experimental test drug groups (i.e., groups III and IV) with p-value of less than 0.05. In another model with electrically induced seizure test, Results were of similar nature as the chemically induced seizure model, as in both the experimental test drug groups PPARσ agonists+, that is, groups VII and VIII, there was a slight reduction in score of seizures, when compared with the group V (standard) with p-value of more than 0.05.

Conclusion: Peroxisome Proliferator Activated Receptor σ (*p*PARσ) agonists showed increase in onset with decline in duration, number, and score of seizures in chemically, as well as decline in score of seizures in electrically induced seizures in experimental laboratory animal models.

A0023: Impact of Repeated Health Education Delivery on Antiepileptic Drug Adherence in People with Chronic Epilepsy in the Community

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Introduction: Epilepsy is a chronic disorder with long-term treatment, and adherence to antiepileptic drugs decreases with time. Repeated counseling with adherence reinforcement may prevent this adherence decay.

Objective: To study the impact of repeated health visits and patient education on adherence to antiepileptic drugs in people with chronic epilepsy in the community.

Methods: The setting of the study was provided by community care trial of home-based care delivered by primary health care workers versus routine clinic-based care. We studied the association between monthly pill counts and self-reported adherence questionnaire score with age, gender, religion, ethnic origin, education, occupation, monthly family income, and socioeconomic class. In addition, we created a dummy variable, which represented baseline scores for each subject.

Results: There was considerable inter individual variations on pill count and SRMS score. Overall, lag SRMS, religion, ethnic origin, and monthly family income determined adherence status. A steady increase in the proportion of people with appropriate pill count was observed in the home-based care group but not in the clinic-based care group.

Conclusion: Treatment adherence varies considerably between individuals and is influenced by individual behavior. However, repeated adherence reinforcement by primary health care workers may lead to improvement in adherence.

A0024: EEG Changes in Autoimmune Neuronal Synaptic Encephalitis—A Case Study

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Introduction: Autoimmune neuronal synaptic encephalitis is a group of antibody-mediated inflammatory diseases of the central nervous system. We have used bedside EEG recording in the early diagnosis of suspected cases of autoimmune encephalitis.

Methods: The EEG records of 15 patients (M:F = 10:5) with suspected autoimmune encephalitis were studied. Their clinical profile, antibody studies, MRI findings, and outcome were also recorded.

Results: -26.67% patients had periodic discharges in the EEG, 6.67% patients had triphasic complexes, 20% patients had a generalized delta slowing with delta brushes, 20% patients had generalized epileptiform discharges, 13.72% had a nonconvulsive status epilepticus, and 13.72% had a rhythmic delta slowing in the EEG.

Conclusion: EEG is an inexpensive tool in the early diagnosis of suspected autoimmune neuronal synaptic encephalitis. The Results of an abnormal EEG will aide in the diagnosis and -rapid initiation of treatment even before other test Results become available. Often, antibody studies do not correlate with the clinical presentation and bedside EEG could be an invaluable guide in clinically suspected cases. Initiation of treatment early in the illness improves the clinical outcome and delays the long-term sequelae.

A0025: Subjective Memory Complaints in Temporal Lobe Epilepsy What Contributes to an Experience of Memory Dysfunction?

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Patients with temporal lobe epilepsy (TLE) often present with subjective memory complaints (SMC) that cause significant distress and impact their quality of daily life (Giovagnoli and Avanzini, 2000). Sometimes, these complaints do not correlate with Objective memory test (OMT) scores (Hall et al, 2009). Memory deficits are important variables in planning treatment and predicting surgical outcome. Hence, identifying factors that influence SMC helps in planning effective treatment.

Objective: To delineate predictors of subjective memory complaints.

Methods: Retrospective data analysis of 97 adult patients who had (1) left mesial TLE, (2) underwent comprehensive neuropsychological examination, (3) IQ > 70. A stepwise binary logistic regression was conducted using data from clinical history and test scores for independent variables—demographics (age, gender, education, and occupation), intelligence, memory tests (R-AVLT, paired associates and complex figure test), seizure, medication, mood, and psychosocial factors (stigma and overprotection) as predictors of SMC.

Results: Seventy-five patients (77.31%) reported SMC, of which one fourth (25.33%) showed no impairment on any OMT. The regression model indicated two significant predictors of SMC, mood issues and one memory test (*p*aired associates) score, χ^2 = 14.93, p < 0.001.

Conclusion: The odds of reporting SMC increased with the presence of mood issues and poor performance on one memory test. Mood issues appear to be an important factor impacting memory significantly and resulting in subjective experience of problems despite no impairment in most Objective tests. It is important to elicit subjective