 patients immediately after seizures ("postictal" phase). They used a special type of non-invasive EEG with 76 electrodes attached to the scalp to gather data.

The study found that the frontal lobe of the brain is most involved in severe epilepsy. The findings may lead to new way of locating the brain regions responsible for seizures in individual patients.

"The imaging technology developed here at the University of Minnesota allowed to and gather several thousand data points.

BRAIN STUDY

Wow! I've seen this with the letters out of order, but this is the first time I've seen it with numbers.

Good example of a Brain Study: If you can read this OUT LOUD you have a strong mind.

And better than that: Alzheimer's is a long, long, ways down the road before it ever gets anywhere near you.

7H15 M3554G3
53RV35 7O PR0V3
H0W 0UR M1ND5 C4N
D0 4M4Z1NG 7H1NG5!
1MPR3551V3 7H1NG5!
1N 7H3 B3G1NN1NG
17 WA5 H4RD BU7
N0W, 0N 7H15 LIN3
Y0UR M1ND 1S
R34D1NG 17
4U70M471C4LLY
W17H 0U7 3V3N
7H1NK1NG 4B0U7 17,
B3 PROUD! 0NLY
C3R741N P30PL3 C4N
R3AD 7H15.
PL3453 F0RW4RD 1F
U C4N R34D 7H15.

To my 'selected' strange-minded friends:

Only great minds can read this. This is weird, but interesting!

If you can raed this, you have a sgtrane mnid, too.

Can you raed this? Olny 55 plepoe out of 100 can. I cdnuolt blveiee that I cluod aulaclty uesdnatnrd what I was rdanieg. The phaonmneal pweor of the hmuan mnid, aoccdrnig to a rscheearch at Cmabrigde Uinervtisy, it dseno't mtaetr in what oerdr the ltteres in a word are, the olny iproamtnt tihng is that the frsit and last ltteer be in the rghit pclae. The rset can be a taotl mses and you can still raed it whotuit a pboerlm. This is bcuseaethe huamn mnid deos not raed ervey lteter by istlef, but the word as a wlohe. Azanmig huh? Yaeh and I awlyas tghuhot slpeling was ipmorantt! If you can raed this forwrad it

MARKETING WIZARDS BELIEVE THAT WE ARE A BIT DIM

In case you needed further proof that the human race is doomed through stupidity, here are some actual label instructions on consumer goods.

On Tesco's Tiramisu dessert (printed on bottom) -- 'Do not turn upside down.'*(well,...duh, a bit late, huh!)*

==========

On Sainsbury's peanuts -- 'Warning: contains nuts.'* (talk about a news flash)*

==========

On Boot's Children Cough Medicine --'Do not drive a car or operate machinery after taking this medication.'* (We could do a lot to reduce the rate of construction accidents if we could just get those 5 year-olds with head-colds off those bulldozers.)*

==========

On Marks &Spencer Bread Pudding -- 'Product will be hot after heating.'* (...and you thought????...)*

==========

On a Sears hair dryer -- Do not use while sleeping.* (That's the only time I have to work on my hair.)*

==========

On a bag of Fritos -- You could be a winner! No purchase necessary. Details inside.* (the shoplifter special?)*

==========

On a bar of Dial soap -- 'Directions: Use like regular soap.'* (and that would be???....)*

==========

On some Swanson frozen dinners -- 'Serving suggestion: Defrost.'*(but, it's just a suggestion.)*

==========

On packaging for a Rowenta iron -- 'Do not iron clothes on body.'* (but wouldn't this save me time?)*

==========

On Nytol Sleep Aid -- 'Warning: May cause drowsiness.'* (..I'm taking this because???.....)*

==========

On most brands of Christmas lights -- 'For indoor or outdoor use only.'*(as opposed to what?)*

==========

On a Japanese food processor -- 'Not to be used for the other use.'* (now, somebody out there, help me on this. I'm a bit curious.)*

==========

On an American Airlines packet of nuts -- 'Instructions: Open packet, eat nuts.'* (Step 3: say what?)*

==========

On a child's Superman costume -- 'Wearing of this garment does not enable you to fly.'* (I don't blame the company. I blame the parents for this one.)*

==========

******Blessed are the cracked:**
for it is they who let in the light*****

UK

Photographer's portrait of sufferers aims to dispel the myths about neurological condition

THE lives of epilepsy sufferers in Camden, London have featured in a photography exhibition.

