

# EPILEPSY

Saturday, March 28, 2020

<b>07:30-08:30</b>	<b>E-Poster Presentations (Exhibition Area)</b>
<b>08:30-10:10</b>	<b>GENERAL EPILEPSY</b>
Chairs:	<b>Andriy Dubenko</b> , Ukraine   <b>Vladimir Donath</b> , Slovakia
<b>08:30-09:20</b>	<p><b>Ambulatory video-EEG monitoring can replace in-hospital video-EEG.</b>  <i>Capsule: Outpatient ambulatory video-EEG devices are now widely available. Are they a reasonable substitute for inpatient monitoring? Can they provide the same information? Should this be done first before considering in hospital assessment?</i></p> <p>08:30-08:40 Host: <b>Mark Richardson</b>, UK            08:40-08:55 Yes: <b>Antonio Gil-Nagel</b>, Spain            08:55-09:10 No: <b>Ilan Blatt</b>, Israel            09:10-09:20 Discussion and rebuttals</p>
<b>09:20-10:10</b>	<p><b>Combination antiepileptic drug (AED) therapy should be offered immediately after failure of a single antiepileptic drug.</b>  <i>Capsule: Though monotherapy has advantages, there is clear evidence from randomized trials that polytherapy affords improvement to many patients, and reduces mortality as well. If combination therapy is used, when should it be implemented?</i></p> <p>09:20-09:30 Host: <b>Ivan Rektor</b>, Czech Republic            09:30-09:45 Yes: <b>Martin Brodie</b>, UK            09:45-10:00 No: <b>Elinor Ben-Menachem</b>, Sweden            10:00-10:10 Discussion and rebuttals</p>
<b>10:10-10:25</b>	<b>Coffee Break</b>
<b>10:25-12:05</b>	<b>PSYCHIATRY IN EPILEPSY</b>
Chairs:	<b>Tetyana Litovchenko</b> , Ukraine   <b>Eva Andermann</b> , Canada
<b>10:25-11:15</b>	<p><b>Antidepressant drugs should be avoided if possible in epilepsy.</b>  <i>Capsule: Many antidepressant medications can provoke seizures in animals, and concerns have been raised that these drugs may trigger seizures in some patients. Is the efficacy of these agents sufficient to warrant their use, given potential risks?</i></p> <p>10:25-10:35 Host: <b>Alla Guekht</b>, Russia            10:35-10:50 Yes: <b>Ilan Blatt</b>, Israel            10:50-11:05 No: <b>William Theodore</b>, USA            11:05-11:15 Discussion and rebuttals</p>
<b>11:15-12:05</b>	<p><b>Psychotherapy improves outcome in psychogenic seizures.</b>  <i>Capsule: In patients with psychogenic seizures, spontaneous remission rates are quite high and patient adherence to therapy quite low. Is there evidence that psychotherapy provides long-term benefit?</i></p> <p>11:15-11:25 Host: <b>Marco Mula</b>, UK            11:25-11:40 Yes: <b>William Curt LaFrance</b>, USA            11:40-11:55 No: <b>Christian Bien</b>, Germany            11:55-12:05 Discussion and rebuttals</p>
<b>12:05-12:15</b>	<b>Short Break</b>
<b>12:15-13:15</b>	<b>Industry Supported Symposium</b>
<b>13:15-14:15</b>	<b>Lunch Break</b>
<b>13:15-14:15</b>	<b>Meet the Expert</b>
<b>14:15-15:45</b>	<b>STATUS EPILEPTICUS (SE)</b>
Chairs:	<b>Nana Tatishvili</b> , Georgia   <b>Olena Tsurkalenko</b> , Ukraine
<b>14:15-15:00</b>	<b>Combination therapy should be used as first line treatment for status epilepticus (SE).</b>

*Capsule: Success rates diminish for treating SE with failure of each successive drug that is administered. Furthermore, the longer seizures last, the harder it is to control them. Can we improve outcome by aggressively using polypharmacy as initial therapy in SE?*

14:15-14:25 Host: **John Duncan**, UK  
14:25-14:40 Yes: **Matthew Walker**, UK  
14:40-14:55 No: **Alla Guekht**, Russia  
14:55-15:00 Discussion and rebuttals

**15:00-15:45 Cryptogenic SE should be treated with immunomodulation as soon as it is diagnosed.**

*Capsule: NORSE and FIRES are epilepsy syndromes resistant to treatment with conventional AED and may require immune modulation for cessation of seizures. Should patients be presumptively treated with immunosuppressive agents early in the course of illness when status epilepticus has no known cause?*

15:00-15:10 Host: **Joanna Jedrzejczak**, Poland  
15:10-15:25 Yes:  
15:25-15:40 No: **Matthias Koepp**, UK  
15:40-15:45 Discussion and rebuttals

**15:45-16:00 Coffee Break**

**16:00-19:00 EPILEPSY THERAPY**

Chairs: **Nandan Yardi**, India | **Arie Weinstock**, USA

**16:00-16:50 Should surgery be offered to patients after failure of two AED?**

*Capsule: Epidemiological studies suggest that drug failure is quite likely once two agents have failed to control seizures. On the other hand, the literature contains numerous reports of response to drug therapy in patients formerly considered drug resistant. Are the ILAE guidelines supported by the evidence?*

16:00-16:10 Host: **Manjari Tripathi**, India  
16:10-16:25 Yes: **Zeljka Petelin Gadže**, Croatia  
16:25-16:40 No: **Ettore Beghi**, Italy  
16:40-16:50 Discussion and rebuttals

**16:50-17:40 The newer AED are more effective than the established ones.**

*Capsule: Over the past 20 years a number of new antiseizure drugs have been introduced around the world as adjunctive treatment and subsequently as monotherapy for pharmacoresistant and newly diagnosed epilepsy. Have they improved overall outcomes in terms of seizure freedom and so proved value for money?*

16:50-17:00 Host: **Michael Sperling**, USA  
17:00-17:15 Yes: **Andreas Schulz-Bonhage**, Germany  
17:15-17:30 No: **Martin Brodie**, UK  
17:30-17:40 Discussion and rebuttals

**17:40-19:00 Epilepsy Cases –**

Challenging diagnostic and management cases will be presented to the faculty and audience for discussion. A lively debate is anticipated for each case.

**Michael Sperling**, USA