What to do when medications fail:

Non pharmacologic treatments for pediatric epilepsy.

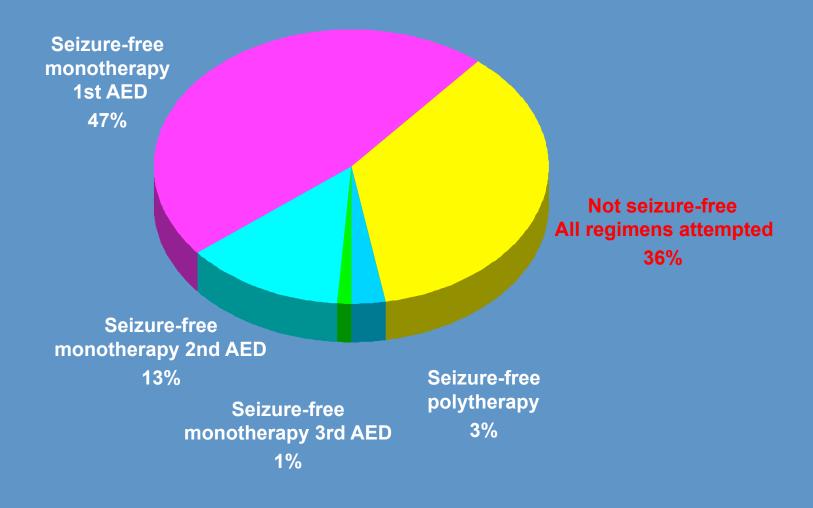
Peter F. Morrison M.D

Medical Director: Pediatric Epilepsy Monitoring Unit
Maine Medical Center

Outline

- Scope of the problem
- Epilepsy surgery
- Ketogenic diet
 - clinical aspects
- Vagus nerve stimulator
- Responsive neurostimulation
- Deep brain stimulation

Seizure-Free Rates With Different Strategies

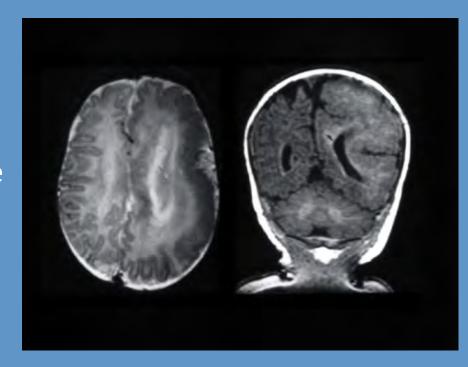


Surgery for Seizures

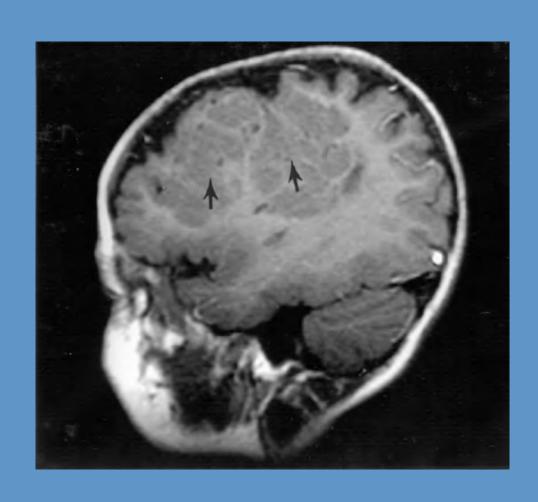
- Considered after failing AED therapy
- Surgical evaluation includes inpatient video/EEG monitoring
- Other tests may include: MRI, SPECT scan, PET scan, and neuropsychological testing
- Procedures include focal resection, temporal lobectomy, lesionectomy, hemispherectomy and corpus callosotomy
- Post-surgical seizure-free rates vary
- Patients usually go home after a short stay at the hospital and will likely miss several weeks or months of school

