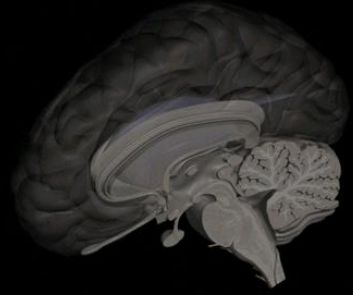
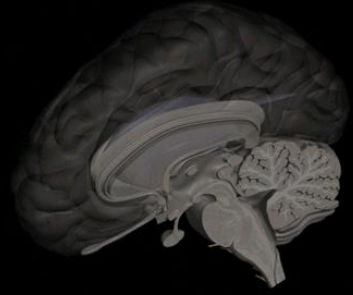


JORNADA EDUCATIVA 2023
LIGA LOCAL CONTRA LA EPILEPSIA PUERTO MONTT

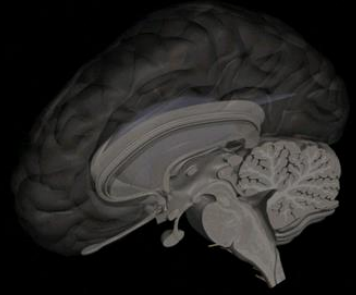
DR. PATRICIO GUERRA
NEURÓLOGO INFANTIL Y ADOLESCENTES
MAGÍSTER NEUROCIENCIAS
ESCUELA DE MEDICINA UNIVERSIDAD SAN SEBASTIÁN PUERTO MONTT



PROGRAMA

1. CONCEPTOS GENERALES DE EPILEPSIA
2. MANEJO DE URGENCIA ANTE UNA PERSONA CON CRISIS DE EPILEPSIA
3. DEPORTES Y EPILEPSIA
4. ESTUDIO DE LA EPILEPSIA
5. NUEVAS TERAPIAS EN EPILEPSIA
6. NUEVAS TECNOLOGÍAS DE APOYO PARA EL PACIENTE EPILÉPTICO
7. CANNABIS Y EPILEPSIA
8. AUTISMO (TEA) Y EPILEPSIA
9. PREGUNTAS

CONCEPTOS GENERALES EN EPILEPSIA



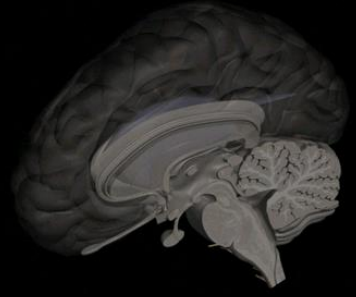
-DEFINICIÓN:

ENFERMEDAD DEL CEREBRO DEFINIDA POR CUALQUIERA DE LAS SIGUIENTES CONDICIONES:

1. PRESENCIA DE DOS CRISIS *NO PROVOCADAS* EN LAPSO MAYOR A 24 HRS

2. UNA CRISIS NO PROVOCADA Y UN RIESGO ESTIMADO DE RECURRENCIA ALTO:
   -DÉFICIT NEUROLÓGICO
   -EEG CON ACTIVIDAD EPILEPTIFORME INTERICTAL INEQUÍVOCA
   -NEUROIMÁGENES ANORMALES
   -PACIENTE/FAMILIA/MÉDICO CONSIDEREN RIESGO INACEPTABLE
   EL PRESENTAR UNA SEGUNDA CRISIS CONVULSIVA

3. DIAGNÓSTICO DE UN SÍNDROME EPILÉPTICO



CONCEPTOS GENERALES EN EPILEPSIA

PREVALENCIA:

