CARPHOLOGY BY RAJENDRA

Many epileptologists would agree with Gowers that seizures beget seizures. But are they always right? The answer is no, according to a randomised controlled trial by Marson *et al*. They deferred treatment in patients (mostly teenagers and young adults) with early epilepsy and single seizures and found that the remission rate at five years was no different compared with those in whom treatment was started immediately. Immediate treatment did increase time to first and second seizure and resulted in an earlier two year remission but there was no difference between the two groups at five years.
Lancet 2005; 365; 2007–13

Black patients with first ever stroke are more likely to survive than white patients, finds a population based stroke register in South London. The researchers looked at over 2000 patients with first stroke, but noted that those aged over 65 and those with a prior Barthel score less than 15 were exceptions to this finding. As expected, current smoking, untreated atrial fibrillation, treated and untreated diabetes were all associated with reduced survival.
BMJ 2005 July 29; [Epub ahead of print]

A large population based cohort study in Denmark finds an increased risk of schizophrenia and schizophrenia-like psychosis in people with a history of epilepsy. The effect was the same in men and in women and increased with age, and the increased risk for schizophrenia did not differ by type of epilepsy. The authors say that the two conditions may share common genetic or environmental causes.
BMJ 2005; 331 : 23

A systematic review confirms what most already believe: that antidepressants are effective for a variety of neuropathic pains. Unsurprisingly, the best evidence available is for amitriptyline while the data are limited for the effectiveness of SSRIs. The Cochrane review looked at 50 trials of 19 antidepressants with a total of 2515 patients. Interestingly, evidence suggests that tricyclic antidepressants are not effective in HIV related neuropathies.
Cochrane Database Syst Rev 2005; (3):CD005454.

The evaluation of hypertensive retinopathy is subject to large variability between observers, especially of microvascular changes. This substantially limits the value of fundoscopy in the management of hypertension according to a systematic review. The review included studies that assessed hypertensive retinopathy with blinding for blood pressure and vascular risk factors. It looked at 111 reports with possible data on the association between hypertensive retinopathy and blood pressure, hypertensive organ damage, and vascular risk. Associations between retinal microvascular changes and vascular risk were inconsistent except for retinopathy and stroke.
BMJ 2005; 331 : 73

Some patients with treatment resistant epilepsy have pyridoxine dependent epilepsy, which is not easy to diagnose. Austrian paediatricians have described pipecolic acid elevations in the plasma and cerebrospinal fluid in six patients with the deficiency. Pipecolic acid levels in plasma were about 4 to15 times higher compared to the normal range and remained mildly elevated while on pyridoxine. Levels were more markedly elevated in the cerebrospinal fluid and exceeded plasma levels by a factor of 2.2–4.8. According to the authors, the finding in the cerebrospinal fluid discriminates pyridoxine-dependent epilepsy from other possible causes of elevated pipecolic acid and they recommend estimating its level in patients with therapy resistant seizures.
Neuropaediatrics 2005; 36 : 200–5.

A multicentre, randomised controlled trial finds that buccal midazolam was more effective than rectal diazepam in children aged six months with acute seizures presenting to hospital. The risk of respiratory depression was similar in both groups. Therapeutic success was 56% for buccal midazolam and 27% for rectal diazepam (29% absolute benefit, 95% confidence interval 16–41%). This was a pragmatic trial with no blinding, and allocation of treatment was not concealed.
Lancet 2005; 366 : 205–10.

Single-dose ceftriaxone is an acceptable alternative to chloramphenicol for the treatment of epidemic meningococcal meningitis finds a randomized, open-label, noninferiority randomised trial. The trial was conducted in nine healthcare facilities in Niger and was sponsored by Médecins Sans Frontières. Chloramphenicol continues to be the mainstay of treatment in some sub Saharan countries and is recommended by WHO – but its supply is erratic. This trial now provides evidence for an alternative to chloramphenicol in these countries.
Lancet 2005; 366 : 308–13.

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