Surgery

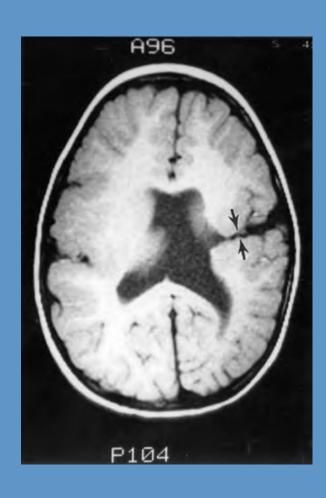
- Early surgery can be lifealtering
- Unique conditions such as Rasmussen's, hemimegalencephaly, Sturge Weber can be remedied in children surgically
- Outcomes beneficial



Cerebral Dysgenesis- Heterotopia



MRI - Schizencephaly



Epilepsy Surgery Outcomes

1	⁻ emporal	Extra Temporal	Lesional	Hemispheric	Callosotomy
Seizure Free	68%	45%	66%	45%	8%
Improved	23%	35%	22%	35%	61%
Not improved	9%	20%	12%	20%	31%
Total	100%	100%	100%	100%	100%

Reference: Engel, J. NEJM, Vol 334 1996, 647-653

Therapeutic Diets

- Ketogenic Diet
- Low Glycemic Index Diet
- Atikins Diet

What is the ketogenic diet?

- High fat, adequate protein and carbohydrate diet which induces ketosis in those who consume it.
- Fasting as treatment: Hippocrates, Old Testament
- Wilder (1921): ketogenic diet to mimic fasting state
- Introduction of phenytoin in 1930's
- Resurgence 17 yrs ago with treatment of pt at JHU

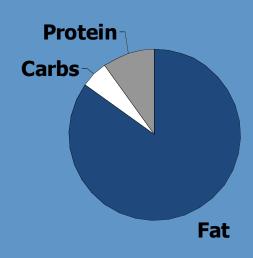
Diet "Prescription"

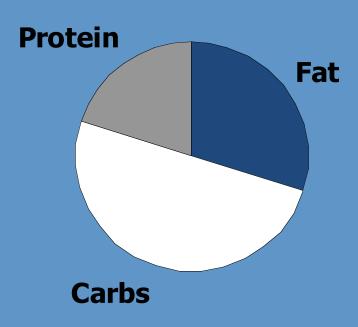
- Ratio (fat: carb+protein)
 - 4:1 more strict
 - 3:1 for infants, adolescents
- Infants: ketogenic formula
- Children:



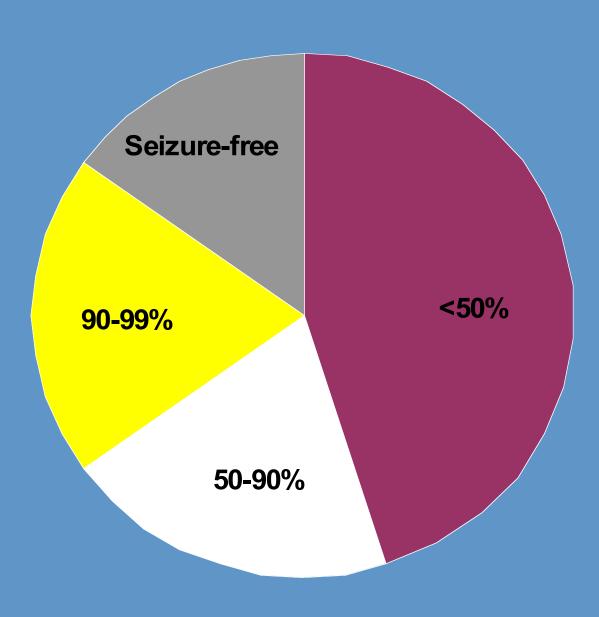
Ketogenic Diet

"American" Diet





Seizure Reduction from Ketogenic Diet



Common and Occasional Side Effects

- Constipation
- Slowed weight gain
- Acidosis (with illness)
- Vitamin deficiency (if unsupplemented)
- Renal stones
- Growth slowing
- Dyslipidemia

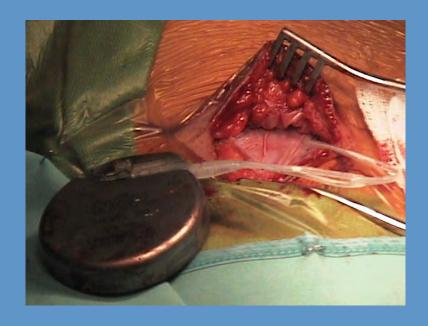
Neurostimulation

- Vagus Nerve Stimulator
- Responsive Neurostimulator (Neuropace)
- Deep Brain (Thalamic) Stimulation

