

## **Can we predict with reasonable confidence which patients with idiopathic generalized epilepsy will remit?**

Yes: **Elinor Ben Menachem, Sweden**

Idiopathic generalized epilepsies (IGEs) are genetically determined forms of epilepsy. They are age specific and can start in infancy, childhood, adolescence, and even in adulthood. The age related IGE's are usually life long and comprise about 1/3 of all epilepsies. According to the ILAE the following are the major types: benign myoclonic epilepsy in infancy (BMEI), generalized epilepsies with febrile seizures plus (GEFS+), epilepsy with myoclonic-astatic seizures (EMAS), epilepsy with myoclonic absences (EMA), childhood absence epilepsy (CAE), and IGEs with variable phenotypes that include juvenile absence epilepsy (JAE), juvenile myoclonic epilepsy (JME), and epilepsy with generalized tonic-clonic seizures only (EGTCSO).

Some of these syndromes that are more common in the adolescent and adult patient are CAE, JME, JAE, and EGTCSO. In these syndromes withdrawal of AEDs can be successful in certain instances.

In CAE only without GTCs, medication can be withdrawn, most commonly after 2 years. However, newer results suggest that withdrawal after 5 or 6 years might be more reliable as GTCs can appear at 5 years. For JME, about 30% can remain seizure free after drug withdrawal. Seizure freedom can even be more successful in JAE and EGTCSO after an extended period of seizure freedom with AEDs.