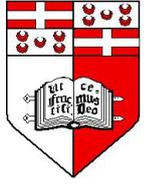




Caritas Malta
Epilepsy Association



University
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Epilepsy: a Multidisciplinary Approach

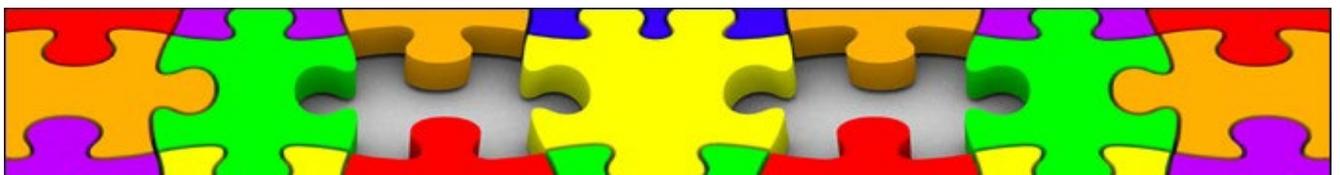
**National Conference
organised by the**

Caritas Malta Epilepsy Association

**in conjunction with
Epilepsy Society of Malta
Malta College of Family Doctors
Malta College of Pharmacy Practice
Malta Union of Midwives and Nurses
Dept of Clinical Pharmacology, University of Malta**

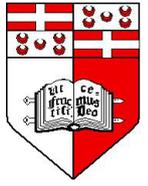
**9th February 2008
Dolmen Resort Hotel, Bugibba, Malta**

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Caritas Malta
Epilepsy Association



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Epilepsy: a Multidisciplinary Approach 9th February 2008 Dolmen Resort Hotel, Bugibba

Introduction

In Malta and Gozo, there are over 3000 persons who have been diagnosed with epilepsy. Epilepsy is often a hidden medical condition which requires several varying medical and support services, and it can greatly affect a person's social and personal life. One of the Caritas Malta Epilepsy Association's (CMEA) main aims is to make better health care facilities available to persons with epilepsy, as these are essential for an improved quality of life.

As medical services have reached a new turning point with the new facilities in Mater Dei Hospital and increased emphasis on community care, this year's national conference will discuss the multidisciplinary approach in the treatment of epilepsy.

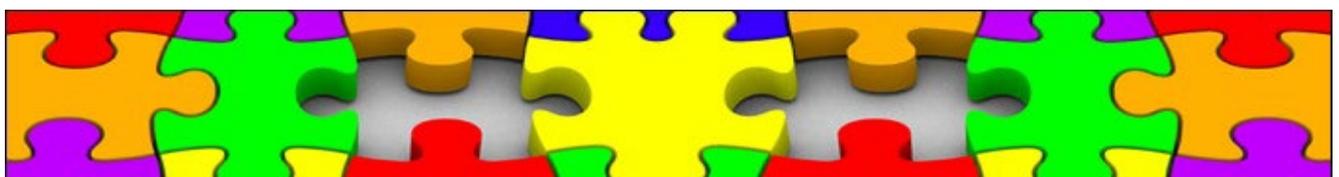
To this effect, this conference is being organised in conjunction with the Epilepsy Society of Malta; Department of Clinical Pharmacology and Therapeutics, University of Malta; Malta College of Family Doctors; Malta College of Pharmacy Practice and Malta Union of Midwives and Nurses.

We are also very glad to have two excellent keynote speakers, Professor Martin Brodie and Dr Greg Rogers, and three very interesting interactive workshop sessions, which will give the participants the chance to contribute to the discussion.

We wish you all a great conference.

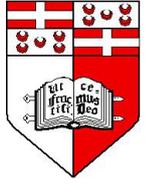
Janet Mifsud, Victoria Dimech, Mario Dimech, Frank Portelli, Jean Karl Soler, Maria Cordina
Organising Committee

This event has been accredited 6 CME points for MCFD; 2 CME points for MCPP; 5 CME points for MUMN.





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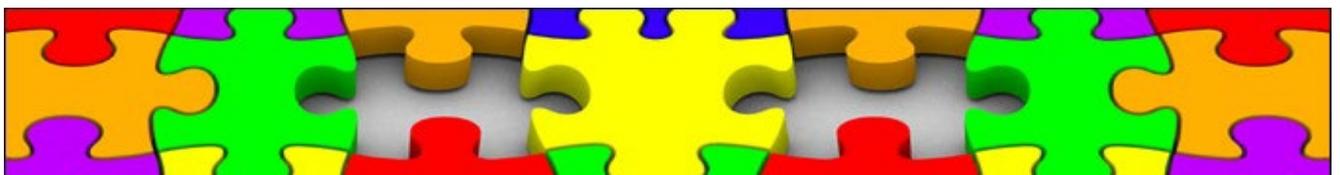


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**Epilepsy: a Multidisciplinary Approach
9th February 2008
Dolmen Resort Hotel, Bugibba**

