Introduction

I am pleased that we have the opportunity of presenting to you, both our regular readers and our new readers attending the epilepsy conference in Glasgow, the abstracts of the Epilepsy Europe meeting. We have designed a programme that will encompass all the varied aspects of epilepsy—basic science, medical, psychological, behavioural and social topics—and which will reflect their equal importance, because a true understanding of epilepsy embraces them all. This is a Conference which, perhaps for the first time, will be attended by scientists, medical doctors, non-medical health personnel and lay people, all with an interest in, or personal experience of, epilepsy, and all meeting on the same site.

It is our hope that whatever the particular discipline of the delegates they will find not only their own interests represented in the conference, but will learn something of the interests and expertise of others, and will be able to make their own personal contribution to the ideas, discussions and debates that the conference will generate. It is our particular wish that the conference will not only address and reflect the many startling changes that are taking place in the sciences related to epilepsy and in medical practice itself, but that it will also look at how these changes will affect the lives of people who have to cope with epilepsy and how the benefits of basic research in epilepsy and the changes in medical practice can be brought to the several million people with epilepsy who live within our new Europe.

To achieve this aim the conference will contain several distinct types of session. Pride of place will go to the posters. All contributions to the conference will be in poster form (with sufficient time built into the conference for their perusal and discussion so that their information can be properly assimilated and disseminated). There will be formal poster discussion sessions, information-giving sessions (*plenary sessions*), discussion sessions (*seminar sessions*), 'teach-ins' (*breakfast sessions*), workshops and audio-visual presentations.

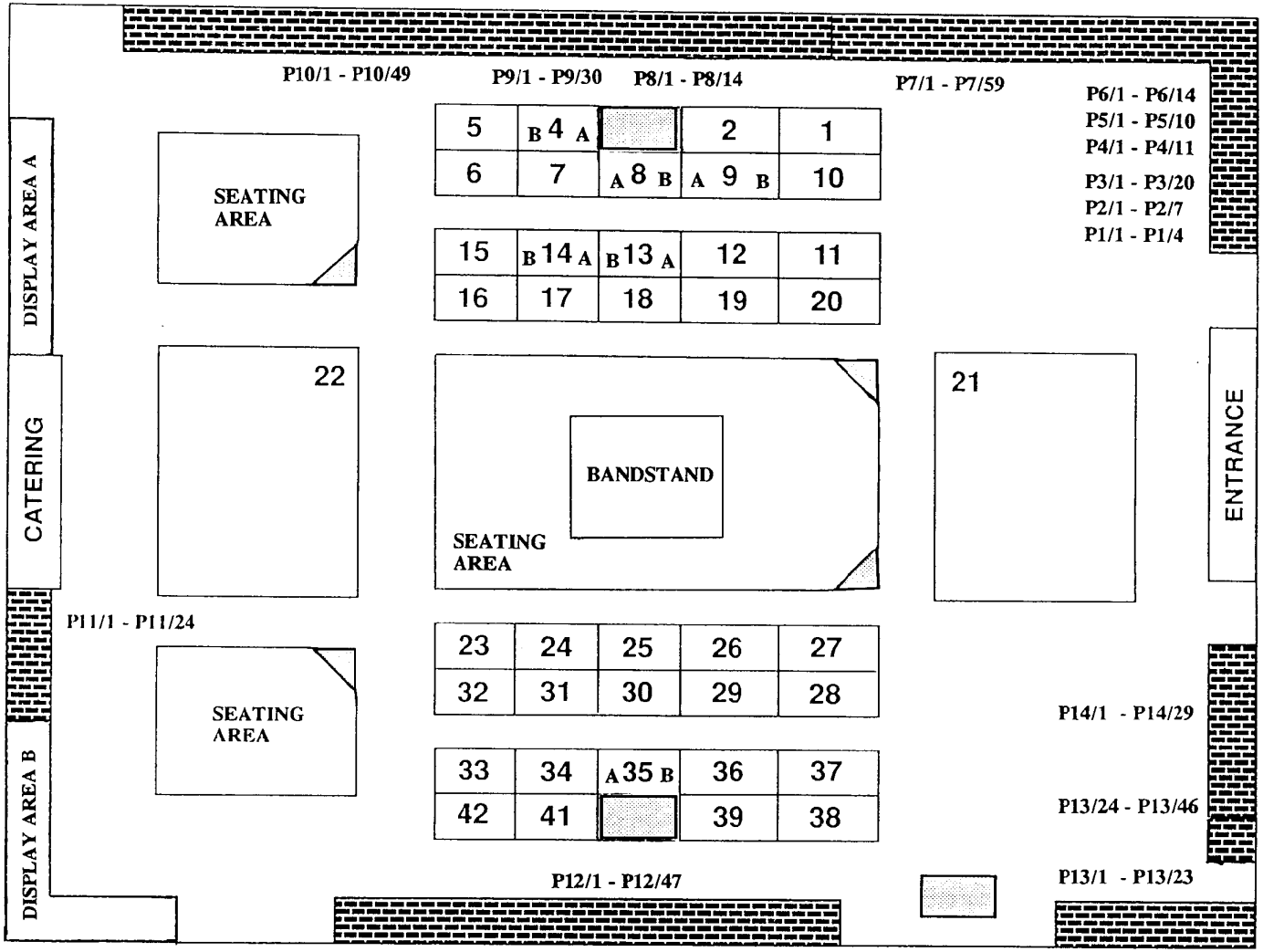
The purpose of the abstracts is to give you a chance of deciding on those posters that you particularly want to see and those authors that you particularly want to meet and talk with and those sessions that you will want to attend.