Tom Robinson a photographer who has epilepsy, took and collected submitted pictures after meeting people at

Tom Robinson

workshops held in Camden and neighbouring Islington in London.

"The photos show that having epilepsy doesn't stop you from having a full and active life, but also highlights some of the areas in which change is still needed," said Mr Robinson.

Mr Robinson was diagnosed with epilepsy at the age of five and said ignorance of the condition often led to misunderstandings.

He helps people explore the neurological condition through their art, displays their photographs and tells stories about what the images mean to them.

Photographs submitted by epilepsy suferers that were included in the exhibition at the James Wigg Practice in Kentish Town

The exhibition includes work by a psychology teacher, a chef and a child who was diagnosed with epilepsy aged nine.

Painter Jennifer Goldsmith, who painted her cat Pepper, said: "My cat follows me everywhere and she knows when I am unhappy. After a seizure he triggers my memory back so that I know where I am."

Artist Carly Mason, who was diagnosed at 21, said "Two years ago I underwent intracranial surgery, without success. My life is now more adapted to the reality of a future with epilepsy.

And artist Michael O'Dowd added: "My last employer was in 2006, he was very good. But since then I have tried to keep busy. I am on a computer course and I volunteer at Age Concern."

The exhibition was funded by **Epilepsy Action, UK.**

Ex-student leaves £100,000 legacy

A former student has left a £100,000 legacy to an epilepsy charity in Surrey where she lived during the Second World War.

Mabel White lived at Young Epilepsy's St Piers campus, in Lingfield, between 1940 and 1943.

Now, her legacy will pay for improvements to the on-site working farm in an effort to create a better learning experience for all students at Young Epilepsy, which is dedicated to children and young people living with epilepsy been a rags to riches story, not in terms of money but in terms of health, which money cannot buy." She passed away aged 82, on August 29 2011, in Eastbourne, in East Sussex, leaving the £100,000 legacy to the charity which helped her as a child. Young Epilepsy now hopes to raise a further £150,000 to add to Mabel's legacy to allow up to 80 students to take vocational farm courses and build six log cabin classrooms.

National award for inspirational teen

A PARTIALLY sighted teenager has won a national award from Action for Blind People for her inspirational determination to overcome her visual impairment.

Georgia Houghton, of Nine Elms, in west Swindon, was presented with the Actionnaires Member of the Year award in a surprise ceremony at Lydiard Park .

The 14-year-old, who has the eye condition Secondary Optic Atrophy and has recently developed temporal lobe epilepsy, has never let these conditions stop her from getting involved and leading her friends in activities at the Action for Blind People Actionnaires club in the town.

Georgia Houghton

Schoolgirl becomes published author aged seven with touching guide to dealing with her mum's epilepsy

Written in a single evening, Layla Reid's book advises children on coping with seizures. Mother Sarah Reid hopes it will reassure children with epileptic parents they aren't alone

A schoolgirl who penned a guide to dealing with her mother's epilepsy is celebrating after becoming a published author - aged just seven.

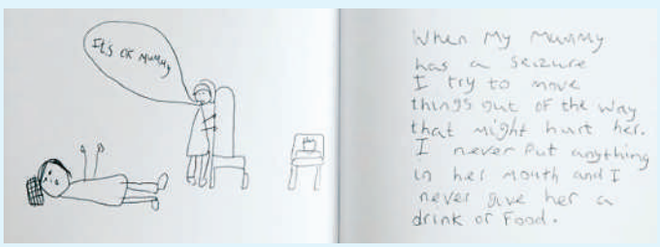
Literary star: Layla Reid, 7, with her Epilepsy Book for Kids, a guide to coping with a parent's epileptic seizures

Talented Layla Reid wrote her 'Epilepsy Book for Kids' as a guide to help children cope with an epileptic parent's seizures, after witnessing her own mother's fits.