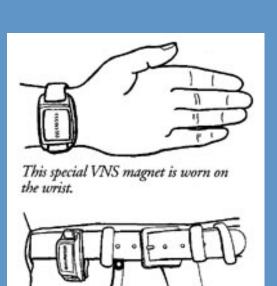
Vagus Nerve Stimulation

- Implantable device constant stimulation
- FDA indicated for patients>12 since 1997
- Day surgery procedure
- 35,000 patients implanted (8,000 in <18)









The VNS magnet can also be clipped to a belt, like a pager.

Mechanism of Action

- Unclear
- Clear thalamic inhibition
- May activate the dorsal midbrain to reduce cortical excitability
- Multiple pathways potentially involved

Efficacy

- 35% with >50% seizure reduction at 12 months
 - 20% with >75%
- Similar to new AEDs

NeuroPace

Responsive neurostimulation





NeuroPace Pilot Trial:

Safety preliminary efficacy of the Responsive Neurostimulator in Adults:



- •32% for complex partial seizures
- •63% for generalized tonic clonic seizures



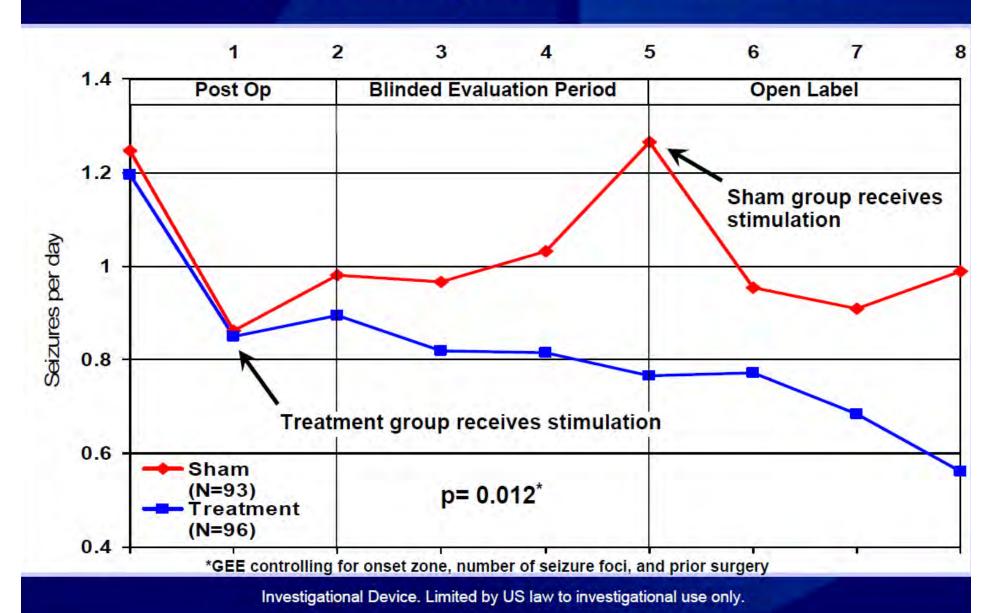


Pivotal RNS Trial

- 240 patients enrolled
 - 191 implanted

- 18-70 years of age
- Intractable seizures
- 3 seizures/28 day period

Mean of Disabling Seizures by Month



Deep Brain Stimulation

- SANTE: Stimulation of the Anterior Nucleus of the Thalamus for Epilepsy
 - At two years:
 - Median 57% reduction from baseline seizure frequency
 - Responder rate 54%
 - 12.7% seizure-free for at least 6 months
 - Improvement in quality of life scores

Summary

- 1/3 of children with epilepsy have intractable seizures (1/2 of these will not be surgical candidates)
- Other options
 - KD: probably the best chance for improved seizure control in patients that are not epilepsy surgery candidates
 - VNS
 - RNS
 - DBS
 - Herbal remedies

 Thanks to Eric Kossoff, MD, Johns Hopkins Hospital for many slides used in this presentation.