



# EPILEPSY CONCLAVE 2016

---

## Program summary report



**WHEN WE SAY WE PROVIDE  
A HELPING HAND IN EPILEPSY  
WE MEAN IT!**



Does not interfere with bone mineral density unlike other AEDs

**Keppra®**  
*levetiracetam*

**Assurance of innovator,  
now price 40% less**

Dr.Reddy's 

# EPILEPSY CONCLAVE 2016

## PROGRAM SUMMARY REPORT

### PROGRAM OVERVIEW

The Epilepsy Conclave 2016 was organized by Passi Healthcom and the Neurological Society of Pune, under the aegis of the Indian Epilepsy Society in Hotel Westin, Pune on the 28th and 29th of May, 2016. This is the 4<sup>th</sup> successive year of Epilepsy Conclave since its inception in 2013. The program witnessed a congregation of high-end and well-acclaimed neurologists, epileptologists and neurosurgeons from across the country and provided a common platform for discussion on updates and review of literature on various topics related to epilepsy. In this newsletter we endeavor to provide a short summary of the proceedings of the conference.

Broadly, the topics which were taken up in this 2 days' program were:

1. Clinical implications of the revised definition of epilepsy in the Indian scenario
2. Importance of Real World studies and update on Real World data on lacosamide
3. Epilepsy in women
4. Effect of epilepsy and AEDs on cognition and learning in children
5. Updates on the treatment of acute epileptic seizures and status epilepticus



6. Discussion on management approach for isolated seizure and antiepileptic drug (AED) withdrawal in children and adults with epilepsy
7. Repurpose drugs and repositioning of AEDs
8. Issues related to drug resistance in mesial temporal lobe epilepsy
9. Surgical updates in epilepsy, focus localization through video EEGs and postoperative outcomes
10. Should AEDs be stopped after epilepsy surgery?
11. Management of seizures in ICU

Additionally, challenging case reports in both pediatric and adult epilepsy were presented in the program; the diagnostic and management approaches for such clinical conundrums were also discussed.

The complete 2 days' program was divided into a total of ten sessions; six sessions on day 1 and four sessions on day 2. The program was well-attended, with more than 100 top neurologists and neurosurgeons from across India turning up for the event. All the faculty were clinicians of repute, each having several national and international publications (including papers on epilepsy) to their credit. All the sessions involved topic presentations and panel discussions, both amongst the elite panel members and the participants.



From the feedback received from delegates, 96% rated the conference as very good/excellent and 94% strongly agreed or agreed that the discussions will help them in their daily practice and 100% would like to participate in the next Epilepsy Conclave.

## DAY 1 (28TH MAY 2016)

Day 1 of the Epilepsy Conclave 2016 started at 1:30 PM on the 28th of May 2016 with a welcome address by Dr. Nandan Yardi, a well known pediatric neurologist in the country and secretary of Neurological Society of Pune.

The first session was chaired by senior neurologists Dr. Ambar Chakravarty and Dr. Sushil Razdan. This session included a panel discussion on “Clinical implication of the revised definition of epilepsy in Indian scenario. Should we treat a single episode of seizure? If so which are these patients?” The panel discussion was led by Dr. Ambar Chakravarty and panelist were Dr. Malcom Jeyaraj, an epileptologist from Chennai and Dr. Neelu Desai, a pediatric neurologist from Mumbai. Broad take home messages from this session were that the revised definitions of epilepsy recently proposed by the International League Against Epilepsy (ILAE), despite an improvement on the earlier definition, has not cleared ambiguity around certain scenarios. On the other hand, if information is available to indicate that risk for a second seizure exceeds 60%, then epilepsy can be considered. Optimal application of this definition would often require specialized diagnostic and interpretative skill (e.g. risk of recurrence; syndrome diagnosis; assessing significance of “chance” imaging findings) which is not easy as many non-neurologists also treat a large number of epilepsy patients in India. Treatment of seizures in patients with epilepsy (including isolated seizure episode, as in patients with calcified neurocysticercosis) needs to be individualized.

Following the panel discussion there was a talk by Dr. Ambar Chakravarty on “Improving possibilities of seizure control: learning from real world studies” wherein he emphasized that randomized controlled trials are necessary but real-life studies provide information that can be useful to optimize the use of AEDs in routine clinical practice to achieve improved results in patients. Though seizure freedom has the greatest impact on quality of life, medication side effects and improvements in quality of life are important secondary endpoints in patients who do not achieve seizure freedom. He also presented the data on 4 real world studies on lacosamide (VITOBA, VERSA, LACO EXP and REALLY) which showed better outcomes when lacosamide was used as 1<sup>st</sup> add on AED thus improving



possibilities for seizure control. The comparison between older and newer AED came up in the discussion and it was emphasized that newer AED appear to have better tolerability compared to their older counterparts and real world studies on AED are required to better evaluate their efficacy and treatment outcomes.

