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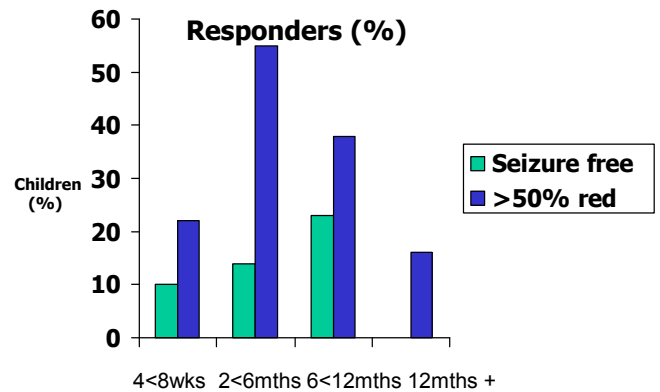
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**Purpose**

Levetiracetam (LEV) is marketed as add on therapy for children aged over 4 years and has been reported to be effective in childhood epilepsies. We describe our experience of LEV in children with intractable epilepsies in the Trent and Midland areas, UK.

**Method**

This is an on-going multicentre, open, prospective, observational study. Seizure diaries and a standard proforma were used pre-treatment and at follow up for over 12 months. Efficacy data were analysed on an "intention-to-treat" basis. Simple descriptive statistics have been used preliminarily.



**Results**

<b>Number recruited to date</b>	46
<b>Number with follow-up data</b>	40
<b>Male : Female</b>	23 : 23
<b>Age range [mean]</b>	13 months – 17 years 2 months [9 years 6 months]
<b>Max dose range [mean]</b>	9 – 65 [32] mg/kg/day
<b>Serious adverse events</b>	0
<b>Patient exposure</b>	10.2 person years

visit	0<4 weeks	4<8 weeks	2<6 months	6<12 months	12 months +
Withdrawn	2/40	4/40	10/34	10/21	10/12
Not seen	38/40	22/40	1/34	1/21	0/12
Worse but not withdrawn		0/40	2/34	0/21	0/12
No significant change		5/40	2/34	2/21	0/12
>50% improvement inc. seizure free		9/40	19/34	8/21	2/12
Seizure free		4/40	5/34	5/21	0/12

**Conclusion**

Levetiracetam is well tolerated in this heterogeneous unselected population. Preliminary data suggests worthwhile benefits in children aged 1-17 years. Completed follow-up and Quality of Life data will follow in 2008.

**Acknowledgements**

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