Sarah Reid suffers from terrifying absence seizures, where she appears to be in a deep daydream.

When Layla showed her book to Bristol publisher John Adler, he was so impressed that he agreed to print it free of charge, and give her a share of the profits.

The book is now on sale in major stores including Waterstones, priced at £6.50.



Educational: The book is written in Layla's handwriting, and in a simple, child-friendly style

The budding writer said of her work: 'I hope it helps some other children so that they know what to do if their mummy has a fit.'

Amazingly, the entire book was produced in just one evening. Written in Layla's handwriting, it includes straightforward tips that children can easily follow - such as moving dangerous objects out of the way if someone starts fitting.

It also features her own illustrations.

Olympic torch relay: Boy with epilepsy to carry Olympic flame

A Hertfordshire boy who has epilepsy with up to 50 seizures a day is to carry the Olympic torch during Sunday's leg of the relay.

Jack Gatehouse, 12, from Hemel Hempstead, also has Down's Syndrome and will carry the flame on the Hatfield leg of its 10-week trip around the UK.

Torchbearer Jack Gatehouse sometimes has up to 50 epileptic seizures a day

After battling years of medical difficulties his family are pleased to have a happy event on which to focus.

"Life is difficult so it's nice to have something positive to look forward to and we have also met a lot of kind people along the way.

"Since it all started we've also realised that we can use the torch afterwards in our fundraising efforts."

Torch attraction

Jack's torch was set to be a big attraction at an event to raise money to for equipment that will improve his quality of life.

This includes a special wheelchair for a bike, funds to create a 'safe room' with padded walls and floor and a 'talk box' to help him communicate.

USA

US Commerce Chief Treated for Seizure After Car Accidents

On June 09,2012 US Commerce Secretary **(or Minister of Commerce)** John Bryson was treated for a seizure after driving his car into two vehicles in separate Los Angeles County accidents five minutes apart during the weekend.

Bryson, 68, was found unconscious at the wheel of his

Lexus about 5:10 p.m. after the second of two collisions. He suffered a seizure, was taken to a hospital and the **Police investigation is ongoing for** felony hit-and-run charges in the case.

Bryson leads an agency under pressure to deliver on President Barack Obama's goal of doubling annual US exports to $3.14 trillion by the end of 2014 from $1.57 trillion in 2009, according to a White House report to Congress last year. He took the post eight months ago after spending more than two decades at Southern California utilities, and was chairman and chief executive officer of Edison International until 2008.

Los Angeles County Sheriff's Deputy Mark Pope said authorities were told Bryson "suffers from a pre-existing medical condition," as an observer saw he "appeared disoriented". He was found alone and unconscious at the scene by police. There is no indication alcohol or drugs were involved, police said.

EPILEPSY AROUND THE WORLD

Dr David B Samadi

Mount Sinai School of Medicine

New York City

Would it come as a surprise to learn that every two minutes someone dies from a neurological emergency? Or that seizures are the most common reason for ambulance calls? Witnessing someone having a seizure can be frightening – especially if you don't know what to do.

Typically, epilepsy patients can decrease the frequency

and intensity of their seizures or even become seizure-free by using an anti-epileptic medication. Other treatment options include the removal of the part of the brain that causes the seizure – only if it doesn't interfere with vital functions, including speech, language or hearing. Another option is vagus nerve stimulation – a therapy involving the implantation of a device under the skin of your chest, which delivers short bursts of energy to your brain through your vagus nerve.

One condition, termed status epilepticus, is of particular concern, as it causes 55,000 deaths each year. This type of seizure is one that lasts more than five minutes.

The usual treatment for status epilepticus is the IV delivery of anticonvulsant drugs (e.g. lorazepam). As one might imagine, it can be very difficult to place an IV into someone having a seizure, thus wasting valuable time. Fortunately, new research has developed a pen-like mechanism – similar to an EpiPen for allergic reaction – which delivers anti-seizure medicine directly into the muscle, rather than through an IV.

