

CAN WE SHORTEN RECORDING TIME OF STANDARD AND SLEEP-DEPRIVED EEGS?

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Background: The interictal EEG has an important role in the classification and treatment of epilepsy. In busy EEG laboratories, valuable resources are used in order to comply with current recommendations regarding the length of EEG recordings.

Purpose: To examine the time to first interictal epileptiform discharge (IED) in standard and sleep-deprived EEGs.

Methods: We retrospectively reviewed standard and sleep-deprived EEG recordings with IEDs of patients aged at least 2-month during a 2-year period. Bedside EEGs were excluded.

Results: The study group included 684 patients, 372 (54%) males, aged 0.2 to 89 years. Standard (n=316) and sleep-deprived (n=368) EEGs were performed in 245 inpatients and 439 outpatients. Most IEDs were recorded while the patients were awake (43%) or drowsy (34%). Ninety- percent of the IEDs were recorded within 18.5 minutes, earlier in standard (14.6 vs 21.3 minutes) ($p=0.024$) EEGs and in inpatients (14 vs 21.3 minutes) ($p=0.002$). Results were unaffected by age.

Conclusions: Shortening of the length of standard and sleep-deprived EEGs may be considered especially in inpatients.