

placed invasive EEG monitoring allowing “super-focal” corticectomy in MRI-negative epilepsy.

A0029: Clinical Profile and Health-Related Quality of Life in Patients with Alcohol-Related Seizures

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Background: Alcohol-related seizures (ARS) refer to all seizures associated with alcohol use, including alcohol withdrawal seizures (AWS). There is paucity of literature on health-related quality of life (HRQoL) in alcohol-dependent subjects and its relation to clinical pattern of ARS in developing countries.

Objective: To study the clinical profile and HRQoL of patients admitted with alcohol-related seizures in a tertiary care center.

Materials and Methods: In this cross-sectional study, consecutive patients admitted with new onset ARS (from July 2014 to February 2016) were included. Patients with previous diagnosis of epilepsy, with other provoking causes and those not consenting were excluded. Details of drinking pattern were analyzed. Alcohol dependence was identified by Alcohol Use Disorders Identification Test (AUDIT), score more than 8 was taken as positive. HRQoL was assessed by Life Situation Survey (LSS) questionnaire. A video electroencephalography and CT brain (MRI in focal seizures) was done in all patients.

Results: Of the 124 study subjects, all were males. Mean age of the sample was 32.84 years (± 6.37 years). The average daily consumption was 176 g (± 140 g). Mean duration of alcohol intake was 17.24 years (± 5.24 years). Nineteen (15.3%) patients had a family history of seizure. In focal seizures, MRI revealed symptomatic lesions in three patients. Occurrence of multiple seizures correlated with higher AUDIT scores. Patients with LSS score < 80 had significantly higher AUDIT score and longer duration of alcohol intake ($p < 0.05$).

Conclusion: A protocol-based evaluation of ARS is necessary, to identify etiologies other than withdrawal. MRI brain is useful in focal onset ARS, to identify underlying symptomatic lesions (33.3% of partial seizures). Patients with higher AUDIT scores are more likely to have multiple seizures and a poorer HRQoL.

A0030: Awareness and Attitudes of General Physicians' toward Epilepsy Surgery

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Objective: Over 30% of the people with epilepsy (poW) are resistant to medications. There is a significant surgical gap in India as only a minority of candidates for epilepsy surgery is referred for surgical evaluation. We investigated general physicians' views on referral of epilepsy patients for further evaluation and epilepsy surgery.

Materials and Methods: A questionnaire was developed and validated by a pilot study. The electronic questionnaire

was sent out to general physicians, practicing in towns of southern India. We collected response from 140 doctors.

Results: Sixty-nine percent of the respondents worked in government hospitals. Eighty-four percent of them felt MRI and EEG were essential for epilepsy evaluation. But 55% felt CT brain and X-ray were essential for epilepsy evaluation. On commenting about treatment, 85% felt other modalities in addition to medications were necessary for epilepsy treatment. Psychotherapy was the commonest add-on for antiepileptics. Seventy-six percent felt resective brain surgery was an option for PoW. Only 39% considered vagal stimulation as a treatment option. Only 24% of the respondents knew the correct definition of drug-resistant epilepsy. More than two thirds were willing to refer their epilepsy patients to neurologist. Regarding safety of epilepsy surgery safety, 67% did not have any experience and only 24% felt it was safe. Only 36% felt epilepsy surgery had high cost-effectiveness in long-term perspective of eligible patients. Only 11% felt the epilepsy care in India was adequate and 17% felt it was grossly inadequate. Forty-seven percent of the physicians felt specialized epilepsy training program to doctors of primary health center and district hospitals would improve epilepsy care in India.

Conclusion: Most of the physicians had good understanding about inadequacies of epilepsy care in India. They felt the need for special training program for improving epilepsy care in India. Uncertainties about benefits of epilepsy surgery among referring general physicians may contribute to the delay in referral to epilepsy surgery.

A0031: Social Cognition Abilities in Patients with Chronic Temporal Lobe Epilepsy

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Background: Social cognition is a high-level cognitive function that includes all the processes that are used to understand and store information about the interactions with other people in a social context. Perception of social signals pertaining to others' mental states is essential to act appropriately in that social context. Low performances in mentalizing abilities on different Theory of Mind (ToM) tasks have been reported in patients with temporal lobe epilepsy (TLE).

Aim: To investigate social cognition abilities in patients with temporal lobe epilepsy.

