Eslicarbazepine acetate in partial-onset seizures
A time-based analysis

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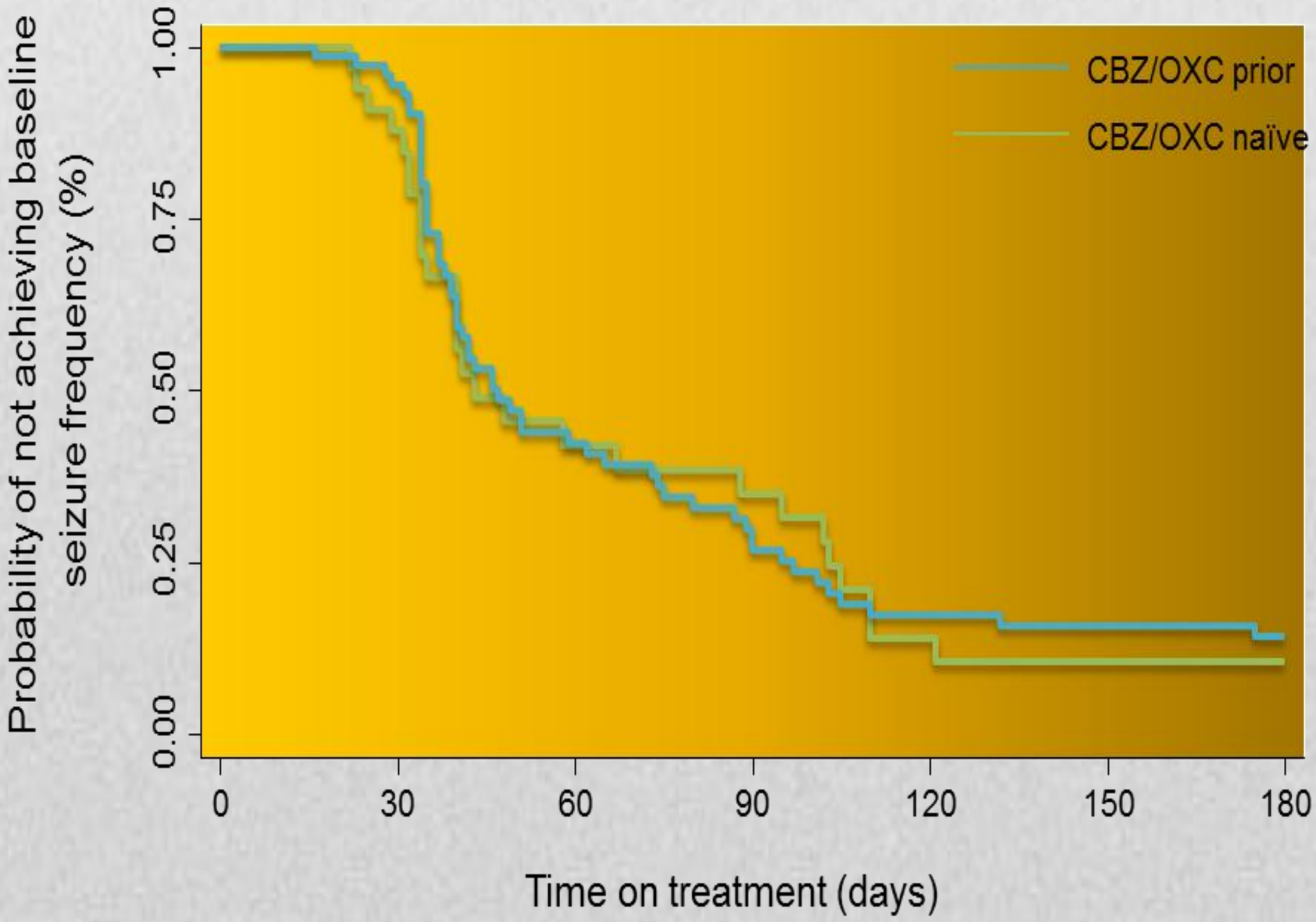
Aim: The study aim was to evaluate the clinical response to eslicarbazepine acetate (ESL) as add-on therapy in adult patients with partial-onset seizures through a time-based approach.[1,2]

Materials and methods: Consecutive patients presenting with partial onset seizures, with or without secondary generalization, prescribed to add-on ESL were identified. Seizure occurrence, treatment compliance and drug toxicity were assessed at baseline and every follow-up visits. The time-to-baseline monthly seizure count was the main study outcome. The rate of treatment-related adverse events (AEs) was the secondary endpoint.

Independent Variable	Multivariate Analysis HR (95% CI)
Type of epilepsy	1.09 (0.73-1.63)
Type of seizure	0.88 (0.53-1.47)
Duration of epilepsy	1.00 (0.99-1.02)
Concomitant AEDs	
One	-
Two	2.22 (1.18-4.14)
Three or more	3.65 (1.66-8.06)
Baseline seizure count	0.99 (0.98-1.01)



Results: The median time-to-baseline monthly seizure count was 46 (35-101) days in the overall study cohort. The number of concomitant antiepileptic drugs was inversely related to the time-to-endpoint.

There were no differences in the main study outcome according to *prior* versus *never* exposure to CBZ/OXC.

AEs occurred in 53.4% of patients; the most frequently reported were dizziness (13.6%),somnolence (11.9%), nausea (6.8%) and fatigue (5.1%).

Conclusions

Add-on ESL was effective and overall well tolerated in adults patients with partial onset seizures.

References

1. Zelano J, Ben-Menachem E. Eslicarbazepine acetate for the treatment of partial epilepsy. Expert Opin Pharmacother. 2016;17:1165-1169.
2. Hebeisen S, Pires N, Loureiro AI, et al. Eslicarbazepine and the enhancement of slow inactivation of voltage-gated sodium channels: a comparison with carbamazepine, oxcarbazepine and lacosamide. Neuropharmacology 2015;89:122-135.