-AFECTA AL 1% DE LA POBLACIÓN

-CHILE: 180.000 PERSONAS CON EPILEPSIA

-70% SE ENCUENTRA LIBRE DE CRISIS CON MEDICAMENTOS

-30% MANTIENE UNA CRISIS AL AÑO PESE A MEDICAMENTOS

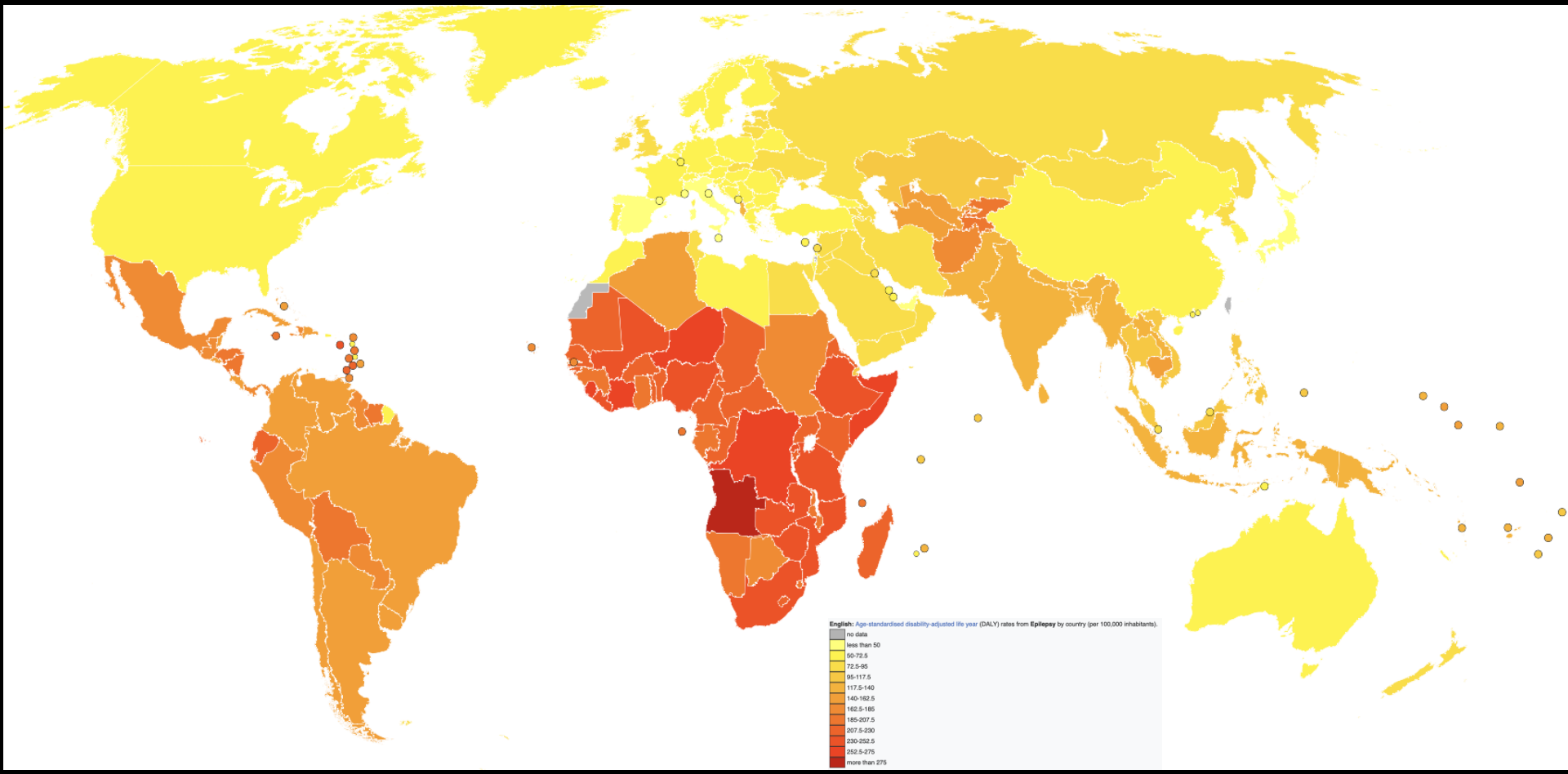
-HABITUALMENTE SE INICIA EN LA INFANCIA

-ENTRE LOS 20-50 AÑOS EL RIESGO ES BAJO

-EN LA VEJEZ EL TIESGO AUMENTA

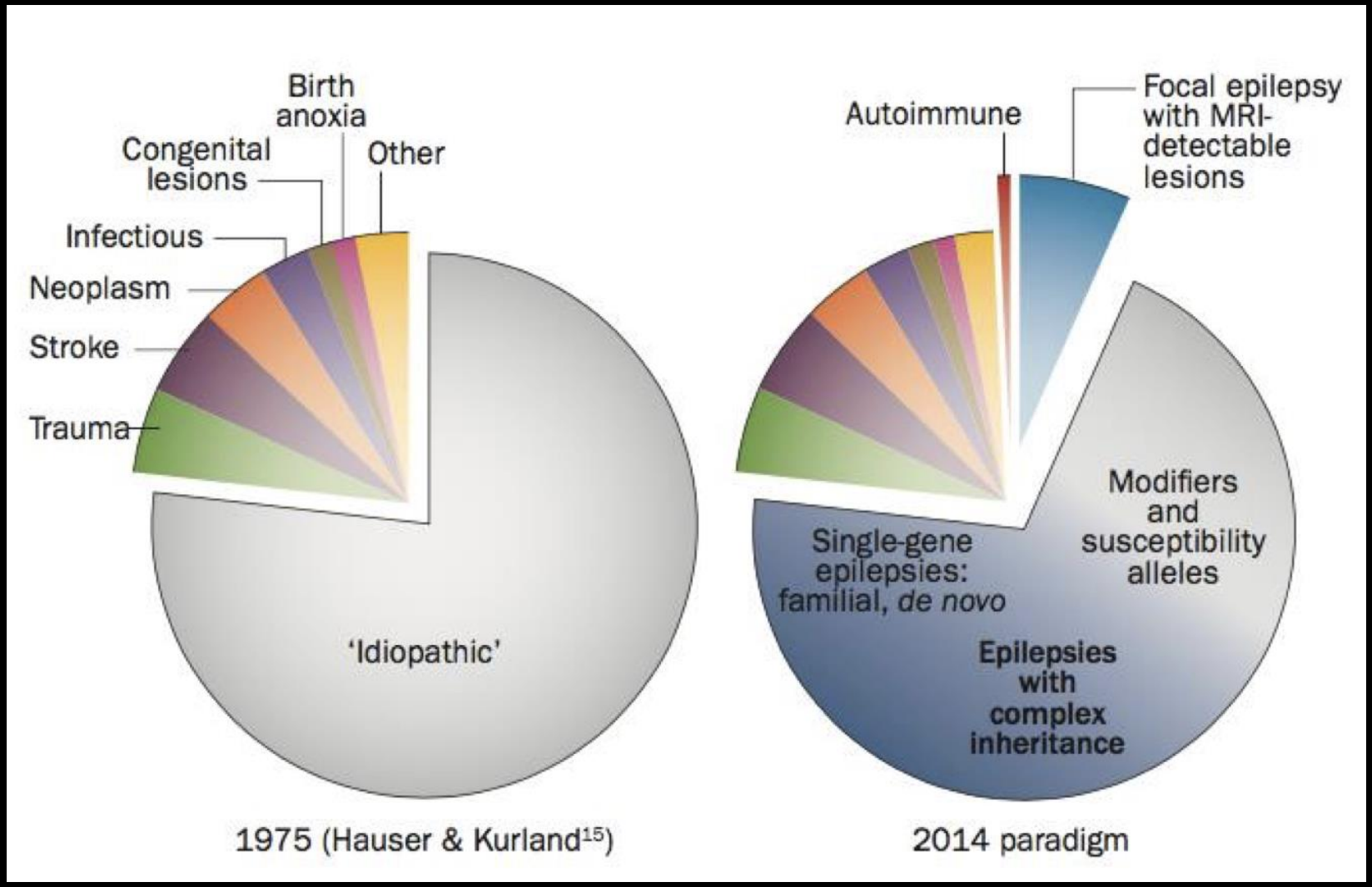
CONCEPTOS GENERALES EN EPILEPSIA

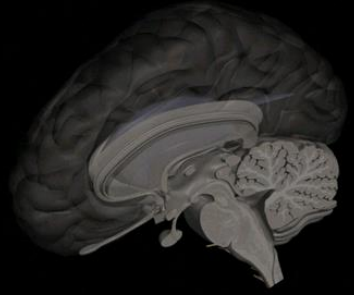
PREVALENCIA



CONCEPTOS GENERALES EN EPILEPSIA

CAUSA (ETIOLOGÍA)





CONCEPTOS GENERALES EN EPILEPSIA

TIPOS DE CRISIS

-FOCALES

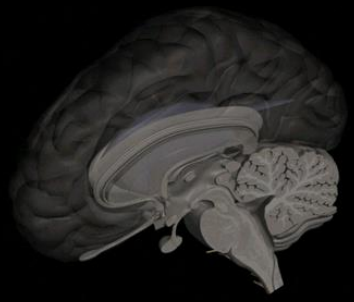
-GENERALIZADAS

-MOTORAS

-NO MOTORAS

2. MANEJO DE URGENCIA ANTE UNA CRISIS EPILÉPTICA

CRISIS CONVULSIVAS
MANEJO DE CRISIS FUERA DEL HOSPITAL



-DEJAR ACOSTADO, DECÚBITO LATERAL (RIESGO ASPIRACIÓN VÓMITO)

-DESPEJAR OBSTÁCULOS MECÁNICOS VÍA AÉREA (ROPA, PRÓTESIS DENTAL)

-PROTEGER LA CABEZA DE GOLPES

-SOLICITAR AYUDA

-NO INTRODUCIR NADA EN LA BOCA

-NO TIENE UTILIDAD AFIRMAR BRAZOS O LIMITAR MOVIMIENTOS

-CRISIS DURAN MENOS DE 1 MINUTO EN UN 91% DE CASOS: SIN RIESGO VITAL

-USO DE FÁRMACOS SI LOS TUVIERA INDICADO (RESCATAR ANTECEDENTES)

3. DEPORTES Y EPILEPSIA

Peter Cziborra/ DIARIO AS

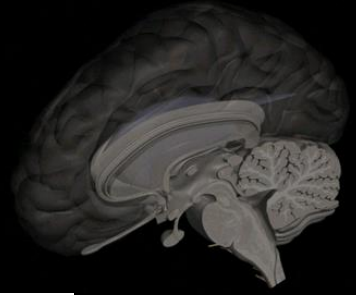
La **FA Cup**, una de las competiciones deportivas más antiguas del plantea, deja de nuevo una historia de superación. A las 18:31, el **Port Vale**, equipo que milita en la **League Two** inglesa y un club de la ciudad de **Burslem** en **Stoke-on-Trent** (conocido por ser el equipo del cantante **Robbie Williams),** saltará al **Etihad Stadium** de la ciudad de **Manchester** en la tercera ronda de la afamada Copa inglesa para medirse al conjunto de **Pep Guardiola**. Jugar ante un equipo de la Premier ya es un hito pero será todavía más para su capitán, **Leon Legge**.

INGLATERRA | FA CUP

Leon Legge: 18 años sufriendo epilepsia y capitán ante el City

La historia de superación del futbolista del Port Vale, rival de los de Guardiola en la tercera ronda de la Copa, recorre Inglaterra. Su historia la cuanta la BBC.

DEPORTES Y EPILEPSIA



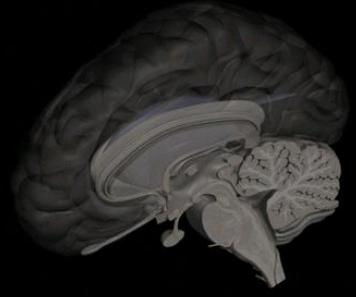
"La epilepsia no es una barrera"

El central siempre ha sido optimista y **nunca se ha dado por vencido:** "No es una barrera". No sufre convulsiones frecuentemente como antes, pero toma medicación todos los días para ayudar a controlar su epilepsia. Nunca ha tenido un ataque durante un partido aunque **la temporada pasada si que tuvo que perderse algún encuentro por precaución** tras sufrir en su casa cuatro ataques en un día: "Ha habido momentos en que me he acostado en casa estando bien y luego me he encontrado despertando en el hospital".

El capitán del Port Vale no está seguro si la enfermedad impidió que tuviera una carrera más prometedora: "Hice muchas pruebas y a menudo me preguntan si la epilepsia detuvo mi carrera. **No te lo van a decir a la cara, pero espero que no haya tenido nada que ver. La epilepsia no va a vencerme**".

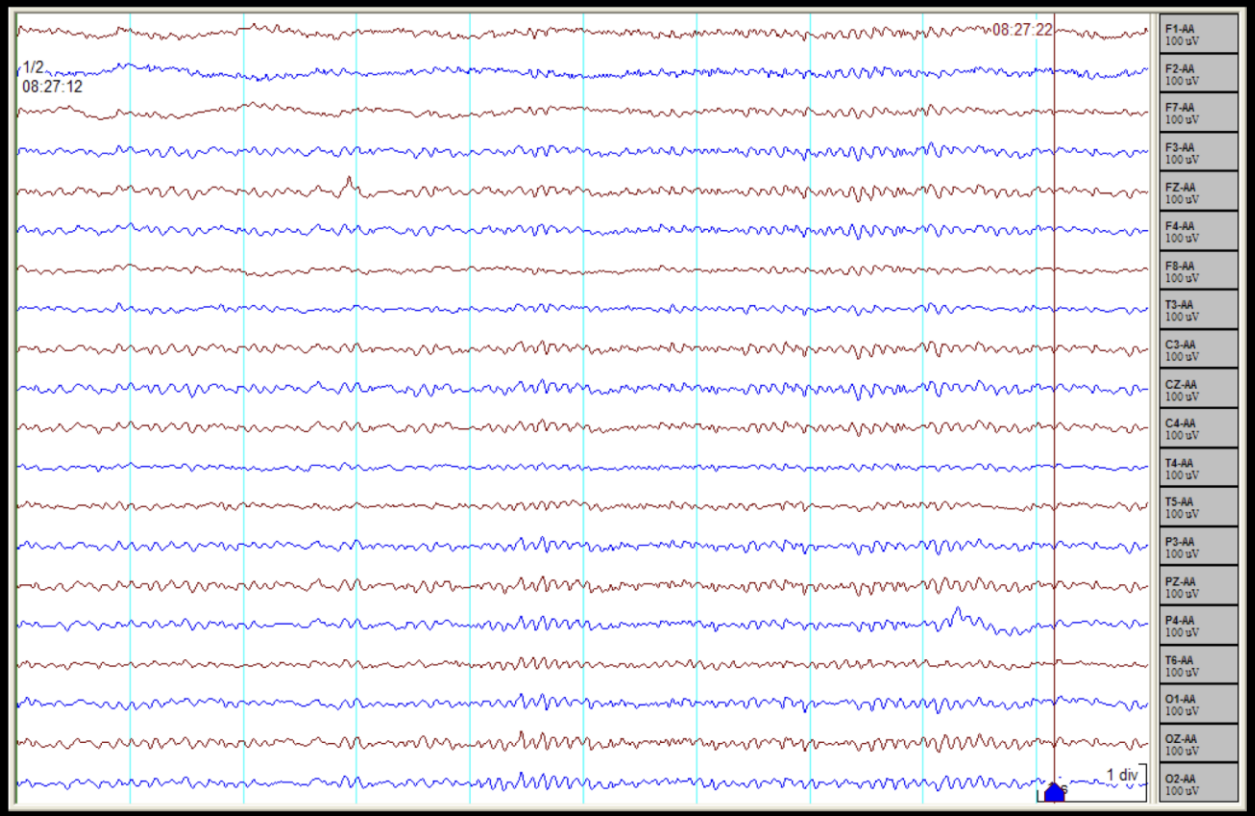
Leon Legge es embajador de una **organización benéfica 'Young Epilepsy'** que trabaja con jóvenes diagnosticados en el Reino Unido: "Quiero que las personas sepan cómo lidiar con la epilepsia. Siempre estoy abierto a hablar al respecto y, a menudo, los padres de niños con epilepsia me preguntan cómo lo hago".

El futbolista, que ha disputado casi 400 partidos oficiales, podrá portar este sábado el brazalete de capitán ante el **Manchester City** en un gran ejemplo superación.

