AN OLDIE BUT A GOODIE
Typically, you wait 14 years for a follow-up for the seminal SANAD study and then two open-label, non-inferiority, multicentre, phase IV, randomised controlled trials come along at once.

Children and adults with focal epilepsy were randomised (1:1:1) to lamotrigine, levetiracetam or zonisamide for initial monotherapy. Patients were followed up for 2.0–7.5 years. At 2 years, 5% fewer participants had a remission on levetiracetam compared with lamotrigine. Lamotrigine was also better tolerated; compared with lamotrigine, there were 16% more treatment failures on levetiracetam and 23% more treatment failures on zonisamide at 2 years; the majority of these were due to adverse effects. This means that, despite the slower titration of lamotrigine, the median time to 12-month remission was 516 days for lamotrigine, 588 for levetiracetam and 530 for zonisamide.

In the study of genetic generalised epilepsy (levetiracetam vs valproate), levetiracetam was found to be neither clinically effective nor cost-effective. At a year, 9% fewer patients had entered 12-month remission on levetiracetam; the two drugs were similar with regards to adverse events. This is a ringing endorsement for valproate which also ‘came out on top’ against lamotrigine and topiramate in the 2007 SANAD trial—but in practical terms a major clinical concern because of the potential for valproate to be such a significant physical and cognitive teratogen. For men—it is valproate, for women it is problematic.

Lumutiscin...