

A 50% REDUCTION IN SEIZURE FREQUENCY IS A USEFUL MEASURE TO ASSESS TREATMENT RESPONSE IN EPILEPSY: NO

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The goal of epilepsy treatment is achieving complete seizure remission without adverse events. There are various outcome measures including percent seizure reduction, responder rate, and time to first seizure, adverse events, retention rates, and assessment of QOL. Approval of new antiepileptic drugs was usually accomplished by add-on trials in patients with refractory partial seizures with 50% responder rate. 50% responder rate evaluation is widely accepted including European authorities. Other advantages are short-term observation period and available comparative historic data. However, it is not the true objective of treatment. It does not reflect diverse outcomes of antiepileptic drugs nor practical clinical setting. Other important goals of treatment such as functional or QOL improvements are not considered in this measure. QOL improvement occurred primarily among patients who achieved complete seizure freedom. 50% seizure reduction will leave most patients unable to maintain daily activities. The treatment goal should be relevant to the real world setting and include comprehensive measures of efficacy, tolerability, and quality of life (QOL) with reliable and valid assessment tools. Although 50% responder rate is not useless, because too high barrier to the development of new AED would be problematic, "50% responder rate" is insufficient to reflect many aspects of epilepsy. We need more comprehensive tool to evaluate the real effectiveness of AEDs