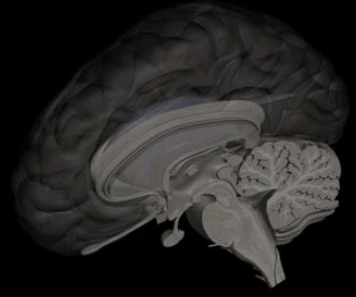


4. ESTUDIO DE LA EPILEPSIA

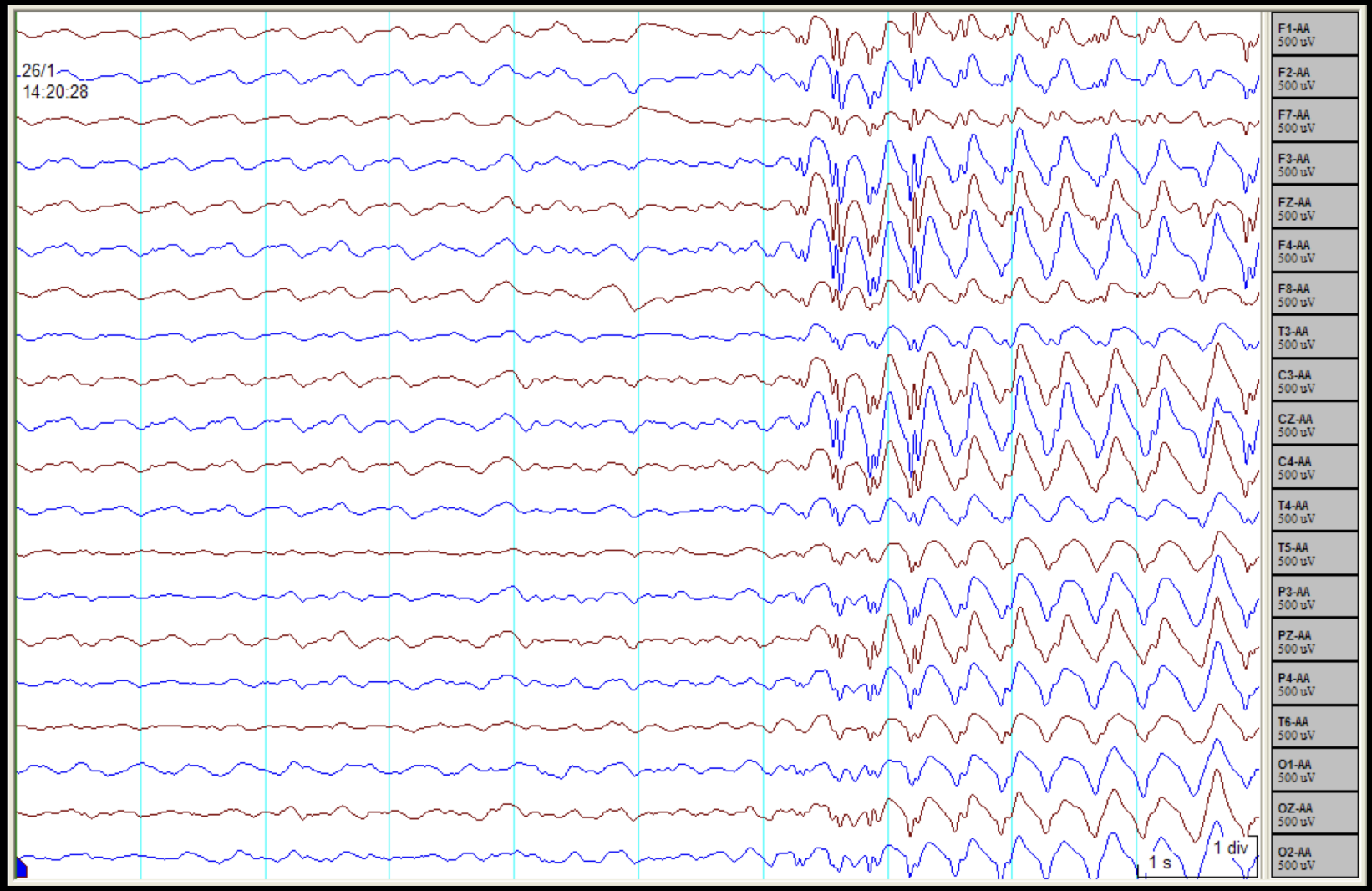
ELECTROENCEFALOGRAMA



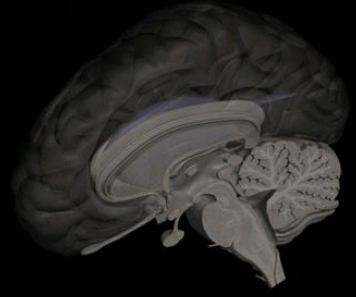
4. ESTUDIO DE LA EPILEPSIA



ELECTROENCEFALOGRAMA



4. ESTUDIO DE LA EPILEPSIA



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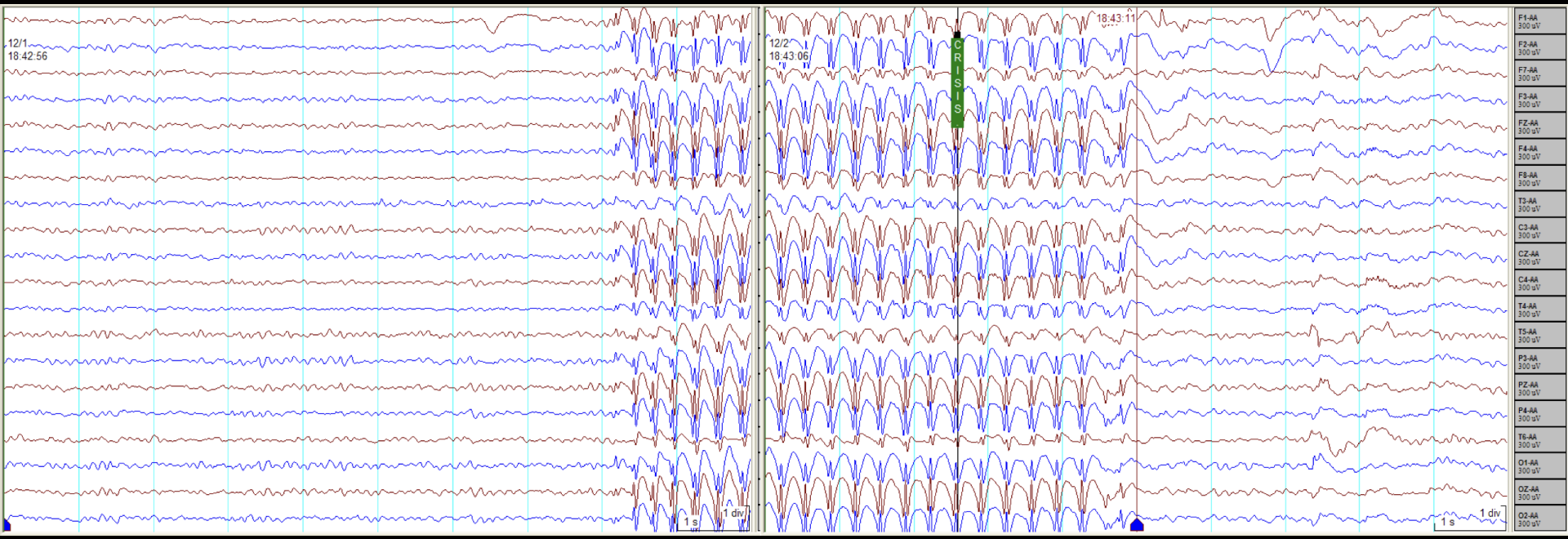
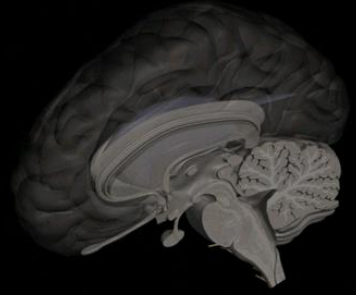
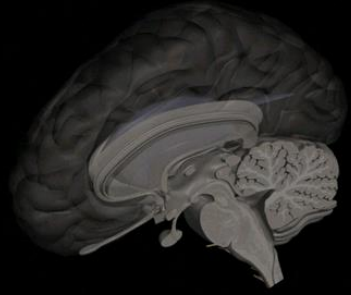