A new trial, the Rapid Anticonvulsant Medication Prior to Arrival Trial (RAMPART), is the first randomized clinical trial to investigate whether intramuscular delivery of midazolam is as effective as IV-delivered lorazepam, the current standard of care. In this study, paramedics compared how well delivery by each method (IV vs. intramuscular) stopped patients' seizures by the time the ambulance arrived at the emergency department.

Upon arrival at the hospital, 73 percent of patients were seizure-free (with intramuscular injection) whereas only 63 percent were seizure-free (with IV injection). Patients treated with midazolam (intramuscular injection) were also less likely to require hospitalization than the IV injection group. Among those admitted to the hospital, however, both groups had similarly low rates of recurrent seizures.

This development provides a promising future for those who suffer from seizures or epilepsy. Thus far, IV delivery has only been researched and utilized by paramedics. More research is needed to ascertain the ease of usage among epilepsy patients and their care givers.

In the meantime, if you do witness someone having a seizure, the best actions you can take are to: protect the person from injury by removing any harmful objects, cushion their head and call 911, especially if it lasts more than five minutes. Do NOT try to restrain the person's movements, move them or put anything in their mouth.

Reference:

http://www.foxnews.com/health/2012/07/20/new-pen designed-to-more-effectively-stop seizures/#ixzz21EXVHqId

Published July 20, 2012

FoxNews.com

ECON-2013, HYDERABAD, 8TH - 10TH FEBRUARY 2013

IEA 18th IEC Trust

Indian Epilepsy Association

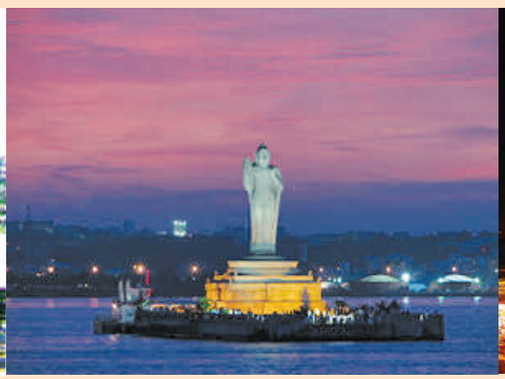
Indian Epilepsy Society

ECON 2013

14th Joint Annual Conference of
Indian Epilepsy Association and Indian Epilepsy Society
ECON 2013

8th to 10th, February 2013

Venue: **AVASA Hotel, Hi-Tec City, Madhapur, Hyderabad.**



Registration Details:

Category	Upto 31 October, 2012	From 1st Nov. to 31st Dec, 2012	From 1st Jan, 2013	Spot registration
IEA/IES Members	Rs 2000	Rs 3000	Rs 4500	Rs 5000
Non Members	Rs 2000	Rs 4000	Rs 4500	Rs 5000
Residents/ PG Students	Rs 1500	Rs 2000	Rs 3000	Rs 5000
Non Doctor IEA Members	Rs 1000	Rs 1500	Rs 1500	Rs 3000
Accompanying Person	Rs 1000	Rs 1500	Rs 1500	Rs 3000
Foreign Delegates	USD 200	USD 250	USD 300	USD 500

Pre conference workshop: Difficult to treat epilepsies and epilepsy syndromes & seizure emergencies. Needs prior registration. Last date to register is 31, December 2012.
Registration for pre conference workshop: For members of IEA and IES: Rs 1500.
For post graduates and non- members: Rs 1000

For details please contact:
Dr. S.Sita Jayalakshmi, Organizing secretary ECON 2013 at
sita_js@hotmail.com; econ2013hyd@gmail.com; website: www.econ2013.org.

