CME/CPD Certificate

This is to certify that

MARTHA GUADALUPE GARCIA TORIBIO, MD

(first, last name, degree)

participated in the

XXII World Congress of Neurology

Santiago, Chile
October 31-November 5, 2015

and received 30 credits.
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MARTHA GUADALUPE GARCIA TORIBIO

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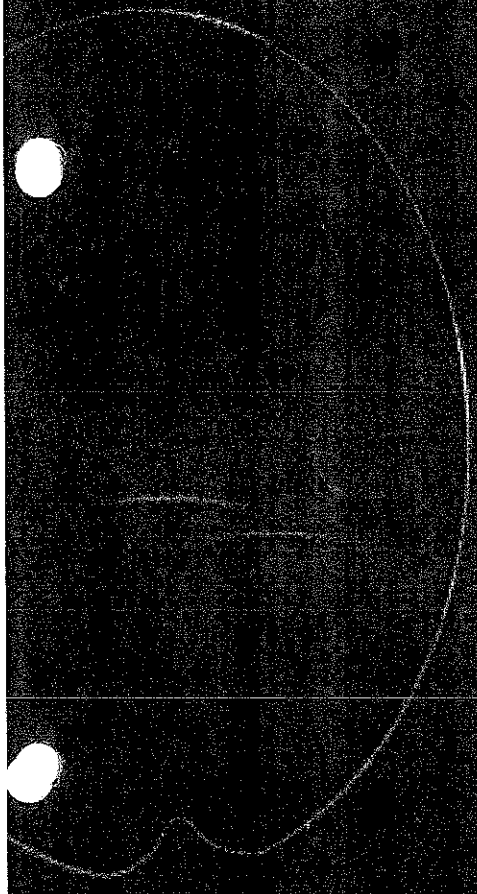

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425
WFN15-0060
Epilepsy
The knowledge, perception and attitude towards epilepsy among medical students in Uyo, Southern Nigeria

B. Ekeh, U.E. Ekrikpo. *Internal Medicine, University of Uyo Teaching Hospital, Uyo, Nigeria*

Background and aim: Epilepsy remains a stigmatized disease especially in sub Saharan Africa. Lack of information and poor knowledge and illiteracy have been blamed as the cause of the stigmatization. Epilepsy is customarily stigmatized as studies all over Africa have shown. This stems from the fact the traditional African belief views epilepsy as a spiritual disease. The resultant effect is that person with epilepsy are stigmatized and ostracized in the society. We studied the knowledge, perception and attitude towards epilepsy amongst medical students comparing the knowledge of the clinical students with that of the basic medical students.
Methodology: The participants were medical students in University of Uyo. We administered questionnaires to the participants. The questions explored the knowledge of etiology (perceived and medically proven). We also explored the beliefs on infectivity of epilepsy, treatment and knowledge of anti-epileptic medications. We also explored their attitudes and perception to persons with epilepsy.
Results: Most of the medical students do not have a good knowledge of epilepsy surprisingly. The knowledge however was much better amongst the clinical students. There is some difference in the attitudes of the clinical students as compared with the basic students.
Conclusion: There is a knowledge gap in epilepsy even amongst medical students. The students still harbor the traditional African beliefs that epilepsy is a spiritual disease. Mercifully, the knowledge is better amongst the clinical students. This is not surprising since the clinical students have had clinical exposure to epilepsy and the management.

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426
WFN15-0754
Epilepsy
The use of zonisamide as add-on therapy in refractory partial epilepsy: experience from an epilepsy referral centre in a developing country

G.B. Eow, V.L. Khoo, K. Tan, C.F. Cheah, J.Y. Hor. *Department of Neurology, Penang General Hospital, Penang, Malaysia*

Background: Newer anti-epileptic drugs (AEDs), with their improved efficacy and better side-effect profiles, may be useful armamentarium in controlling seizures in refractory epilepsy, especially as add-on therapy for partial seizures.
Objective: We investigate the effectiveness and tolerance of zonisamide, a newer-generation AED, in the treatment of refractory epilepsy.
Patients and methods: Patients with refractory partial epilepsy being followed up at the Penang General Hospital, an epilepsy referral centre in Malaysia, who were started on zonisamide were being included. Patients' medical records were reviewed for their demography, epilepsy classification, disease duration, and seizure frequency.
Results: A total of 9 patients with refractory partial epilepsy were being commenced on zonisamide. Their mean age was 34.9 years, with mean disease duration of 11 years. For epilepsy classification, 3 patients were having lesional epilepsy (mesial temporal lobe epilepsy), 4 patients were having refractory epilepsy post-CNS infection, and 2 were having cryptogenic partial epilepsy. Zonisamide was added as 3rd AED in 2 patients, as 4th AED in 6 patients, and as 5th AED in 1 patient. Seven of the 9 patients (78%) reported at least a 50% reduction in their seizure frequency after commencing zonisamide, including 1 patient who became seizure-free, after a mean duration of 10 months. None of those patients reported any side effects toward zonisamide.
Conclusion: Zonisamide is useful in reducing seizure frequency in refractory partial epilepsy, including lesional epilepsy, and thus improving patients' quality of life. This is particular useful in developing country where epilepsy surgery is not fully developed yet.