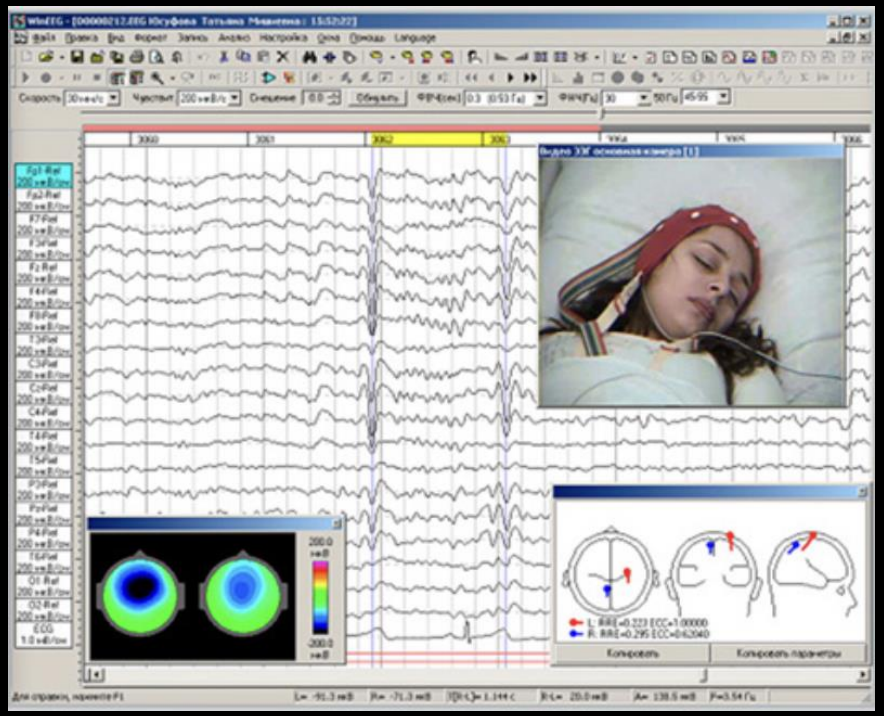
4. ESTUDIO DE LA EPILEPSIA

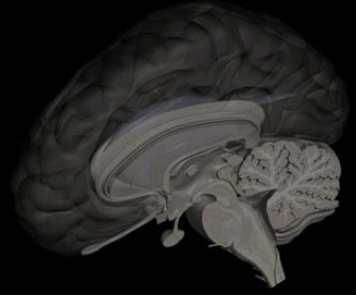
HOLTER ELECTROENCEFALOGRAMA

4. ESTUDIO DE LA EPILEPSIA



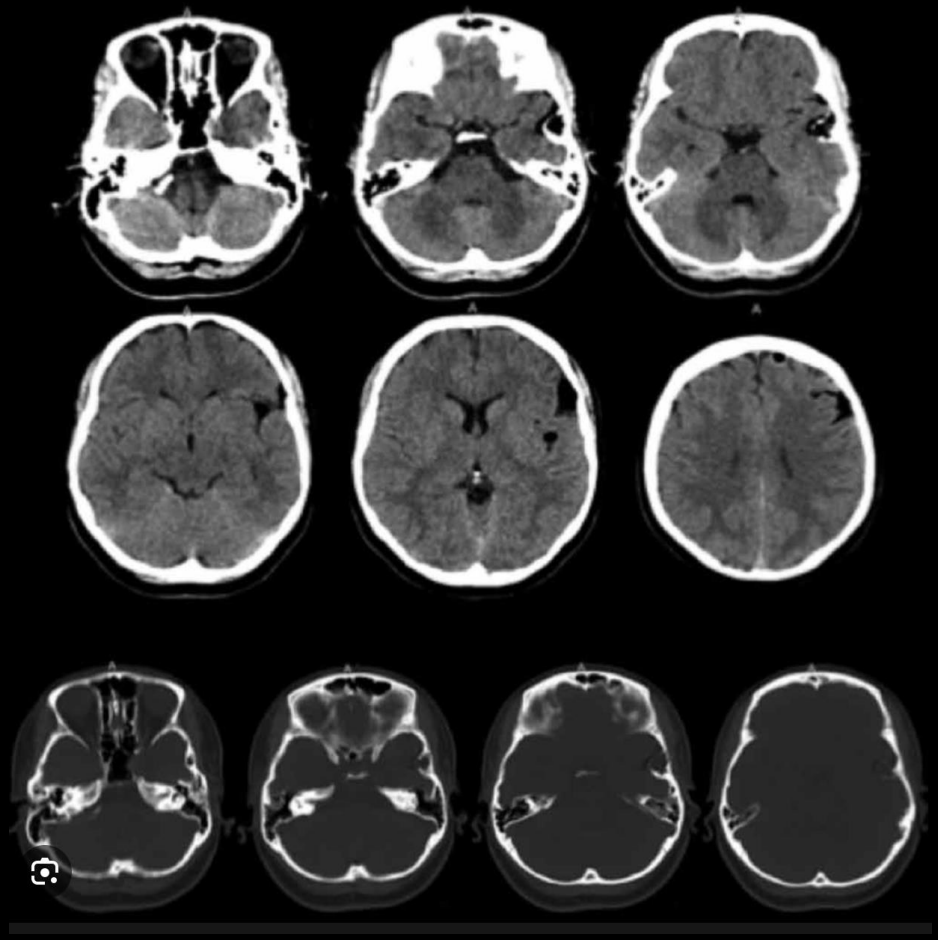
VIDEO-MONITOREO ELECTROENCEFALOGRAMA



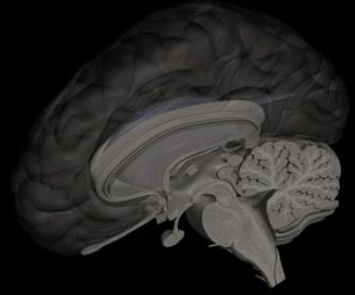


4. ESTUDIO DE LA EPILEPSIA

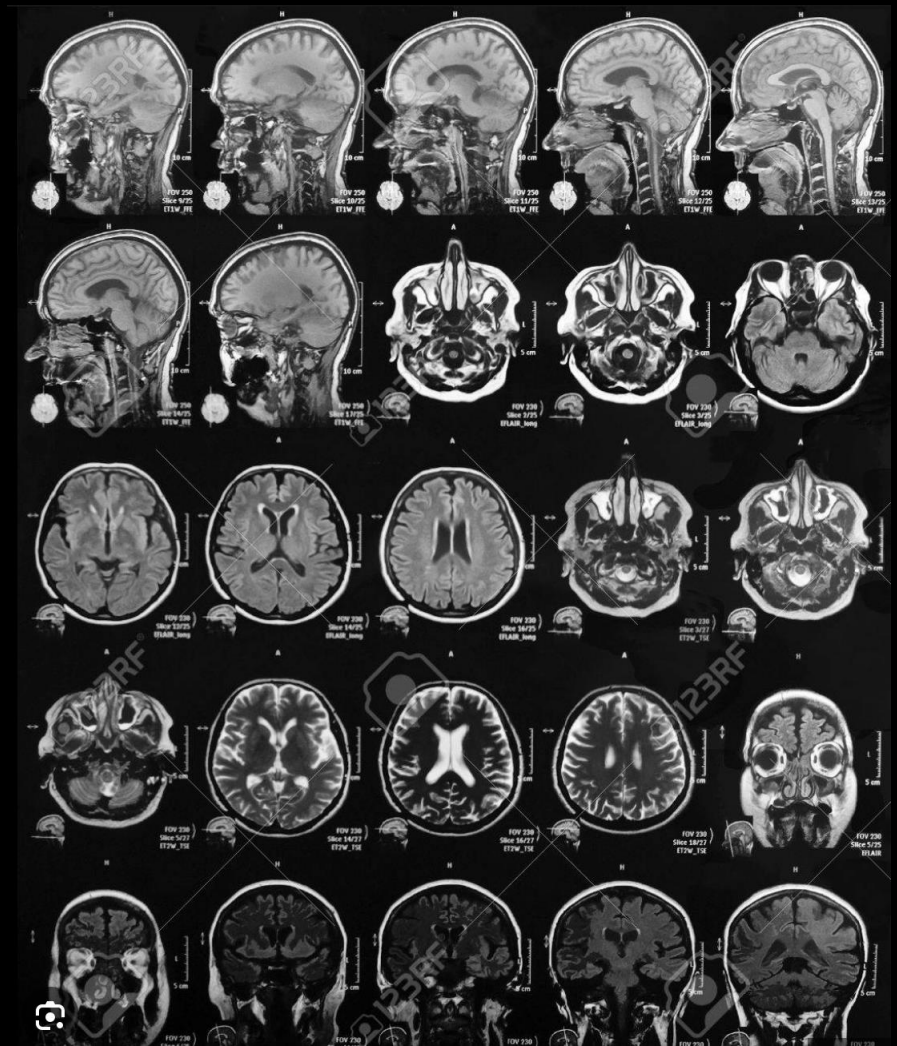
NEUROIMÁGENES: TAC CEREBRAL

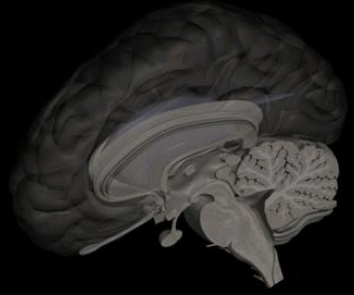


4. ESTUDIO DE LA EPILEPSIA



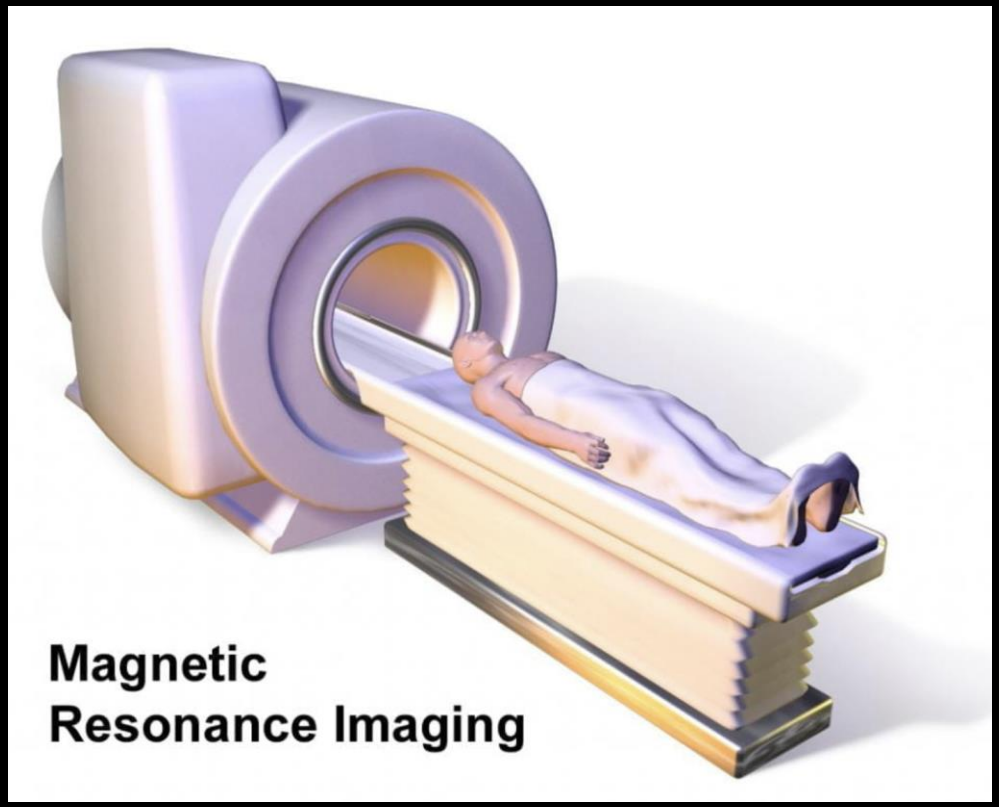
NEUROIMÁGENES: RMN CEREBRAL

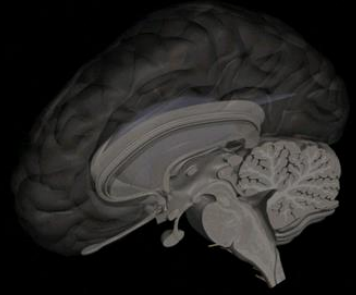




4. ESTUDIO DE LA EPILEPSIA

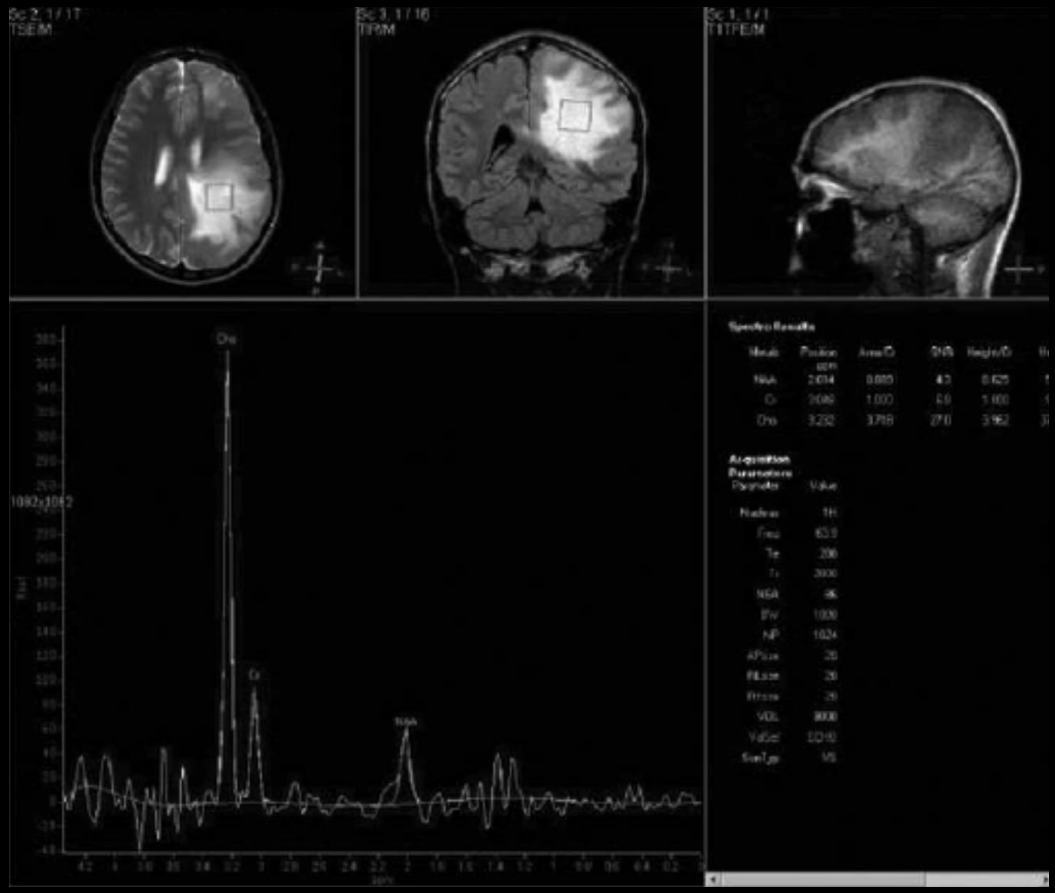
NEUROIMÁGENES





4. ESTUDIO DE LA EPILEPSIA

NEUROIMÁGENES: RMN CEREBRAL CON ESPECTROSCOPÍA



4. ESTUDIO DE LA EPILEPSIA

NEUROIMÁGENES: PET-SCAN

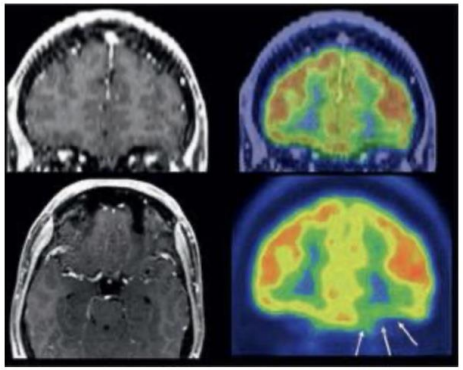