FORTHCOMING EVENTS

☞12 -13th October, 2012

Targeted Expert Meeting Epilepsy and Psychiatry

coordinator: Christoph Baumgartner, Austria

co-chair: Walter Pirker, Austria

Friday 12 October 2012

14:00 - 21:45

14:00 - 15:30 Psychiatric comorbidity in epilepsy main lecturer: Andres M. Kanner, USA

discussants: Steffi Koch-Stoecker, Germany

Hrvoje Hecimovic, Croatia

15:30 - 16:00 Coffee break

16:00 - 17:15 Plenary discussion and summary

17:15 - 18:15 Dinner buffet

18:15 - 20:00 Psychiatric and behavioural side effects of antiepileptic drugs – pro-convulsive effects of psychoactive drugs

main lecturer: Bettina Schmitz, Germany

discussants: Christoph Helmstaedter, Germany

Frank Gilliam, USA

20:00 - 21:15 Plenary discussion and summary

21:15 - 21:45 Drinks

Saturday 13 October 2012

08:30 - 10:00 Antiepileptic drug development and psychiatric indications of antiepileptic drugs

main lecturer: Steven S. Schachter, USA

discussants: Bernd Schmidt, Germany

Marco Mula, Italy

10:00 - 10:30 Coffee break

10:30 - 11:45 Plenary discussion and summary

11:45 - 12:00 Overall conclusions

Participants:

Jean Mariani (FR) Hans Lassmann (AT) Suzanna Pirker (AT)

Elisabeth Pauli (GE) Fabienne Picard (AL) Dejan Stevanovic (RS)

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☞19 -21th October, 2012

Calgary, Alberta

Canadian League Against Epilepsy 2012 Biennial Meeting

2012 registration is now OPEN!

Click here for more details on the meeting (preliminary program, travel and accommodation, etc).

2012 Abstract/Posters Call for Submissions - now closed. Thank you for your submissions. Our mission is to enable Canadians affected by epilepsy to live a life that is not limited by their condition.

Our goal is to develop, through research, innovative therapeutic and preventative strategies to avoid the consequences of epilepsy. We also want to translate these discoveries into applicable therapies for all Canadians. Finally, we want to promote national awareness and educate all Canadians about epilepsy and its consequences with the help of the Canadian Epilepsy Alliance.

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☞14 -17th November, 2012

7th Latin American Congress on Epilepsy

VII Congreso Latinoamericano de Epilepsia Quito 2012

Venue

The congress will take place at the Hilton Colon Quito Hotel, 10 minutes walk from the colonial old town and 20 minutes by car from the airport. For accommodation information, please visit the accommodation page.

Contact Us

If you wish to receive more information about the 7th Latin American Congress on Epilepsy and be added to our mailing list, please contact: quito@epilepsycongress.org.

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☞30th Nov.-4th Dec., 2012

AMERICAL EPILEPSY SOCIETY 2012 Annual Meeting

4th Biennial North American Epilepsy

Congress in collaboration with ILAE, CLAE and ILAE

SAN DIEGO CASan Diego Convention Center

The American Epilepsy Society's Annual Meeting is the premiere meeting for epilepsy and other seizure disorders.

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☞8-11th June, 2013

Barcelona, Spain

23rd Meeting of the European Neurological Society

Venue

Fira Barcelona

Convention Centre Gran Via, Barcelona

www.firabcn.com

Dates to remember

Abstract Submission Deadline: 18 January 2013

Early Registration Deadline: 20 March 2013

Further information please contact:

Administrative Secretariat: European Neurological Society

Peter Merian-Strasse 80, 4002 Basel / Switzerland

Tel +41 61 691 51 11 · Fax +41 61 686 77 88

Email ens@congrex.com

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☞23rd - 27th June, 2013, Montreal

The 30th International Epilepsy Congress is scheduled to take place in Montreal from the 23rd to the 27th June 2013 under the auspices of the International League Against Epilepsy and the International Bureau for Epilepsy.

Montreal has been named one of ten "Hip Cities" from around the world by the New York Times.

The website will be available soon. In the meantime, please contact montreal@epilepsycongress.org with any enquiries.