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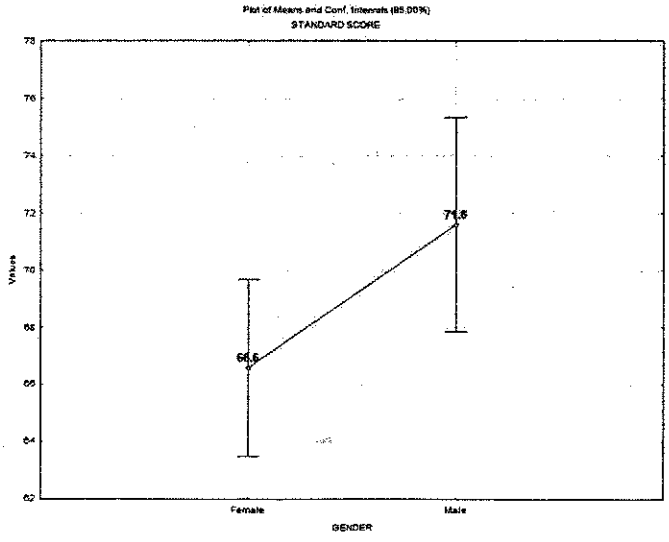
427
WFN15-1578
Epilepsy
Assess the qualitiy of life and associated factors in adults with epilepsy using quolie-10

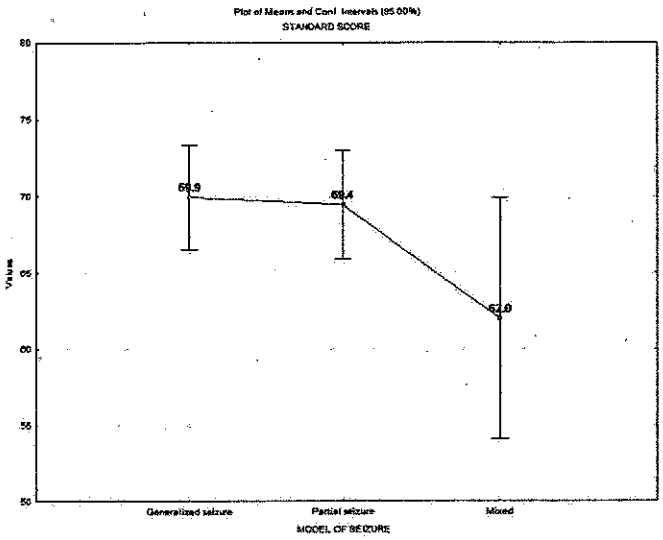
M. Garcia-Toribio[a], M. Lopez-Ruiz[a], A. Martinez-Cano[b]. [a]*Neurology, Hospital General De Mexico, Mexico City, Mexico;* [b]*Neurosurgery, Hospital General De Mexico, Mexico City, Mexico*

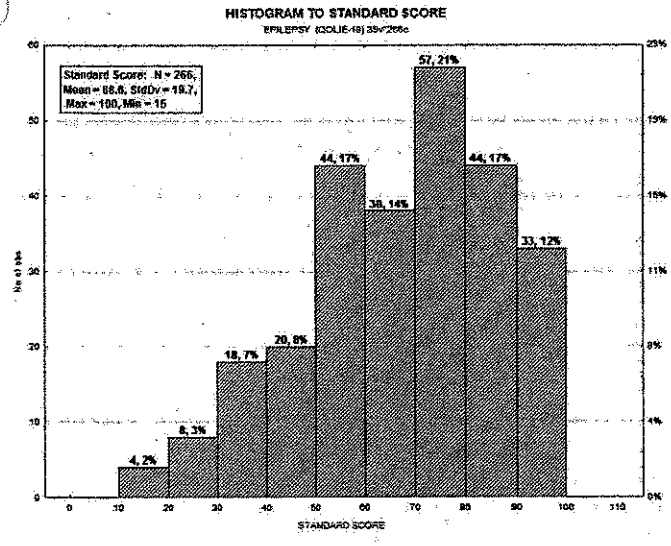
Background: It is important to assess the Quality of life (QOL) in patients with epilepsy and the factors associated such a way we could detect if the patient requires a multidisciplinary management.
Objective: To assess the QOL in patients with epilepsy and factors asociated
Patients and methods/Material and methods: Two-hundred epileptic patients, above 18 years, referred to Hospital General of Mexico were included. The patient weighted Quality Of Life In Epilepsy (QOLIE-10) was assessed. Patient's socio-demographic, disease features and treatment were also compared. A trained neurologist obtained all the information. The study was conducted to be a cross-sectional study. Statistical analysis: Statistica 8.0, Analysis of variance. CI: 95%, p: <0.05.
Results: An ANOVA showed that gender has statistical significance in QOL [(male vs female, $p < 0.04$)].