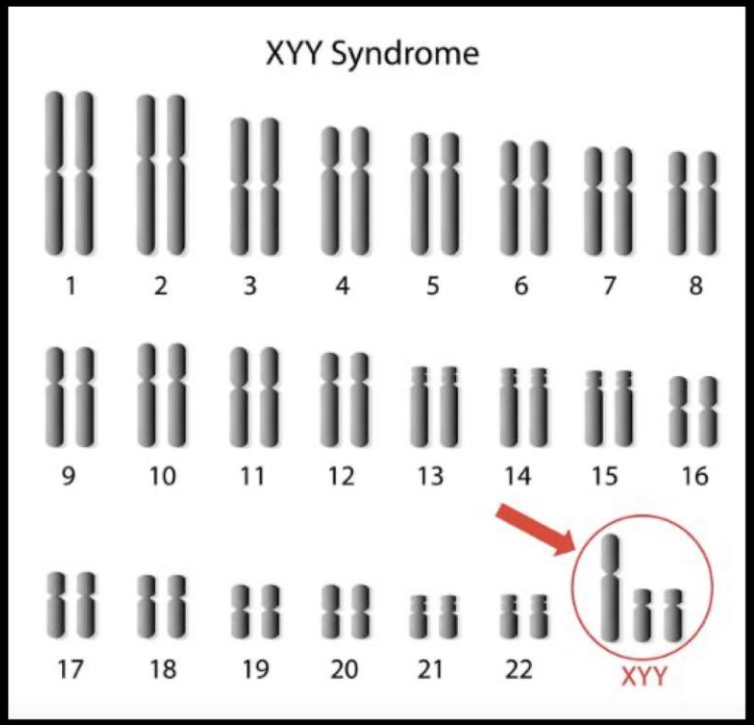


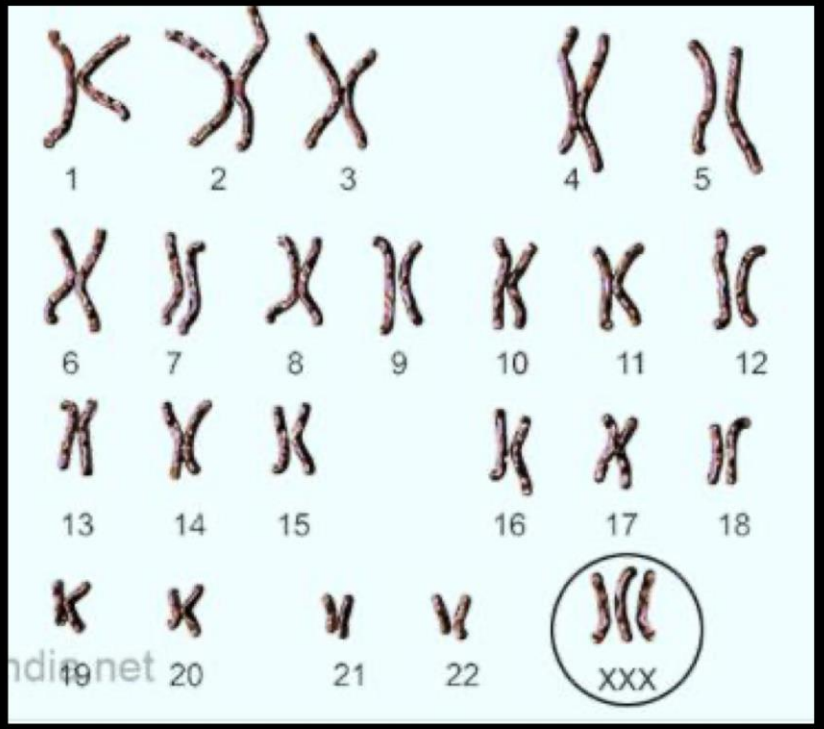
Figura 3.

A la izquierda: RM normal (secuencia T1 con gadolinio). A la derecha: Hipometabolismo frontal basal izquierdo (flechas). Una concordancia clínicoeléctrica apoya la cirugía aún con RM normal.

4. ESTUDIO DE LA EPILEPSIA

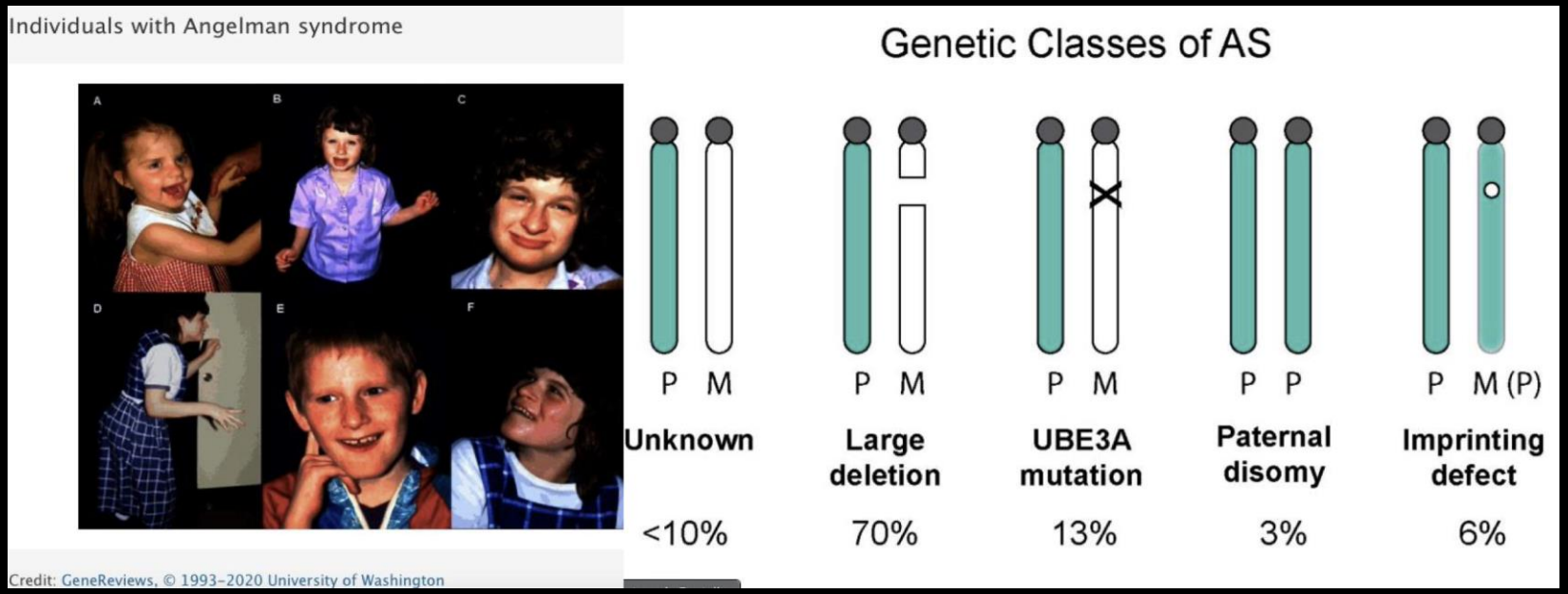
ESTUDIO GENÉTICO: CARIOGRAMA

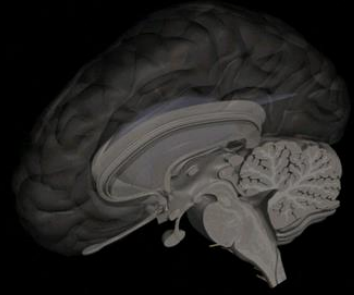




4. ESTUDIO DE LA EPILEPSIA

ESTUDIO GENÉTICO: ESTUDIOS GENÉTICOS PARA SÍNDROMES ESPECÍFICOS





4. ESTUDIO DE LA EPILEPSIA

ESTUDIO GENÉTICO: ESTUDIOS GENÉTICOS PARA SÍNDROMES ESPECÍFICOS

- Invitae Epilepsy Panel

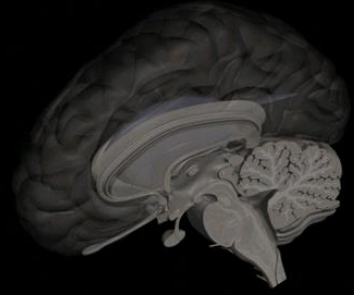
Summary

Positive result. Pathogenic variant identified in SCN1A.
Variants of Uncertain Significance identified in GLDC, KCNH2 and SCN5A.