We owe a debt of gratitude to Marion Merrell Dow who sponsored the production of this abstract book, and to the workers from the Epilepsy Association of Scotland and the West of Scotland Epilepsy Research Group who helped to assemble the abstracts together.

May I take this opportunity of wishing you a happy and rewarding stay in Glasgow and hope that you will experience something of the rich variety of culture, hospitality and language that can be found within our Islands, as well as an entertaining and educational conference.

TIM BETTS
Chairman, Programme Committee, Epilepsy Europe 1992

Scottish Exhibition and Conference Centre, Hall 3



EPILEPSY EUROPE 1992 EXHIBITION FLOOR PLAN

HOW TO USE THE ABSTRACT BOOK

The Abstract Book is divided into three sections :
Sessions / Posters / Videos

There is a presenters' index at the back of the Abstract Book indicating the reference number of the paper being presented.

ABSTRACT INDEXING

All abstract numbers are preceeded by a letter as follows :

S - indicates a oral session

P - indicates a poster session

V - indicates a video session

ORAL SESSION NUMBERING

S1/1 = The first conference session and the first presentation.
SY1/1 = The first Youth Satellite oral session and presentation.
SL1/1 = The International League Against Epilepsy Session and first presentation.

POSTER SESSION NUMBERING

P2/3 = Poster Topic Group 2 - "Miscellaneous" and Poster Number 3 in that Group.

POSTER TOPIC GROUPS

Posters are grouped by topic in the abstract book, the programme and the poster areas in Hall 3.

1 - Youth
2 - Miscellaneous
3 - Basic Mechanisms of Epileptogenesis
4 - Mental & Associated Handicaps
5 - Disability & Rehabilitation
6 - Women with Epilepsy
7 - New Anti-epileptic Drugs
8 - Epilepsy Surgery
9 - Childhood Epilepsy
10 - Investigation of Epilepsy
11 - Non-pharmacological Treatment
12 - Quality of Life
13 - Medical Management
14 - Behaviour & Cognition

VIDEO SESSION NUMBERING

V4 = Video number 4 in the main video programme and abstract book.

Please note:

Not all presentations have corresponding abstracts.

P7/45 DOUBLE BLIND PARALLEL COMPARISON OF TOPIRAMATE WITH PLACEBO IN PATIENTS WITH REFRACTORY PARTIAL EPILEPSY

MK Sharief, JWA Sander, PN Patsalos and SD Shorvon,Epilepsy Research Group, National Hospital-Chalfont Centre for Epilepsy, Gerrards Cross, Bucks, England