The variables occupation, education, frequency of seizures, anti-epileptic drugs, and polypharmacy were not statistically significant.

The median standard score obtained was 70.
Conclusion: Male showed higher quality of life than female group statistically significant.
I have obtained patient approval, as necessary.







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428
WFN15-0978
Epilepsy
Cerebellar stimulation induces antiepileptic substances appearance in cerebrospinal fluid

L. Godlevsky[a], T. Muratova[b], N. Kresyun[c]. [a]*Biophysics Informatics and Medical Devices, Odessa National Medical University, Odessa, Ukraine;* [b]*Neurology, Odessa National Medical University, Odessa, Ukraine;* [c]*Ophthalmology, Odessa National Medical University, Odessa, Ukraine*

Background: Activation of antiepileptic brain structures is followed by the appearance of peptides in CSF. Properties of antiepileptic factors elaborated into CSF are not properly identified.
Objective: Antiepleptic activity and characteristics of CSF fraction, which are got via HPLC of CSF after cerebellum electrical stimulation (ES).
Methods: CSF was obtained by suboccipital puncture in 15 min from the moment of cerebellar ES (100 Hz, 50-80 mcA) in male cats(3.0-3.5 kg) under ether anesthesia. Gel-filtration of CSF samples was made on Sephadex G-75 ("Pharmacia", Sweden) and a glass column 2.6 mm x 80 mm (Zorbax "Du Pont", USA), and eluted fractions have been collected. Later on fractions were adminsitered i.c.v. to Wistar rats in a dosage of 10 ng protein/ rat, and in 10 min generalized seizures were induced via picrotoxin i.p.administration (2.0 mg/kg).

ANOVA method followed by Newman – Keuls and Kruscal-Wallistest was used for statitistcs.
Results: Administration of fraction N4(10 mcl) with molecular weight approximately 14.000 Da produced increase of the picrotoxin-induced seizure latency by 40.5% when compared with control ($P < 0.05$) as well as prevented seizures of the score 2-5 ($P < 0.05$). Both DADLE i.c.v. (10 nmol) and incubation of fraction with pronase abolished antiseizure action of fraction N4. Further HPLC elution of fractionN4 revealed it heterogenity.
Conclusions: Electrical stimulation of cats' cerebellar cortex caused antiepileptic factors of peptide nature appearance in the CSF which caused suppression of generalized picrotoxin-induced seizures inrats-recipients. Antiepileptic effects were realized via activation of delta-opioid receptors.

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429
WFN15-1072
Epilepsy
Epilepsy after head injury

C. Hidalgo Cheausu, G. Forés, D. Huerta. *Instituto de Neurorehabilitación, Hospital Mutual de Seguridad, Santiago, Chile*

Background: Traumatic brain injury (TBI) is an important cause of Epilepsy. Why some patients develop seizures is currently unknown.
Objetive: Determine the incidence of Epilepsy after 8 years of TBI, and identify factors that could be associated with Posttraumatic epilepsy (PE).
Patients and methods/Material and methods: We followed, during 8 years, 134 patients with TBI who were admitted to ICU of Mutual Security Hospital, from January 2005 to December 2006.

This study was approved for scientific ethics committee of our institution.
Results: Thirteen (9.7 %) patients developed PE during 8 years of follow up. Patients who developed PE showed a Glasgow score at rescue significantly lower than patients who did not develop PE (9 v/s 12 points respectively; $p < 0,0008$). The mean of days at ICU was significantly lower for patients who did not develop PE compared with patients who developed PE (8,2 v/s 19,3 respectively;$p < 0,001$). The mean of days at mechanical ventilation was also significantly lower for patients who did not develop PE compared with patients who developed PE (10,8 v/s 2 respectively;$p < 0,00001$). A significantly higher proportion of patients who developed PE, compared with those who did not developed PE, showed Subarachnoid Hemorrhage (61,5 % v/s 23,9 %; $p < 0,004$) and cerebral edema (30,7 % v/s 9% $p < 0,018$).
Conclusion: We conclude that Glasgow at rescue, mean of days at ICU, mean of days at mechanical ventilation, cerebral edema and subarachnoid hemorrhage are factors related to Posttraumatic Epilepsy.

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