

BC Epilepsy Society

What to do IF Medications Fail?

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Outline and Objectives

- What is intractable epilepsy?
- Discuss why medications may fail
- Learn more about alternate treatments to medications
 - Epilepsy Surgery
 - Vagal Nerve Stimulator
 - Ketogenic Diet
- Discuss future potential therapies





Intractable Epilepsy

- 47% seizure free on first medication
- 13% seizure free on second medication
- <5% seizure free on third medication</p>
- 30% of patients have difficult to control epilepsy





Intractable Epilepsy

Individuals with Epilepsy



First Medication
 Second Medication
 Third or More
 Uncontrolled





Why may anticonvulsants fail?

- Incorrect diagnosis
- Incorrect anticonvulsant
- Intolerable side effects or noncompliance.
- Drug-resistant epilepsy







Goals of Epilepsy Surgery

Seizure-freedom

Improvement of quality of life

Do no harm (minimize deficits)

Decrease anticonvulsants





Aims of Epilepsy Surgery Workup

Find where seizures are coming from

• To spare important brain functions





History and Physical Examination





History and Physical Examination

Video EEG monitoring





History and Physical Examination

Video EEG monitoring







- History and Physical Examination
- Video EEG monitoring
- Neuropsychological assessment

• MRI – 1.5 or 3T





- Ictal SPECT, PET
- MEG
- fMRI
- Wada test
- EcoG (electrocorticography)
- Subdural/Depth electrodes +/- mapping





Ictal SPECT

Increased blood flow





 Decreased metabolism







Magnetoencephalogram





Finger Tapping- Right vs. Left



Pight Finger Tapping

q= 0.01

Finger Tapping- Right vs. Left



PRE-RESECTION - POSITION 1

29

22

32



2. 9 mg ~

What to do?

Resective surgery

- Focal neocortical resection
- Anteromedial temporal lobectomy
- Hemispherectomy
- Palliative surgery
 - Corpus callosotomy
 - Multiple subpial transections
 - Vagal nerve stimulation





Julie

Prolonged febrile seizures

Developed partial seizures age 9
Tried 5 medications

Video EEG showed left temporal

MRI







Anterior Medial Temporal Lobectomy





Hemispherectomy





Corpus Callosotomy

Anterior 2/3Full



Multiple Subpial Transections





Outcome

Seizure Freedom or reduction

Decrease in medications

Improvement in Cognition and behaviour

Improvement in Quality of Life





Vagus Nerve Stimulation









Vagal Nerve Stimulator

 1997: approved by FDA (US) as adjunctive treatment of medically refractory epilepsy in adolescents and adults

1998: approved by HPB (Canada)

> 40,000 patients world-wide have been implanted





Indications

No correlation with type of epilepsy

Intractable epilepsy with no better surgical option























An agency of the Provincial Health Services Authority

Magnet Use

To shorten a seizure
To stop a seizure
To decrease severity
To shorten post-ictal phase







Vagal Nerve Stimulator



VNS for Intractable Epilepsy

50% of patients have >50% reduction in seizures

 May allow reduction in dosage of antiepileptic medications

Majority have improved quality of life

Magnet use can abort seizures











- 15-35% seizure-free
- 30-50% with >90% reduction in seizures
- 50-75% with >50% reduction in seizures

Improved alertness and development





Modified Atkins Diet

Low Glycemic Diet





Prescribed therapy by Ketogenic Diet Team













- Hundreds of seizures/day
- Plateauing of development
- > 6 medications in 6 months

 Seizure free on the Ketogenic Diet with improvement of development





Future therapies to look to...

- New Anticonvulsants
- Seizure prediction
- Neurostimulation
 - Neuropace (Responsive Neuronal Stimulation)
 - Deep brain stimulation
- Magnetic Stimulation and Cooling
- Gene and biological agent therapy





What can WE do when medications fail?

- Optimize quality of life
- Look for comorbidities and treat as needed
- Maintain good relationships family and friends
- Optimize school and employment
- Maintain a healthy lifestyle
 - Exercise
 - Diet
 - Bone health





Thank you for your attention