The second session was chaired by Dr N. R. Ichaporia. Topics in this session were panel discussion on “Recent ILAE recommendations on treatment of epilepsy in women and girls, and its relevance in India”; this was led by Dr. Ichaporia and panelist involved were Dr. Bhanu, Dr. T. K Banerjee, and Dr. Nandan Yardi. In this context, the topic of sodium valproate administration in pregnancy and its effect on fetal outcomes and neonatal cognition was discussed. It was re-emphasized that some of the newer AED conceivably have better tolerability compared to the traditionally used AED. Given the multitude of treatment alternatives with at least comparable efficacy in focal epilepsies, valproate should preferably not be used for this indication, and withdrawal of valproate or switch to treatment alternatives should be considered for women of childbearing potential that are established on treatment with valproate for focal seizures and who consider pregnancy. Women should be informed about the possibilities and limitations of prenatal screening, which cannot identify children whose neurodevelopment will be affected. It was concluded that an individualized





approach in women with epilepsy is important; the choice of an AED should be made after weighing its benefits vs. risks in the patient. This was followed by a talk given by Dr. Bhanu on "How to counsel women with epilepsy." The need for a proper, time-taking and patient-friendly counseling session in all women with epilepsy was also discussed.

The third session of the program, which started immediately after, was chaired by Dr Nandan Yardi and Dr V. B. Gupta. This session included presentations of challenging cases on pediatric epilepsy; a case of multiple children in the same family with psychogenic non-epileptic seizures was presented by Dr Suvasini Sharma; another case of a 16 year old girl with treatment-refractory epilepsy was presented by Dr Pradnya Gadgil. These case presentations were followed by a presentation by Dr Vyakunta Raju and subsequent panel discussion on effect of epilepsy and AED on cognition and learning in children. Several important issues were discussed during the panel discussion. Seizure-related variables were identified which were likely to affect cognition in children including early onset of seizures; increased frequency and long duration of seizures, and seizures associated with epileptiform syndromes. It was also reiterated that AED, particularly older AED such as sodium valproate, had possible adverse impact on cognition and therefore the importance of AED selection in pediatric epilepsy could not be overemphasized. It was also asserted that cognition effect due to AED was more likely in children on polytherapy compared to those on monotherapy.

The fourth session was chaired by Dr V. V. Nadkarni and Dr Sushil Razdan. Dr Manjari Tripathi was the first presenter in this session and she presented the management approach for status epilepticus and acute epileptic seizures. Classification and etiologies of status epilepticus, its diagnosis and treatment approach were discussed by her in detail. She also stressed on the significance of early treatment initiation in status epilepticus, informing about the "time window" of first 30 minutes within which treatment should necessarily be initiated. She informed that mortality rates were high in patients with delay in

treatment (particularly beyond 60 minutes). Dr J. M. K Murthy was the second presenter in this session and discussed in detail AED prescription in genetic (idiopathic) generalized epilepsy. The panel discussion in this session focused on recommendations for withdrawal of AED. The panel discussion was led by Dr Nadkarni and Dr Razdan and panel members included Dr Manjari Tripathi, Dr Murthy and Dr Sanjay Sharma. It saw a lot of participation from the delegates. The length of seizure-free period before initiation of AED withdrawal was dealt with in this panel discussion; although a consensus could not be arrived at, seizure free-period of 2-3 years in children and about 5 years in adults was deemed appropriate before initiating AED withdrawal. It was emphasized that both pros and cons of AED withdrawal should be borne in mind before attempting drug discontinuation.

The fifth session of the program was chaired by Dr Pervaiz Ahmed Shah and included a presentation by Rajlakshmi Borthakur on T Jay Smart Glove, a smart innovation aiming for early detection of seizures in patients with epilepsy. The sixth session of the program was chaired by Dr Manjari Tripathi and Dr Rahul Kulkarni. It involved presentation of some challenging cases by Dr Amit Haldar, Dr Atampreet Singh and Dr Neelu Desai. The day proceedings ended at 7:30 PM.