ILAE / IBE Congress Secretariat
7 Priory Hall,Stillorgan, Dublin 18, Ireland
Tel: +353-1-2056720
Fax: +353-1-2056156
http://www.epilepsycongress.org

☞4- 6th September, 2013, Ljubljana, Slovenia

The 13th European Conference on Epilepsy and Society (ECES) will take place in Ljubljana from Wednesday 4th to Friday 6th September 2013. The 13th ECES Programme is mainly based on topics suggested by members of the International Bureau for Epilepsy (IBE). The majority of speakers will be suggested by IBE European member associations.

During the conference, delegates will also have a lot of opportunities to socialise and participate in discussion groups, parallel sessions and other programmed activities.

66TH ANNUAL MEETING OF THE AMERICAN EPILEPSY SOCIETY SAN DIEGO NOV 30 TO DEC 04 , 2012

Register Now

The American Epilepsy Society's 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.

Registration and Hotel dates:

Monday, October 8:	Group hotel reservations deadline
Friday, October 26:	Registration discounts expire
Thursday, November 1:	Group registration deadline
Monday, November 5:	Individual hotel reservations deadline
Wednesday, November 7:	Registration deadline for mailing badges
Thursday, November 19:	Pre-registration deadline
Friday, November 30:	Registration opens on-site in San Diego, CA

10TH ASIAN & OCEANIAN EPILEPSY CONGRESS, AUGUST 24TH – 27TH 2014

Dear Friends and Colleagues,

On behalf of the Scientific Organising Committee of the 10th Asian & Oceanian Epilepsy Congress, it is with pleasure we invite you to Singapore between August 24th – 27th 2014. This congress has been organised by the regional organisations of the International League Against Epilepsy and the International Bureau for Epilepsy.

We, along with our Scientific Organising Committee (SOC) colleagues are currently putting together a scientific programme which should be of great interest to all, encompassing recent scientific, clinical and social developments in the field of epilepsy. This programme will be a comprehensive range of main, post main and parallel sessions as well as practical video and lively debates.

There is no other place in the world that blends East and West, tradition and modernity, quite like Singapore. The cosmopolitan high life weaves seamlessly into the island's multiracial and multicultural tapestry. Old colonial buildings provide a peek into the past, while brilliantly fashioned skyscrapers point to a city-state that is constantly on fast-forward.

We hope to see you and your colleagues in Singapore for what promises to be an epilepsy meeting of excellent quality.

With warm regards,

Shih Hui LIM
Congress Co-chair

Byung- In LEE
Congress Co-chair

Vinod SAXENA
Congress Co-chair

ANNOUNCEMENT FOR ELECTIONS

INDIAN EPILEPSY ASSOCIATION

ELECTIONS for the posts of-

President- Elect 2013-2015, Secretary- General and Treasurer 2013-2017 and

GC Members 2013-15

NOMINATION FORM

Name of the Post: President- Elect / Secretary- General/ Treasurer/ G.C.Member

Name and Address of Nominee _____

_____

_____

Proposed by Signature:_____ Seconded by Signature_____

Name and Address _____ Name and Address _____

IEA No. _____ IEA No. _____

I, hereby give my consent for my nomination for the post of the Indian Epilepsy Association for the election being held in 2012.

Telephone No. Signature _____

Membership Number_____

E-mail Id. _____

☞ **Only valid members can file in nominations and propose**

The candidates may enclose their bio-data in up to 200 words

ELIGIBILITY CRITERIA: Continued Valid Membership of IEA for **President Elect-8 years, for S-G and Treasurer-5 years and for GC Members- 3 years**

Last Date of Receipt of Nomination	:	5th November, 2012 by 5.00 PM
Last Date for Withdrawal	:	26th November, 2012 by 5.00 PM
In case of election		
Ballot papers to be posted by	:	07th December 2012
Last Date for Receipt of Ballot Papers	:	19th January 2013 by 5.00 PM
Announcement of Results of the Elections	:	During GC/AGB Meeting in ECON-2013, 08th - 10th February 2013 in Hyderabad.

Completed form should be sent to: **Dr VS Saxena, Returning Officer-IEA,** *Sannidhi,* **K 10/10 DLF City II, Gurgaon – 122002. Email. drvssaxena@gmail.com**