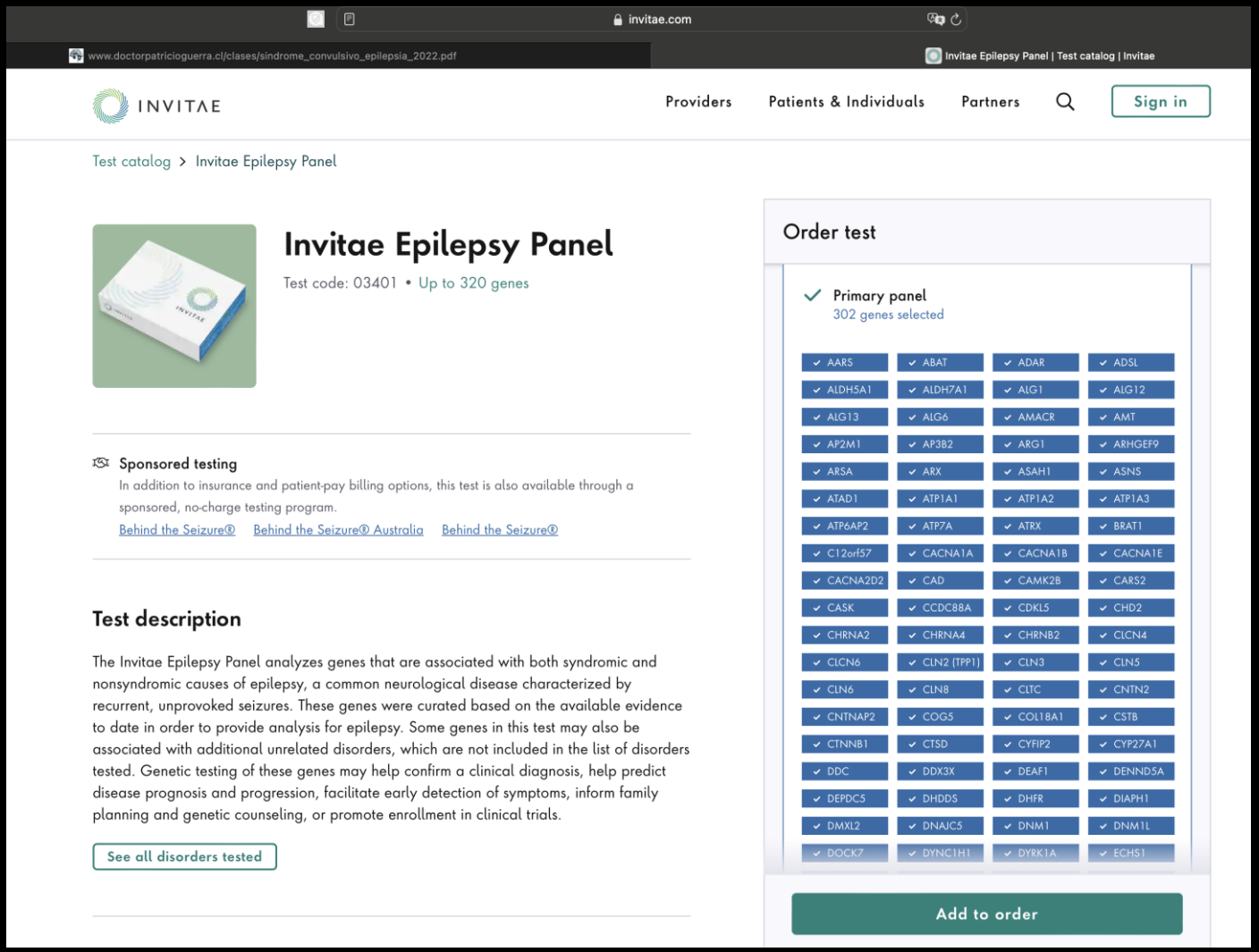
Clinical Summary

- A Pathogenic variant, c.2593C>T (p.Arg865*), was identified in SCN1A.
  - The SCN1A gene is associated with a spectrum of autosomal dominant seizure disorders ranging from simple febrile seizures (MedGen UID: 338959) and genetic epilepsy with febrile seizures plus (GEFS+) (MedGen UID: 388117) to Dravet syndrome (MedGen UID: 148243) and intractable childhood epilepsy with generalized tonic-clonic seizures (ICE-GTC) (MedGen UID: 148243). Other SCN1A-related conditions have been reported (OMIM: 607208).
  - This result is consistent with a predisposition to, or diagnosis of, SCN1A-related conditions.
  - SCN1A-related conditions are seizure disorders with varying severity and early childhood onset. Febrile seizures are childhood seizures that occur with fever and often resolve by six years of age. GEFS+ is also characterized by febrile seizures; however with GEFS+, both febrile and afebrile seizures may continue throughout an affected individual's lifetime. Dravet syndrome is one of the most severe seizure disorders and is characterized by intractable seizures and usually associated with progressive dementia. ICE-GTC is considered a late-onset Dravet syndrome. Intrafamilial variability in seizure type, persistence, and response to treatment has been documented, as has reduced penetrance (http://www.orpha.net/data/patho/GB/uk-GEFS.pdf).
  - Close relatives (children, siblings, and parents) have up to a 50% chance of being a carrier of this variant. More distant relatives may also be carriers. Parental testing may clarify the inheritance of this variant and may inform recurrence risk and risk for other close relatives. Testing for this variant is available.

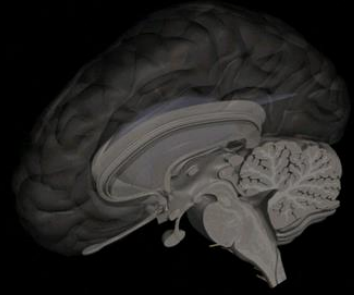
4. ESTUDIO DE LA EPILEPSIA



ESTUDIO GENÉTICO: PÁNELES DE EPILEPSIA



4. ESTUDIO DE LA EPILEPSIA



ESTUDIO GENÉTICO: PÁNELES DE EPILEPSIA

centogene.com

www.doctorpatricioguerra.cl/clases/sindrome_convulsivo_epilepsia_2022.pdf

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About Us Diagnostics Pharma Patient Resources Enter your search term

Ataxia / Spastic paraplegia panel | Ataxia repeat expansion panel | CentoICU® | CentoMito comprehensive | CentoMito Genome | CentoNeuro | Amyotrohpic lateral sclerosis (ALS) / Dementia panel | Epilepsy panel | Intellectual disability panel | Neuromuscular panel | Parkinson's disease panel

Epilepsy panel

While some types of seizures are easily categorized (i.e., partial or generalized), others are not or might later develop into different types — i.e., partial seizures with secondary generalization — making targeted panel testing less likely to succeed at reaching a diagnosis. Our **epilepsy panel** is phenotype-directed and covers different types of seizure syndromes, covering Dravet syndrome, early infantile epileptic encephalopathy, epilepsy partial, epilepsy generalized, epilepsy absence, myoclonic epilepsy panel, and hypomagnesemia. In addition, our panel includes mitochondrial and nuclear mitochondrial genes (i.e., genes causing myoclonic epilepsy with ragged red fibers –MERRF–).

No. of genes: 783
TAT: 25 days
Coverage: ≥99.00% ≥20x
Details: NGS including CNV analysis
Repeat expansion analysis: *CSTB*

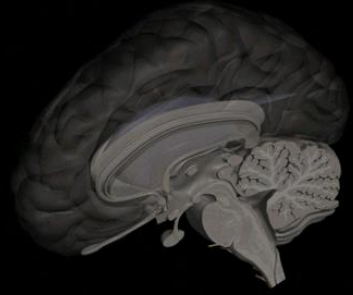
Order now | Sample Requirements

Overview of genes with associated diseases in OMIM

COMMON SYNDROMES AND DISORDERS COVERED

- Aicardi-Goutieres syndrome
- Brain iron accumulation syndromes
- Congenital glycosylation disease
- Dravet syndrome
- Early infantile epileptic encephalopathy
- Epilepsy
- Epilepsy (absence) in childhood
- Epilepsy (generalized) with febrile seizures
- Epilepsy (partial)
- Epileptic encephalopathy
- Hypomagnesemia
- Leigh syndrome
- Leukodystrophy and peroxisome biogenesis disorders
- Lysosomal storage disease
- Mitochondrial DNA depletion
- Mitochondrial encephalomyopathy
- Muscular dystrophy-dystroglycanopathy
- Myoclonic epilepsy
- Urea cycle disorder

4. ESTUDIO DE LA EPILEPSIA



ESTUDIO GENÉTICO: ESTUDIO COMPLETO DE ADN

RESULT: POSITIVE

One Pathogenic variant identified in PRRT2. PRRT2 is associated with a spectrum of autosomal dominant neurological conditions.

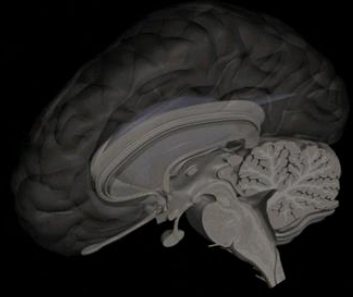
Additional Variant(s) of Uncertain Significance identified.

GENE	VARIANT	ZYGOSITY	VARIANT CLASSIFICATION
PRRT2	Deletion (Entire coding sequence)	heterozygous	PATHOGENIC
GABRD	c.523G>A (p.Glu175Lys)	heterozygous	Uncertain Significance
RYR3	c.10508G>A (p.Arg3503His)	heterozygous	Uncertain Significance
RYR3	c.13127G>C (p.Arg4376Pro)	heterozygous	Uncertain Significance
SUOX	c.1334T>C (p.Ile445Thr)	heterozygous	Uncertain Significance

About this test

This diagnostic test evaluates 192 gene(s) for variants (genetic changes) that are associated with genetic disorders. Diagnostic genetic testing, when combined with family history and other medical results, may provide information to clarify individual risk, support a clinical diagnosis, and assist with the development of a personalized treatment and management strategy.