Materials and Methods: Thirty-two consecutive patients with TLE (19 males; mean age = 27 ± 11.7 years) and 30 controls (mean age = 25.24 ± 5.9 years) are taken into study. Demographic profile, age at onset, ictal semiology, seizure frequency, and response to treatment are studied. All underwent prolonged video EEG monitoring, MRI brain to locate the side of lesion. Affective and cognitive aspects of Faux Pas in the form of 20 stories are assessed in both patients and controls.

Results: Patients with TLE showed significantly lower performances on both social, cognition tasks when compared with controls.

Conclusion: Patients with TLE are found to be deficient in perceiving other's feelings in social context that may impair daily living.

A0032: Epilepsy and Armed Forces

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Objective: The Objective of this paper is to make civilians aware of problem faced by people with epilepsy in armed forces, from enlistment in the services, during the services, retention in the services, and the discharge from the services.

Methods: Having served in armed forces for 24 years first as GDMO and then as a neurologist both in active war and peace time, I am in unique position to present it. Rules and regulations regarding this matter both in Indian army and other armies, such as U.S.A. will be presented.

Results: As far as getting into the Indian army is concerned, if a recruit while giving details of his past illness mentions having epilepsy or fits, he automatically gets disqualified to be recruited. Surprisingly, this is not only unique to Indian army, this perhaps to almost all the armies in the world. Even in the U.S.A., although there are many laws now that protect individuals with disabilities, the armed services are not required to follow them. Instead, the military is exempted from the mandates of nondiscrimination imposed by the civil rights laws on the federal government. If during the service individual has an epilepsy rules regarding the retention in the service in the Indian and the U.S.A. army will be discussed. Recently, there has been a change about retention in the service regarding patient with epilepsy. These changes will be highlighted, and consequences will be discussed. Three services have specific problems retaining people with epilepsy, for example, nobody likes to fly in plane with a pilot having epilepsy.

Conclusion: In armed forces we need young and fit individuals who are capable of fighting a war/battle in any part of the world under difficult circumstances. "Tooth to tail ration" has to be small and effective.

A0033: Magnetic Source Imaging of Eloquent Cortex: Novel Findings and Implications

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Objective: Aim of this study is to localize eloquent cortex including vision, language, motor, and sensory area using MEG, study the efficacy of MEG in the localization of

eloquent cortex, and to assess the changes in evoked responses due to a lesion in the eloquent cortex.

Methods: This study was performed at the department of neurosurgery, NIMHANS, from March 2016 to July 2019. Detailed clinical examination, multimodal evoked fields, and magnetic source imaging were recorded and analyzed. Patient underwent surgery and data obtained were correlated. Statistical analysis was performed using SPSS 2.0 and R statistical software. Mathematical models included linear regression, logistic regression, state vector machine, confusion matrix, and Wilcoxon's sign rank test to predict the nature of pathology.

Results: A total of 41 patients were recruited with a mean age of 33 years. The 196 evoked fields were analyzed. Amplitude was reduced in the evoked field in affected hemisphere and latency was prolonged. Amplitude of distant evoked field was affected more than latency in the epilepsy group than tumor group. Displacement of evoked field found was 33% in AEF, 57% in MEF, 9% in VEF, and 16% in SSEF. More patients in the epilepsy group had abnormality in the distant evoked fields.

Conclusion: MEG helped in localizing the eloquent cortex and presurgical MEG mapping of eloquent cortex would help in computing the distance between the lesion and eloquent cortex. Being a functional imaging tool, it can help in understanding the pathophysiology of the lesions and its effect on the eloquent cortex.

A0034: Clinicodemographic Determinants of Quality of Life of Patients with Juvenile Myoclonic Epilepsy

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Background: Available literature on quality of life (QoL) and its clinicodemographic determinants in patients with epilepsy is on heterogeneous populations of patients. Patients with juvenile myoclonic epilepsy (JME) have a distinct clinicodemographic profile. We present our observations on clinicodemographic determinants of QoL in patients with JME.

Objective: To determine the quality of life and estimate the effect of clinicodemographic variables on quality of life of patient with JME.

Methods: Sixty patients with JME diagnosed as per standard clinicoelectroencephalographic criteria and aged ≥ 18 years were recruited by consecutive sampling method. Demographic details were recorded and QoL, quality of sleep, severity of depressive, and anxiety-related symptomatology were determined using quality of life in epilepsy-31 (QOLIE-31) questionnaire, Pittsburgh Sleep Quality Index (pSQI), Inventory of Depressive Symptomatology-Self Rated (IDS-SR), and Hamilton Rating Scale for Anxiety (HAM-A), respectively. Univariate and multivariate analyses of the demographic factors and clinical factors including epilepsy-related variables, sleep quality, depression, and anxiety was done.