Topiramate is a novel compound that has effective antiepileptic properties in animal models and a good safety profile after oral administration. This study evaluated the efficacy and safety of oral topiramate 400 mg or 400mg daily as add-on therapy in patients with partial epilepsy. A total of 25 adult patients (24 males, mean age +/- SD=34.7+/-9.1 years) with refractory partial epilepsy were included. They had at least 8 seizures in a baseline period of 8 weeks with a longest seizure-free interval of less than 3 weeks. Patients were randomized either to placebo or topiramate, which were titrated by weekly increments up to the assigned dose, using a BD regimen, in addition to the patients' existing therapy of one or two antiepileptics. Dose titration was followed by 8 weeks stabilisation period on the same regimen. Of the 20 patients who successfully completed the study, 9 were treated with topiramate and showed a significant reduction in median seizure frequency per 2-month period ($p>0.05$). There was a median decrease in partial seizures of 40% on the active drug ($p<0.01$), with 2 of the 9 patients experienceing >70% reduction and another 2 experiencing 60-70% reduction. Mean seizure-free interval in 4 patients increased from 6+/-0.5 days to 47+/-10 days after the initiation of topiramate therapy. Mild weight loss was observed in 3 patients, 2 patients developed mood changes, and mild tremor was detected in one patient. Adjuvant topiramate may improve the control of parial seizures in patients with refractory epilepsy. Long-term studies are required to evaluate the safety and efficacy of oral topiramate in these patients.

P7/46 A PILOT STUDY OF THE EFFICACY AND TOLERABILITY OF L059 IN PATIENTS WITH REFRACTORY EPILEPSY

P Singh, MK Sharief, JWA Sander, PN Patsalos, and SD Shorvon, Epilepsy Research Group, The National Hospital-Chalfont Centre for Epilepsy, Gerrards Cross, Bucks, England

A new potential antiepileptic drug L059, which is the (S) enantiomer of piracetam, has a potent antiepileptic activity in a wide range of animal models with no sign of diminished activity after chronic administration. This single blind, add-on, rising dose pilot study evaluated the efficacy and tolerability of L059 in patients with refractory epilepsy. Seventeen adult male patients (mean age =/- SD=42.4+/-9.8 years) with refractory epilepsy who were receiving up to three antiepileptic drugs, were included in this study. The study began with a 4-week observation period on placebo followed by a 16-week active treatment period, which started with 500 mg/day of L059 and subsequent increments of 500mg/day every 4 weeks up to a total dose of 2000 mg/day. Three patients withdrew due to increase in seizures or intolerable side effects (diplopia or behavioural changes). Of the 14 patients who successfully completed the study, three experienced 80-100% reduction in seizures, two achieved 50-79% reduction, and another two patients achieved 30-49% reduction. Median seizure frequency per month was relatively similar with 1000mg and 2000mg daily. Relevant side effect included drowsiness (5 patients), cognitive or mood changes (3 patients), and headache (2 patients). Four patients are still on the drug after 13 months of treatment (2000mg daily) with no loss efficacy. These results suggest that oral L059 may have antiepileptic activity in patients with intractable epilepsy. Double-blind, controlled, and long-term studies are required to evaluate the efficacy and safety of this drug.

P7/47 LONG-TERM TREATMENT WITH TOPIRAMATE IN REFRACTORY PARTIAL EPILEPSY A TWO-YEAR FOLLOW-UP STUDY

M K Sharief, JWA Sander and SD Shorvon, Epilepsy Research Group, Institute of Neurology and The National Hospital-Chalfont Centre for Epilepsy, Gerrards Cross Bucks, England

Topiramate is a novel compound that blocks seizure spread in the maximal electroshock seizure in animals and, therefore, may be effective in partial epilepsy. This open study evaluated the safety and efficacy or oral topiramate as add-on therapy with refractory partial epilepsy. A total of 18 patients (17 males, mean age 34.9 +/- 9.2 years) who were treated with placebo or topiramate in a previous double blind trial were included. All had at least 4 seizures per month, with a median seizure-free interval of 6 days. On study entry patients were titrated up to their maximum effective or maximum tolerated dose of topiramate without alteration of their concomitant one or two antiepileptics. Thirteen patients (78%) responded to topiramate and are still on a mean dose of 500mg/day (administered on a BD regimen). Five patients withdrew due to lack of therapeutic effect or increase in seizures (3 patients), mood changes (1 patient), or detection of a renal calculus (1 patient). Median seizure days were significantly reduced with topiramate ($p<0.01$). Four patients achieved >70% reduction of seizures, and 6 patients experienced 50-70% reduction. There was no significant loss of efficacy with continued treatment. Side effects, which were usually mild and reversible, included diarrhoea (3 patients), dizziness/ataxia (4 patients), and cognitive or mood changes (3 patients). No long-term side effects have been detected. Topiramate seems to be a valuable new drug for the treatment of refractory partial epilepsy. Longer follow-up studies are required to thoroughly evaluate the efficacy and safety of this drug in patients with epilepsy.

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DOCKET ALARM

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