## DAY 2 (29TH MAY 2016)

Day 2 of Epilepsy Conclave 2016 started at 8:30 AM on the 29th of May 2016 with an introduction by Dr Man Mohan Mehndiratta on the Indian Epilepsy Society and recent activities it has been involved in. He praised the efforts of neurologists and neurosurgeons for their contribution to the International Journal of Epilepsy (IJE), an international peer-reviewed journal on epilepsy and called for greater efforts to further improve its content appeal.





The introductory note by Dr Mehndiratta was followed by the seventh session of the program which was chaired by Dr Nadkarni and Dr Murthy. Dr R. Lakshminarasimhan made the first presentation in this session on network imaging in epilepsy. His presentation was followed by that of Dr Mehndiratta's on Repurpose drugs and repositioning of AED on epilepsy and other diseases/disorders. The third speaker in this session was Dr Sita Jayalakshmi who talked about drug resistance and treatment issues in mesial temporal lobe epilepsy.

The eighth session of the program was chaired by Dr Sanjay Sharma and included a panel discussion on affective disorders in epilepsy; issues, evaluation and management. This was moderated by Dr Joy Desai and included panelists Dr Sanjay Sharma, Dr Garima Shukla and Dr Neetu Ramrakhiani. This was a very interactive session and evoked many discussions that were appreciated by the delegates. There was emphasis on the need for taking a detailed in-depth history in all patients with epilepsy, particularly to screen for early psychiatric comorbidities, especially depression and anxiety which are common in epilepsy patients. A take home message from this discussion was

that there is a pressing need to choose AED in patients with epilepsy keeping a note of their psychotropic effects.

Session nine of the program was chaired by Dr Sita Jayalakshmi and Dr Sarat Chandra. It included presentations by Dr Garima Shukla on localizing the focus for epilepsy through history and video-EEG. Dr Jayanti Mani presented on focal cortical dysplasia, its classification, diagnosis and correlation with epileptogenesis. This presentation was followed by two presentations; by Dr Sarat Chandra on determinants of epilepsy surgical outcomes; and by Dr Manas Panigrahi on lessons learnt in epilepsy surgery.

The tenth (final) session of the program was chaired by Dr P. K Sachdeva. It focused on controversies in epilepsy and included a presentation by Dr Ashalatha Radhakrishnan on AED discontinuation after epilepsy surgery; there was agreement among the members that in the absence of any robust data, it may be worthwhile to weigh benefits vs. risks of AED withdrawal and it may be attempted in patients after sustained seizure free period. This was followed by panel discussion on problems in management and monitoring of seizures in the ICU led by Dr Jayanti Mani; the panel members were Dr. Ashalatha and Dr. Sunit Shah, many discussions were evoked and many questions were put up by the delegates in this session.

After the final session Dr Mehndiratta summarized the learnings from 2<sup>nd</sup> day and the program was declared officially closed at 1:00 PM . The final vote of thanks was given by Dr. Nandan Yardi as the organizing secretary of Neurological Society of Pune; he thanked all faculty and delegates for making this conclave a successful academic program. He thanked UCB for their scientific support and Passi HealthCom for their partnership in organizing the conference and the sponsors for their participation.



**Disclaimer:** The contents of this educational initiative are developed by Passi HealthCom Pvt. Ltd. (formerly Passi Publications Pvt. Ltd.) exclusively for Dr. Reddy's Laboratories Ltd. Although great care has been taken in compiling and checking the information, the authors, Passi HealthCom Pvt. Ltd. (formerly Passi Publications Pvt. Ltd.) and its agents and sponsors shall not be responsible, or in anyway liable for any errors, omissions or inaccuracies in this publication whether arising from negligence or otherwise, however, or for any consequences arising therefrom.



**"Sometimes even fast  
is not fast enough."**

For people like them, who expect their  
anti-epilepsy treatment  
to deliver fast

Add first



**SEIZGARD<sup>TM</sup>**

LACOSAMIDE 50/100/150/200mg

\*For the use of a Registered Medical Practitioner, Hospital or Laboratory only or as per the description under Form 46 of the Drugs & Cosmetics Act, 1940\*.



Dr.Reddy's



**Go beyond treating the symptoms.**

## **Treat White Matter Lesions**

**Coming soon**

**somazina<sup>®</sup>**

Citicoline 500 mg, SR 1 g tablets / 500 mg & 1 g inj

\*For the use of a Registered Medical Practitioner, Hospital or Laboratory only or as per the description under Form 46 of the Drugs & Cosmetics Act, 1940.\*



Dr. Reddy's Laboratories Limited, 7-1-27, Ameerpet, Hyderabad-500016, Telangana, India.

