NEUROPROTECTION - DO AEDS PROTECT THE BRAIN? (NO)

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For clinical purposes the multifaceted term neuroprotection should be understood as preservation of cerebral functions. Stroke, multiple sclerosis, neurodegenerative diseases and epilepsies could profit from neuroprotection.

Numerous animal experiments with a wide range of substances including AEDs have demonstrated neuroprotective effects (for review see Stepien et al., 2005). Clinical trials with these drugs have been characterized by subsequent failures (Calabresi et al., 2003; Cheng et al., 2004; O'Collins et al., 2006; Willmore, 2005). These disappointing results led to the question, if it is time to definitely abandon neuroprotection from the clinical armamentarium (Sacchetti, 2008).

Since stroke and seizure-induced neuronal injury share some pathophysiological mechanisms, AEDs should play a distinct role as neuroprotective drugs. AEDs are developed to suppress epileptic seizures. AEDs are not successful in preventing the development of epilepsies in people at risk (Temkin, 2001), they are not antiepileptogenic (Schachter, 2002; Walker et al., 2002), and do not cure established epilepsies. They represent a strictly symptomatic treatment of seizures. The proven antiseizure activity per se can act disease modifying. The complex development of temporal lobe epilepsies with initial lesion, quiescent period, second hit, recurrent epileptic seizures and progressive intractability has extensively studied by the group of Pitkänen in animal models of status epilepticus (Pitkänen and Kubova, 2004). Like in stroke experiments positive results could not be translated from bench to beside.

Where is the evidence that animal research benefits humans? (Pound et al., 2004). Methodological problems in experiments might be responsible for failures (Crossley et al., 2008). However, the question also arises, if we are doing the right thing with clinical trials, especially with timing and dosing.

In summary, with AEDs no neuroprotective abilities besides seizure suppression have reached clinical significance. On the contrary, AEDs can be harmful to the brain, at least for cognitive functions.

Calabresi, P, Cupini, L.M, Centonze, D, Pisani, F, Bernardi, G: Antiepileptic drugs as a possible neuroprotective strategy in brain ischemia. Ann Neurol 2003;53:693-702

Chen, Y.D., Al-Khoury, L., Zivin, J.A: Neuroprotection for ischemic stroke: Two decades of success and failure. NeuroRx 2004;1:36-35 Crossley, N.A, Sena, E, Goehler, J, Horn, J, van der Worp, B, Bath, PMW, Macleod, M, Dirnagl, U: Empirical evidence of bias in the design of experimental stroke studies. A metaepidemiological approach. Stroke 2008;39:929-934

O'Collins, V.E, Sci, B, Macleod, M.R, Donnan, G.A, Horky, L.L, van der Worp, B.H, Howells, D.W: 1,026 experimental treatments in acute stroke. Ann Neurol 2006;59:467-477

Pitkänen,A, Kubova,H: Antiepileptic drugs in neuroprotection. Expert Opin Pharmacother 2004;5:777-798

Pound,P, Ebrahim,S, Sandercock,P, Bracken,M.B, Roberts,I: Where is the evidence that animal research benefits humans? BMJ 2004;328:514-517

Sacchetti, M.L: Is it time to definitely abandon neuroprotection in acute ischemic stroke? Stroke 2008;39:1659-1660

Schachter, StC: Drug-mediated antiepileptogenesis in humans. Neurology 2002;59(suppl 5):S34-S35

Stepien,K, Tomaszewski,M, Czuczwar,St J. Profile of anticonvulsant activity and neuroprotective effects of novel and potential antiepileptic drugs - an update. Pharmacol Rep 2005;57:719-733

Temkin, N.R: Antiepileptogenesis and seizure prevention trials with antiepileptic drugs: Meta-analysis of controlled trials. Epilepsia 2001;42:515-524

Walker.M.C, White,H.S, Sander,J.W.A.S: Disease modification in partial epilepsy. Brain 2002;125:1937-1950

Willmore, L.J: Antiepileptic drugs and neuroprotection: Current status and future roles. Epilepsy & Behavior 2005;7:S25-S28

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