

# About This CME Activity

## RATIONALE AND PURPOSE

Revised disease definitions, novel imaging techniques, an assortment of newer medications with unique mechanisms of action, important insights into the similarities and differences among separate patient populations—all of them characterize the renaissance in our knowledge of epilepsy and its management over the past few years.

This issue of *The Neurology Report* reviews changes in our understanding, diagnosis, and management of seizure disorders presented at the 68<sup>th</sup> Annual Meeting of the American Epilepsy Society (AES), held December 5–9, 2014, in Seattle, Washington. The authors of this report review recent findings on alterations in brain physiology and function associated with seizure activity, the classification and clinical features of generalized epilepsies, and the specific features of epileptic episodes revealed by advances in imaging technologies. Their articles explore current best medical and surgical practices intended to diminish seizure activity in patients with generalized epilepsies as well as partial-onset seizures.

In particular, the authors review the advantages and disadvantages of novel antiepileptic drugs (AEDs) approved by the US Food and Drug Administration (FDA) in recent years, including clobazam, eslicarbazepine acetate, ezogabine, lacosamide, perampanel, rufinamide, stiripentol, and vigabatrin, and summarize the latest research on the safety and efficacy of the most recently approved AED, perampanel, in different patient populations. The reports also stress the potential adverse events and drug interactions of AEDs that can influence drug selection for particular patients.

The articles in this issue, written from the academic perspective of physicians-in-training at leading medical institutions, summarize the import of these new findings and place them into clinical context. This activity has been developed and approved by a planning committee of nationally recognized thought leaders to meet a perceived educational need to provide neurologists, neurosurgeons, and other physicians with diagnostic and therapeutic strategies to help them perform their medical roles.

## LEARNING OBJECTIVES

After studying this issue of *The Neurology Report*, participants in this educational activity should be able to:


- Explain the importance of the default mode network and changes in functional connectivity associated with epilepsy.
- Review the definition, classification, management, and prognosis of generalized epilepsies.
- Describe the pharmacology, therapeutic indications, adverse reactions, and drug interactions of more recently approved and lesser-known AEDs.
- Summarize the outcomes of recent studies of perampanel in various patient populations.
- Discuss the potential hazards of drug therapy, treatment of status epilepticus, use of neuromodulation devices, evaluation of patients for epilepsy surgery, and prescription of complementary and alternative therapies.

## TARGET AUDIENCE

Neurologists, neurosurgeons, and other physicians significantly involved

in the management of patients with epilepsy should find participation in this educational activity valuable.

## ACCREDITATION AND CREDIT DESIGNATION

 This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Cincinnati and Direct One Communications, Inc. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

The University of Cincinnati designates this Enduring Material Activity for a maximum of 2.5 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## CREDIT AVAILABILITY

Activity release date: March 9, 2015  
Expiration date: March 10, 2016

## METHOD OF PARTICIPATION

This Enduring Material Activity is available in print and online at [www.NeurologyReport.com](http://www.NeurologyReport.com) and consists of an introduction, five articles, a postactivity assessment, and an evaluation. Estimated time to complete the activity is 2.5 hours.

To receive credit, participants must read the CME information on these two pages, including the learning objectives and disclosure statements, as well as the full content of this monograph, and then complete the post test and evaluation form online at [www.NeurologyReport.com](http://www.NeurologyReport.com). Upon successful completion of the post test (80% correct) and evaluation form, a CME certificate of participation will be

## About This CME Activity

awarded automatically. The certificate may be printed directly from the Web site or e-mailed and printed later.

There are no fees for participating in or receiving credit for this activity.

### CME REVIEWER

Rick Ricer, MD  
Adjunct Professor of Family Medicine  
University of Cincinnati  
Cincinnati, Ohio

### CME ACCREDITATION

Susan P. Tyler, MEd, CMP, CCMEP  
Director, Continuing Medical Education  
University of Cincinnati  
Cincinnati, Ohio

### FACULTY DISCLOSURES

All faculty members (or anyone else in a position to control content, such as activity planners) are required to complete a Disclosure of Commercial Interest and Resolution form and to cooperate with identified methods for resolving conflict of interest prior to participating in the activity. The University of Cincinnati requires disclosure to the learners of all relevant financial relationships and adheres strictly to the ACCME Standards for Commercial Support.

**Alison M. Pack, MD, MPH**, is Associate Professor of Neurology at Columbia University Medical Center, New York, New York. She has received research funding from Bayer Pharmaceuticals.

**Ambica M. Tumkur, MD**, a Clinical Neurophysiology Fellow in the Department of Neurology, Emory University School of Medicine, Atlanta, Georgia, has nothing to disclose.

**Elizabeth A. Felton, MD, PhD**, an Epilepsy Fellow in the Department of Neurology, The Johns Hopkins Hospital, Baltimore, Maryland, has nothing to disclose.

**Madhu Jasti, MD**, a Clinical Neurophysiology Fellow at the University of Alabama at Birmingham

School of Medicine, Birmingham, Alabama, has nothing to disclose.

**Michelle Bell, MD**, a Clinical Fellow in Clinical Neurophysiology (Epilepsy) at The Neurological Institute of New York, Columbia University Medical Center, New York, New York, has nothing to disclose.

**Pawan V. Rawal, MD, MHA**, a Clinical Neurophysiology Fellow (Epilepsy Track) at Vanderbilt University School of Medicine, Nashville, Tennessee, has nothing to disclose.

**Rick Ricer, MD**, has nothing to disclose.

**Susan P. Tyler, MEd, CMP, CCMEP**, has nothing to disclose.

**Jacqueline Keenan and Edwin Geffner** of Direct One Communications, Inc., have nothing to disclose.

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### DISCLOSURE OF UNAPPROVED/OFF-LABEL USE

Discussions concerning drugs, dosages, devices, and procedures may reflect the clinical experience of the planning committee or faculty, may be derived from the professional literature or other sources, or may suggest uses that are investigational and not approved labeling or indications.

In this issue of *The Neurology Report*, Dr. Felton reviews the off-label use of lamotrigine and vagal-nerve stimulation in patients with absence epilepsy, of oral prednisolone for infantile spasms, and of several AEDs for treating juvenile myoclonic epilepsy; Dr. Jasti discusses the unapproved use of stiripentol in infants with Dravet syndrome, of lacosamide in children with Lennox-Gastaut syndrome, and of clobazam for treating Dravet syndrome; and Dr. Bell describes the investigational use of perampanel in patients with generalized seizures. Finally, Dr. Rawal discusses the potential utility of levetiracetam, lacosamide, midazolam, pentobarbital, and propofol in treating status epilepticus, none of which has been approved for this indication.

### CONTACT INFORMATION

We would like to hear your comments regarding this or other educational activities produced by Direct One Communications, Inc. In addition, suggestions for future activities are welcome. Contact us at:

Direct One Communications, Inc.  
1424 Ridge Road  
Syosset, NY 11791  
Phone: 516-364-1020  
Fax: 516-364-4217  
Website: [www.CMEdirect.net](http://www.CMEdirect.net)