4. ESTUDIO DE LA EPILEPSIA

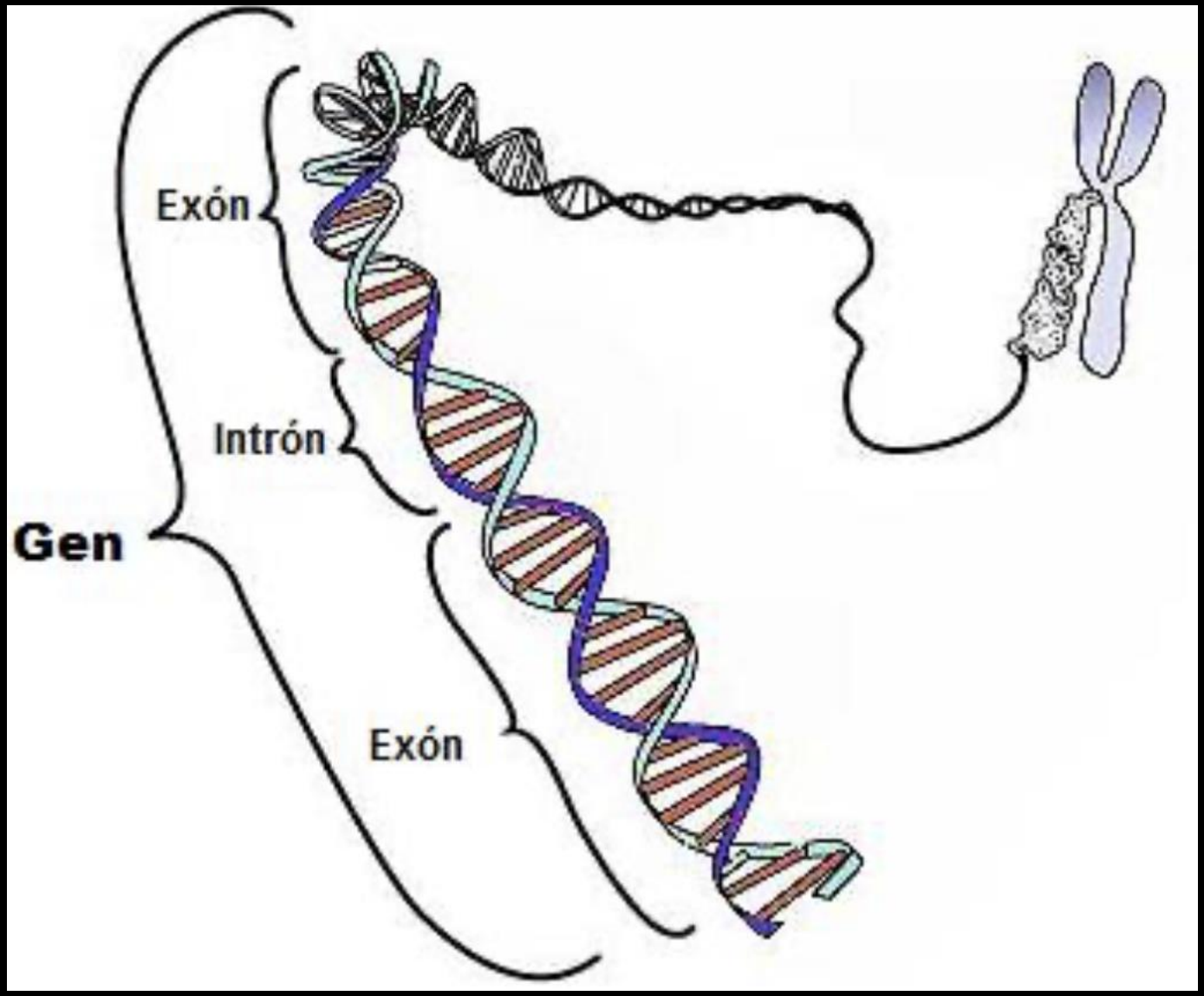


ESTUDIO GENÉTICO: ESTUDIO COMPLETO DE ADN

Clinical summary

A Pathogenic variant, Deletion (Entire coding sequence), was identified in PRRT2.

- The PRRT2 gene is associated with a spectrum of related autosomal dominant neurological conditions (MedGen UID: 358268) including episodic kinesigenic dyskinesia 1 (EKD1), benign familial infantile seizures 2 (BFIS2), and familial infantile convulsions with paroxysmal choreoathetosis (ICCA).
- This result is consistent with a predisposition to, or diagnosis of, PRRT2-related conditions.
- There is clinical overlap between the neurological manifestations caused by pathogenic variants in the PRRT2 gene (PMID: 23343561, 22782515). EKD1 is characterized by attacks of involuntary sudden movements triggered by sudden voluntary movements (PMID: 22101681, 10737119). Attacks consist mostly of dystonic and paroxysmal choreoathetotic movements (PMID: 24262166). Onset typically occurs in childhood or adolescence and attacks usually last several minutes and may appear up to 100 times per day (PMID: 22101681). BFIS is characterized by infantile-onset seizures which typically have a good medication response and remit before two years of age (PMID: 15144424). ICCA is characterized by infantile-onset afebrile seizures and attacks of involuntary movement (PMID: 22243967). Clinical features, age of onset, and severity of symptoms vary within, as well as between, families (PMID: 23343561, 22782515, 22399141).
- Biological relatives have a chance of being at risk for PRRT2-related conditions and should consider testing if clinically appropriate.
- While confirmation of this result by an alternate method is not available due to technical limitations, there is high confidence that this variant is a true result.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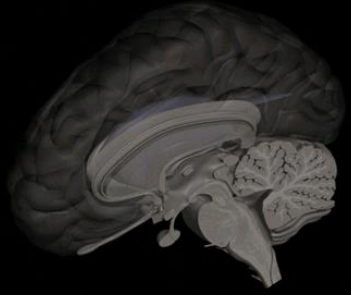
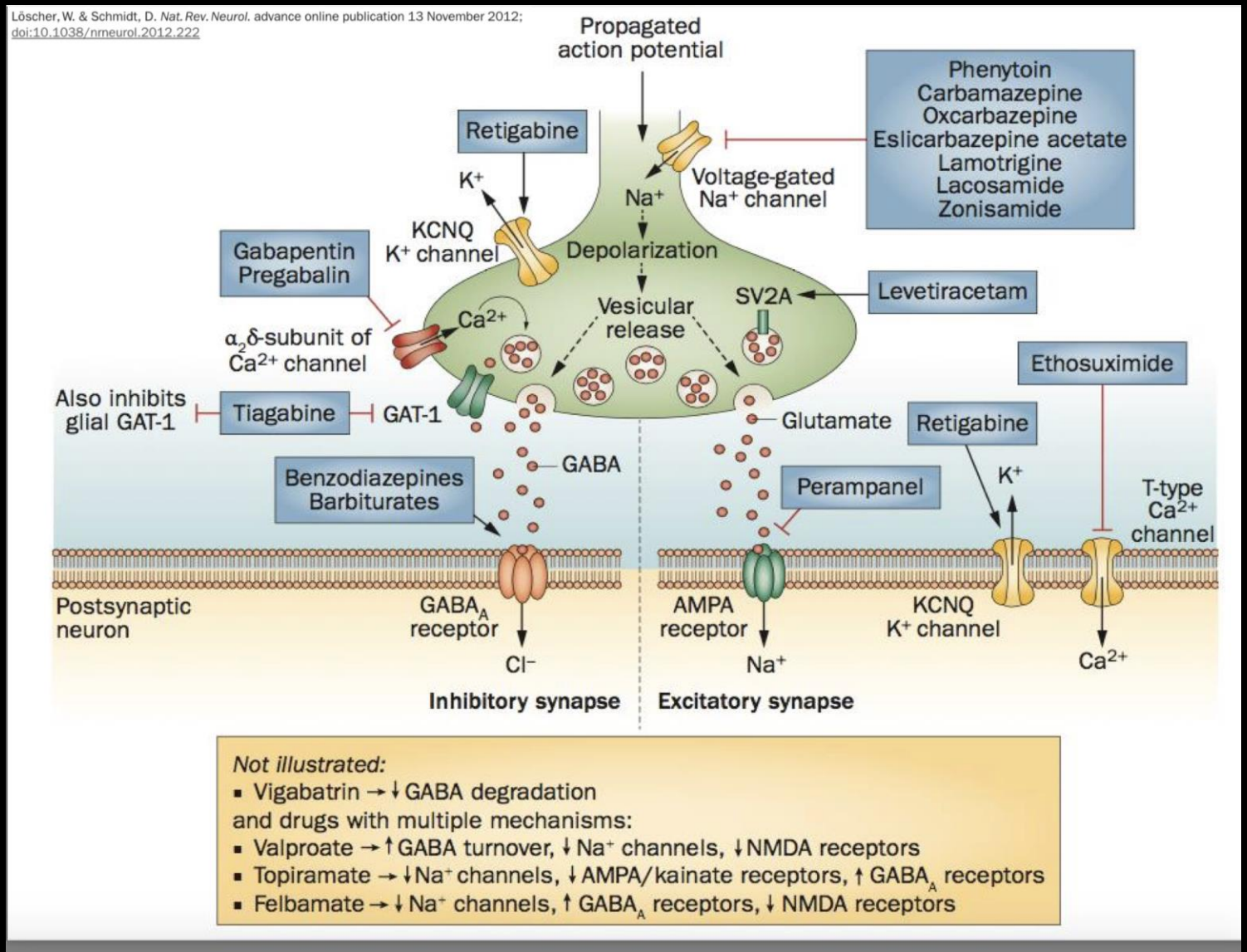


