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Background

There are few trials of antiepileptic drugs (AEDs) in unselected children with intractable epilepsies, but AEDs are used extensively in these children. A systematic clinical audit of current practice, if feasible would provide clinically useful evidence from an unselected clinic population.

Methods

Children starting Clobazam (CLB), Gabapentin (GAB), Lamotrigine (LAM), Topiramate (TOP) in a defined period and hospital clinic population were ascertained retrospectively from the hospital pharmacy database and from paediatric neurology copy clinic letters. A standard data sheet was developed and used to record background information and progress at >2 months, >6 months and >12 months. Analysis was with SPSS on an intention to treat basis.

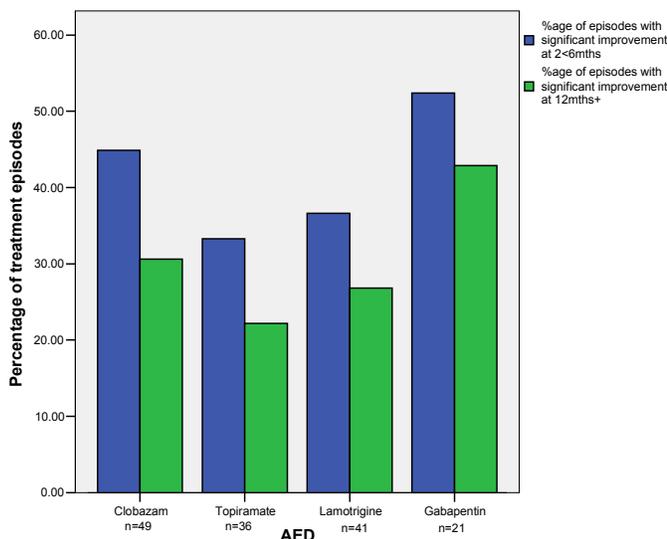
Results

Patients analysed	147 children
Male : Female	49:51
Median age onset epilepsy	2.75 years
Mean age starting AED (range)	10.0 years (0.1 – 17.0 years)
Mean number of AEDs withdrawn	2.0 (1 - 10)

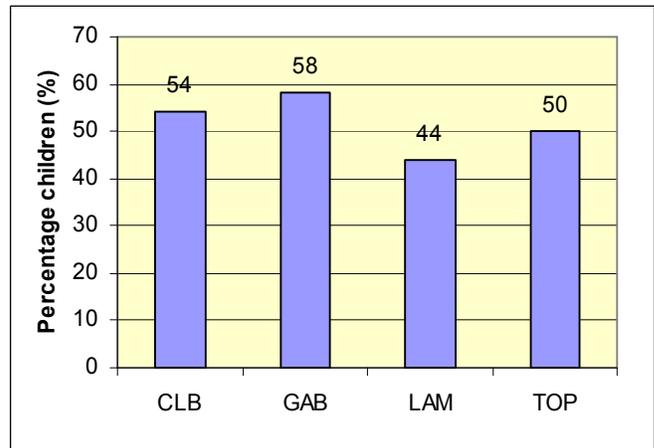
Children had: CLB n=49; GAB n=21; LAM n=41; TOP n=36

Children's epilepsies were evenly split for all AEDs between focal and generalised apart from Gabapentin (76% had focal epilepsies). Most were symptomatic or probably symptomatic.

>50% Seizure Reduction



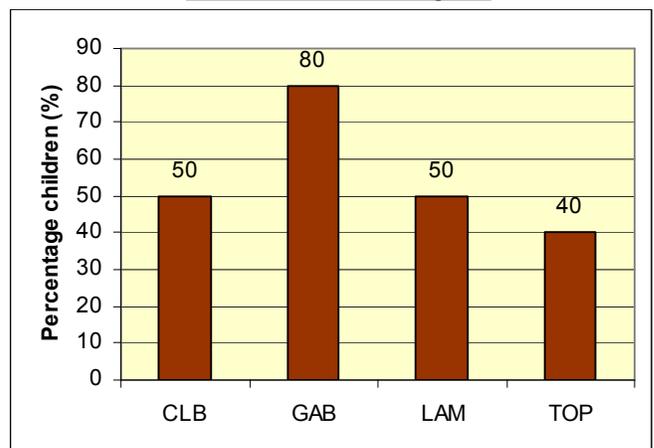
Probably related adverse events



Adverse events reported

No "serious" adverse events reported for any of the drugs

AED retention > 1 year



Discussion

At 2 and 12 months no statistically significant differences in perceived efficacy, overall tolerability or retention were found.

The ascertainment was laborious but feasible. The perceived worthwhile efficacy was not always clearly documented and would be more reliable with prospective data collection.

Conclusion

More cases need to be ascertained to determine if the differences in perceived worthwhile efficacy, possibly related adverse events, and AED retention are significant.