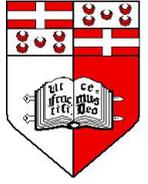
Programme

- 08.30 Registration**
- 09.00 Opening Speeches**
HE Prof Guido De Marco, President Emeritus
Mgr Victor Grech, Director, Caritas Malta
Dr Mario Grixti, President MCFD
Dr Maria Cordina, President MCPP
Mr Mario Dimech, President CMEA
- 09.30 Plenary Session**
Chair Dr Anthony Galea Debono, Consultant Neurologist
- 09.30 Matching Drugs to Patients in Epilepsy**
Prof Martin Brodie, Consultant Epileptologist, Scotland
- 10.00 Primary Care - a Sleeping Partner or an Active Member in Epilepsy**
Dr Greg Rogers, Epilepsy GP Specialist, UK
- 10.30 Coffee break**
- 11.00 Epilepsy: from childhood to adulthood**
Dr Doriette Soler. Consultant NeuroPaediatrician
- 11.20 A personal perspective**
Mr Michael Lawrence
- 11.40 Panel discussion**
- 12.30 Lunch**





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**Epilepsy: a Multidisciplinary Approach
9th February 2008
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Programme

14.00

Workshops

A

Towards Multidisciplinarity

Dr J Aquilina, Consultant Neurophysiologist
Dr G Rogers, Epilepsy GP specialist
Mr F Ripard, Nursing manager
Ms C Captur, Clinical Pharmacist
Mr M Caruana, EEG technician

B

Towards Continuity of Care

Dr N Vella, Consultant Neurologist
Prof M Brodie, Consultant Epileptologist
Mr L Sghendo, Pharmacist
Mr M Dimech, President CMEA
Mr S Fabri, EEG technician

C

Strengthening links between patient and health care professional

Dr JK Soler, GP
Dr D Soler, Consultant Neuropediatrician
Dr M Cordina, President MCPP
Mr M Lawrence,
Mr C Formosa, EEG technician

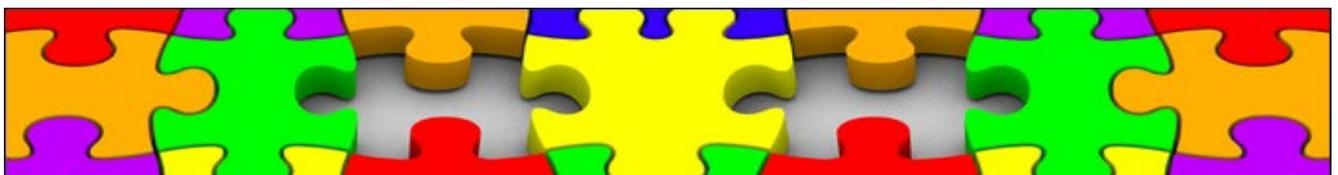
15.30

Report from workshops

16.15

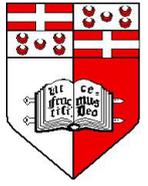
Evaluation / Closure

Dr Janet Mifsud





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Abstracts

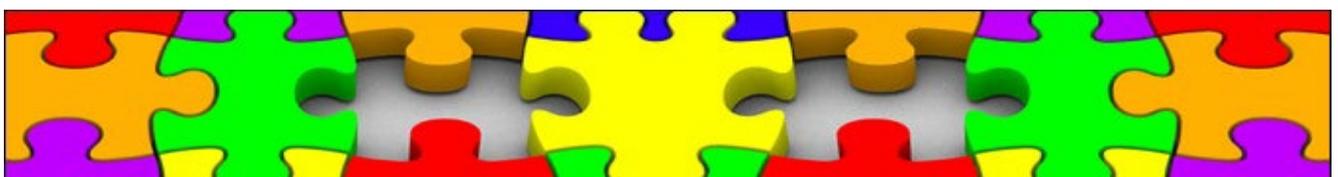
MARTIN J BRODIE

Martin Brodie is Professor of Medicine and Clinical Pharmacology at the University of Glasgow in Scotland. He directs the Epilepsy Unit at the Western Infirmary, which provides a range of services for people with seizure disorders. His research interests include antiepileptic drug neuropharmacology, the management of epilepsy, and factors affecting response to treatment. Professor Brodie is treasurer of the International League against Epilepsy. He chairs the Management Group and Scientific Advisory Board of European Concerted Action and Research in Epilepsy (EUCARE). Martin Brodie has been appointed "Ambassador for Epilepsy" on behalf of the International League against Epilepsy and the International Bureau for Epilepsy.

MATCHING DRUGS TO PATIENTS

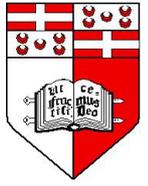
The last 15 years have witnessed the global introduction into clinical practice of 10 new antiepileptic drugs (AEDs). These, together with the established agents, offer substantial choice to doctors treating people with epilepsy. Most adolescents or adults with recent onset seizures can expect to be fully controlled with the first or second AED often at moderate or even modest dosing. Since the majority of the population will require to take prophylactic AED therapy lifelong, it is important to anticipate unacceptable side-effects and long term sequelae. The substantial choice of AEDs makes it possible to take a more holistic approach to epilepsy management. Consideration should be given to the patient's seizures and/or epilepsy syndrome, age, gender, weight, psychiatric and other co-morbidities, and concomitant medication when starting treatment. Cost is, of course, also an important issue.

