

JME treatment

Peter Camfield

Carol Camfield





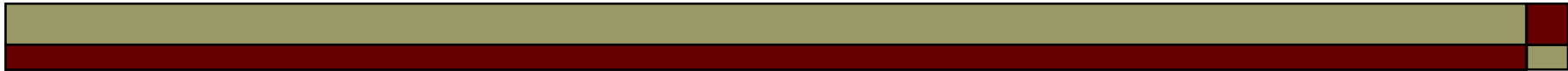
Presentation

- A 14 year old, intellectually normal girl presents with her “first” seizure. She is found convulsing in the bathroom at 7:00 AM by her parents. The seizure seems generalized, lasts about 3 minutes and she has no memory of the event. One hour later she has recovered and physical and neurological examinations are normal.
- What are the key historical questions at this point?

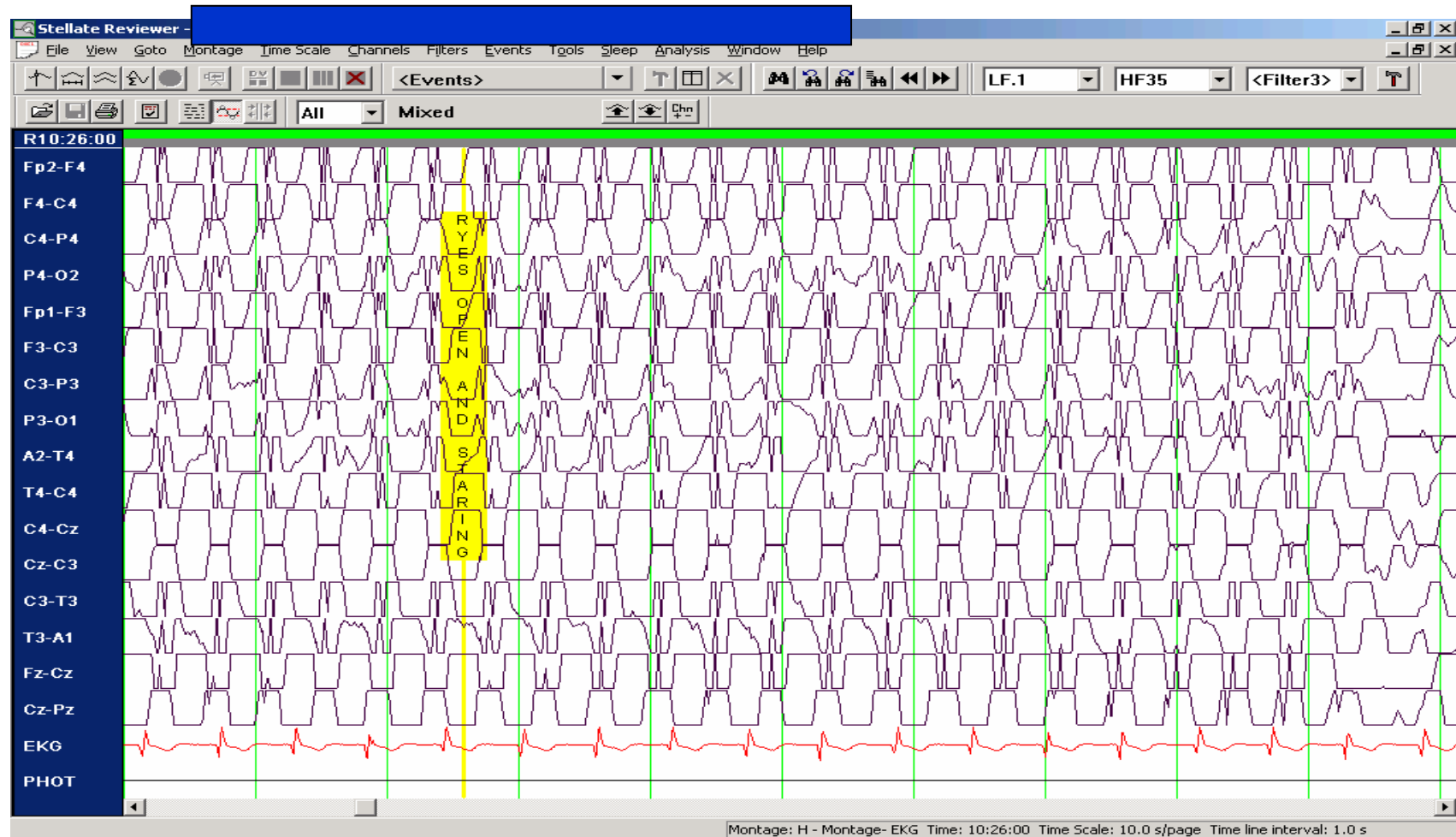


Critical bits of history

- Two weeks ago she awoke in the morning with stiff muscles and a bite on the side of her tongue.
- She has a history of “twitches” that are dismissed as “nerves”
- She has a history of brief intrusive staring spells
- Video
- Her EEG will show?



Absence, bursts of fast spike-wave and photosensitive spike-wave





She has GTC, Absence and Myoclonus
The diagnosis is?

- ❑ Lennox Gastaut syndrome
- ❑ Tourette disorder
- ❑ Myoclonic astatic epilepsy
- ❑ A progressive myoclonic epilepsy
- ❑ Juvenile Absence Epilepsy
- ❑ Idiopathic Photosensitive Epilepsy
- ❑ Juvenile Myoclonic Epilepsy JME



Are lifestyle alterations needed?

- ❑ Bath tub versus shower, tap style
- ❑ Alcohol – is there really any evidence? How about marihuana?
- ❑ Sleep – how can anyone guarantee a good night's sleep?
- ❑ Television/Computer screens, Strobe lights
- ❑ Driving



What is the best, first AED for this life long disorder?

- Carbamazepine
- Valproic Acid
- Lamotrigine
- Levetiracetam
- Topiramate
- Clobazam



A difficult choice (no RCTs)

- ❑ Carbamazepine – not a good idea
- ❑ Valproic acid – best efficacy but: weight gain, PCO, effect on fetus
- ❑ Lamotrigine – medium efficacy but: slow introduction, variation during menstrual cycle
- ❑ Levetiracetam – unclear efficacy, behaviour/mood
- ❑ Topiramate – unclear efficacy, cognition
- ❑ Clobazam – no data but might be OK



What do we do?

- Usually VPA at this age unless overweight