Efficacy and safety of eslicarbazepine acetate as add-on treatment in patients with focal-onset seizures

Dubium sapientiae initium
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<u>Objectives:</u> Eslicarbazepine acetate (ESL) is a once-daily antiepileptic drug (AED) that was approved as adjunctive therapy in adults with refractory partial-onset seizures, with or without secondary generalization. We wished to assess the efficacy and safety of ESL added to stable antiepileptic therapy (AED) in patients with focal epilepsy.

Materials and methods: ESL was introduced as addon treatment in 34 consecutive patients (18 women, 18 – 70 years, mean (SD): 36.8 (5.1) years) with uncontrolled focal seizures. The follow-up ranged from 6 to 27 months. Efficacy, as measured by responder rates (>50% reduction in seizure frequency), exit rates, and adverse effects (AE), was analyzed.

Results: All patients were taking at least one AED (range: 1-3) when starting on ESL. The median dose of ESL was 1200 mg (range: 800-1600 mg). Twentyfour/27 (70,58%) patients were classified as responders, and 15 of these 24 (62,5%) patients experienced sustained seizure freedom. About onethird of patients complained side effects, and the most common were drowsiness, dizziness, and headache. AEs occurred mainly during the first weeks of treatment, they were transitory and usually of mild or moderate severity. Three/34 (8,82%) patients withdrew ESL during the study period, because of inadequate seizure control, while one of them withdrawing due to intolerable adverse effects. Exit rates for ESL were much lower than the historical control threshold, irrespective of baseline AED use, with no additional safety concerns identified.

Responder Rate 70,58%!!	
	 Seizures-free Seizure frequency reduction > 50% Non-responders

Fig.2 Percentages of patients achieving seizure freedom, a > 50% redaction in seizure frequency or a non-responder status

Sex (M/F)	16/18
Age (years): mean (SD); range	36.8 (5.1); 18 – 70
Age at seizure onset (years): mean (SD)	18.1 +/- 11.9
Months of follow-up: median (min-max)	18.0 (6-27)
Etiology (cryptogenic/symptomatic)	22/12
N. of concomitant AEDs (%)	1 AED: 15 pts (44.1%); 2 AEDs: 14 pts (41.2%); 3 or more AEDs: 5 pts (9.52%).
Median ESL daily dose - range	1200 mg 800- 1600 mg

Fig.1 Demographic and clinical characteristics of the sample.

AE	(%)
Dizziness	31.2
Somnolence	18.6
Headache	11.8
Diplopia	5.6
Abnormal coordination	6.1
Blurred vision	3.9

Fig.3: Treatment-emerging adverse events (AEs).

<u>Discussion and conclusion:</u> Our results show that adjunctive therapy with ESL is well tolerated and can achieve clinically meaningful improvement in patients with focal epilepsy.

References

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