An alternative AED should be substituted if the first is ineffective or poorly tolerated. If two monotherapies fail or if the first AED produces a substantial improvement, a broad spectrum agent should be added. Attempts at seizure control should be made with 2 or 3 AEDs but never more. A wide range of established and modern drugs with different mechanisms of action, pharmacokinetics, spectra of efficacy, side-effect and interaction profiles are now available. We should make an effort to choose the best monotherapy and combination regimen for each individual patient. An aggressive approach to early optimization of seizure control may prevent the subsequent development of intractable epilepsy. However, more than 30% of the epilepsy population remain pharmacoresistant to the current therapeutic armamentarium.





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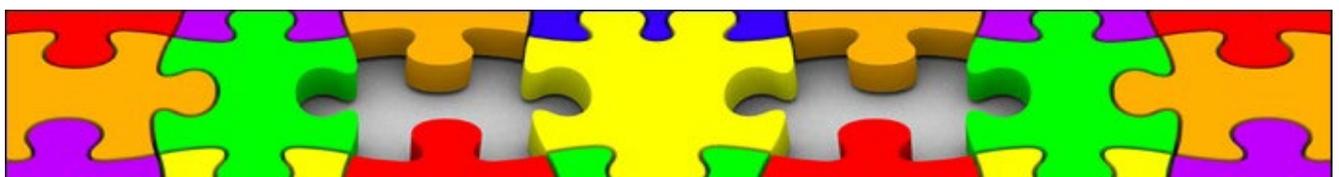
GREGORY JAMES ROGERS.

Dr Rogers was the first GP in Europe to obtain an MSc (Epileptology) from Kings College Hospital in 2001. He is presently an Ongoing PhD Research student [Epilepsy] at the Institute of Neurology, University College, London. He is scientific advisor to Epilepsy Action, Epilepsy Bereaved and DIPEX Research Group [Epilepsy] Department of Primary Care, University of Oxford. He is also an Epilepsy Lead on the Executive of the Primary Care Neurological Society

PRIMARY CARE - A SLEEPING PARTNER OR AN ACTIVE MEMBER IN EPILEPSY

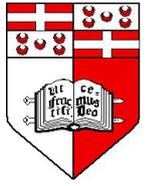
Primary care can be a varied as the clouds in the sky but to discount its place in the management of epilepsy is surely just focusing at the lowest common denominator. There are features that make Primary Care unique when compared to specialist services. Everyone has access to a Family Practitioner and disease registers enable the pro-active care of diseases. Access is easy as compared to specialist services where new to follow-up ratios are trying to be reduced.

However there is often a knowledge gap when it comes to epilepsy. The challenge is to develop ways of providing a Primary Care service for epilepsy which has the benefits of care close to the patient with ease of access but also addresses the need to ensure that competencies to manage the disease are in place. A network of specialist family doctors is one way that has been developed in the South East of England. It has been identified by the UK Government as a way forward in broadening the care of people with epilepsy and may be adaptable for the Maltese health care system.





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DORIETTE SOLER

Dr. Soler occupies the position of consultant paediatrician (Neurology & Neurodisability) at Mater Dei hospital. Her special research interests are epilepsy and movement disorders in childhood. Besides clinical work, she has been actively involved in the development of a number of services for children both within the hospital setting and within the community. Service developments have included the Child Health Surveillance programme, Special Educational Need Teams for children with learning disabilities and a number of joint specialist clinics for children with neurological disabilities. As a lecturer in Clinical Pharmacology and Therapeutics, she has supervised a number of undergraduate and postgraduate student projects. She is also involved both locally and overseas in educational campaigns and quality of life issues for persons with epilepsies. She has published widely in local and international journals and is a reviewer of a number of local and overseas scientific journals.

EPILEPSY FROM CHILDHOOD TO ADULTHOOD

There is ample scientific evidence to show that epilepsy is a complex neurological disorder with pervasive impacts on health and well-being especially during the developing years of childhood. It is clinically variable and evolutionary by nature and follows a continuous, remitting or relapsing-remitting course manifesting several differences in the way it affects children and adults. Nevertheless, its effects on cognition, learning, behaviour, social and emotional development in early childhood has been shown to have long term adverse effects on the quality of life in adulthood. This can occur whether or not the child attains remission, remains on medication and more so if suffering from catastrophic epilepsy. This, together with the changing needs at different ages, has a number of implications for clinicians and service providers. Clinicians caring for children with epilepsy are faced with three major management challenges: management of the current epilepsy status and its effect on the present level of functioning, management of the process of transition from childhood to adolescence addressing specific issues in this time of change and recognizing concerns about “human dilemma” aspects and their impact on the future quality of life as an adult. A multidisciplinary team approach to care provides the framework for a much needed comprehensive care model. Yet, attending to important health related quality of life issues in everyday clinical work would broaden the focus of care thus increasing our understanding for a condition for which there is much to offer yet still more to learn.