5. NUEVAS TERAPIAS EN EPILEPSIA: FÁRMACOS

5. NUEVAS TERAPIAS EN EPILEPSIA



5. NUEVAS TERAPIAS EN EPILEPSIA

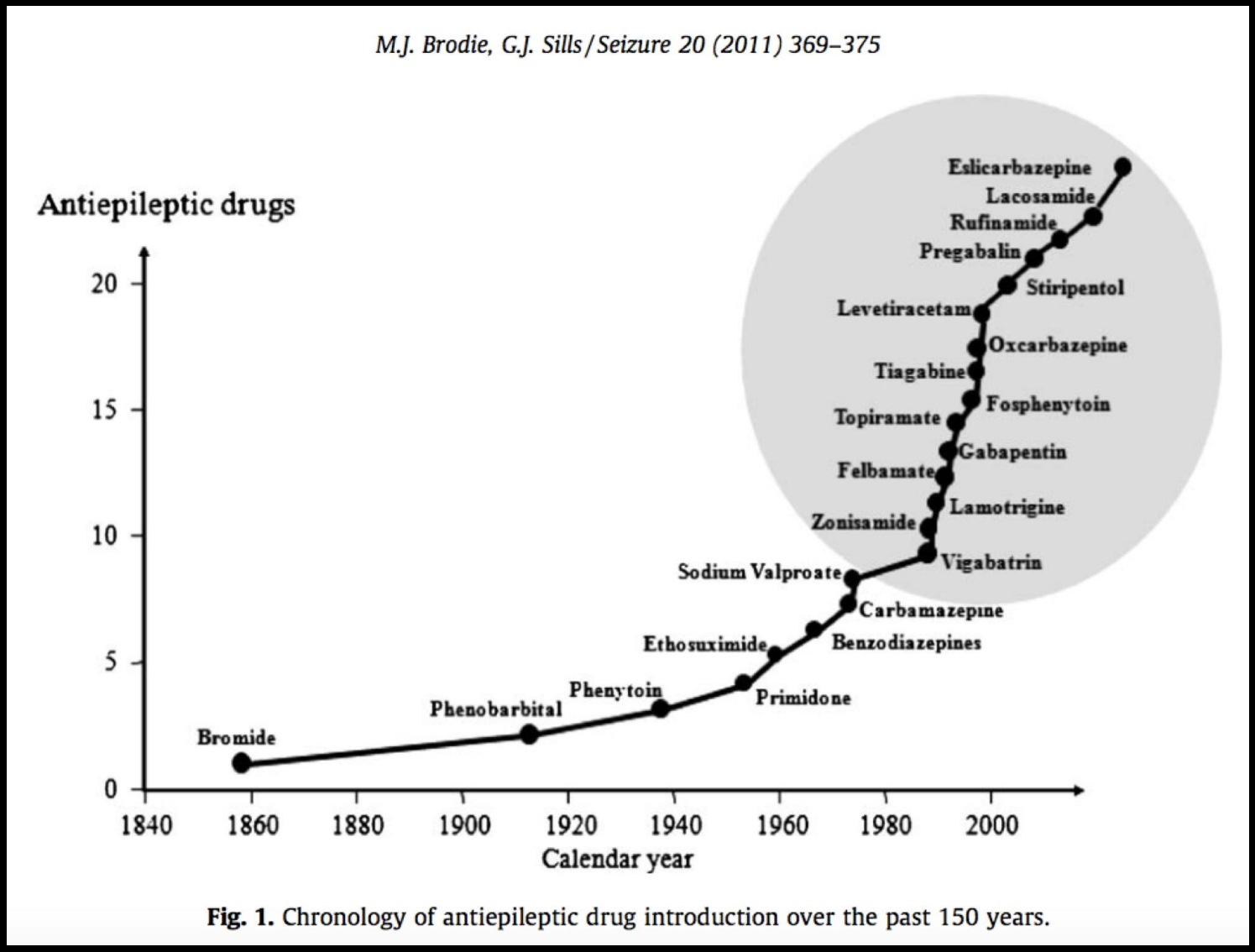
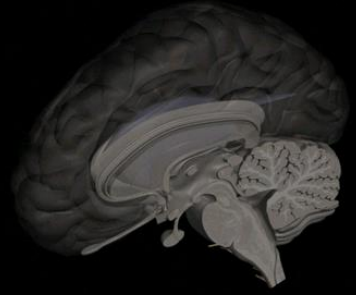


Fig. 1. Chronology of antiepileptic drug introduction over the past 150 years.

5. NUEVAS TERAPIAS EN EPILEPSIA



JAMA Neurology | Original Investigation

Efficacy and Safety of XEN1101, a Novel Potassium Channel Opener, in Adults With Focal Epilepsy

A Phase 2b Randomized Clinical Trial

Jacqueline A. French, MD; Roger J. Porter, MD; Emilio Perucca, MD, PhD; Martin J. Brodie, MD; Michael A. Rogawski, MD, PhD; Simon Pimstone, MD, PhD; Ernesto Aycardi, MD; Cynthia Harden, MD; Jenny Qian, MS; Constanza Luzon Rosenblut, MD; Christopher Kenney, MD; Gregory N. Beatch, PhD

IMPORTANCE Many patients with focal epilepsy experience seizures despite treatment with currently available antiseizure medications (ASMs) and may benefit from novel therapeutics.

OBJECTIVE To evaluate the efficacy and safety of XEN1101, a novel small-molecule selective Kv7.2/Kv7.3 potassium channel opener, in the treatment of focal-onset seizures (FOSs).

DESIGN, SETTING, AND PARTICIPANTS This phase 2b, randomized, double-blind, placebo-controlled, parallel-group, dose-ranging adjunctive trial investigated XEN1101 over an 8-week treatment period from January 30, 2019, to September 2, 2021, and included a 6-week safety follow-up. Adults experiencing 4 or more monthly FOSs while receiving stable treatment (1-3 ASMs) were enrolled at 97 sites in North America and Europe.

INTERVENTIONS Patients were randomized 2:1:1:2 to receive XEN1101, 25, 20, or 10 mg, or placebo with food once daily for 8 weeks. Dosage titration was not used. On completion of the double-blind phase, patients were offered the option of entering an open-label extension (OLE). Patients not participating in the OLE had follow-up safety visits (1 and 6 weeks after the final dose).

MAIN OUTCOMES AND MEASURES The primary efficacy end point was the median percent change from baseline in monthly FOS frequency. Treatment-emergent adverse events (TEAEs) were recorded and comprehensive laboratory assessments were made. Modified intention-to-treat analysis was conducted.

RESULTS A total of 325 patients who were randomized and treated were included in the safety analysis; 285 completed the 8-week double-blind phase. In the 325 patients included, mean (SD) age was 40.8 (13.3) years, 168 (51.7%) were female, and 298 (91.7%) identified their race as White. Treatment with XEN1101 was associated with seizure reduction in a robust dose-response manner. The median (IQR) percent reduction from baseline in monthly FOS frequency was 52.8% ($P < .001$ vs placebo; IQR, −80.4% to −16.9%) for 25 mg, 46.4% ($P < .001$ vs placebo; IQR, −76.7% to −14.0%) for 20 mg, and 33.2% ($P = .04$ vs placebo; IQR, −61.8% to 0.0%) for 10 mg, compared with 18.2% (IQR, −37.3% to 7.0%) for placebo. XEN1101 was generally well tolerated and TEAEs were similar to those of commonly prescribed ASMs, and no TEAEs leading to death were reported.

CONCLUSIONS AND RELEVANCE The efficacy and safety findings of this clinical trial support the further clinical development of XEN1101 for the treatment of FOSs.

TRIAL REGISTRATION ClinicalTrials.gov Identifier: NCT03796962

Visual Abstract

Supplemental content

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Corresponding Author: Jacqueline A. French, MD, NYU Comprehensive Epilepsy Center, 223 E 34th St, New York, NY 10016 (jacqueline.french@nyulangone.org).

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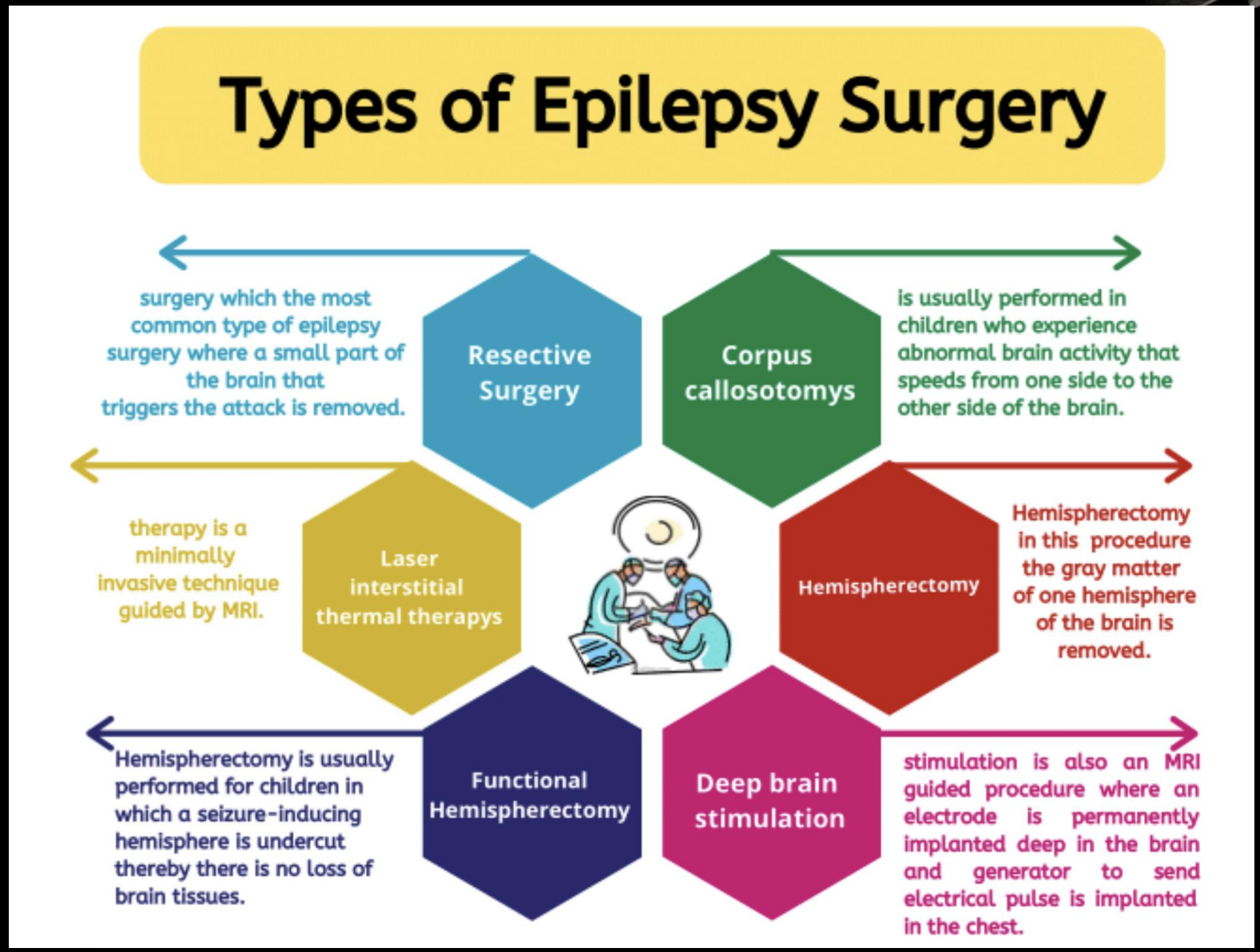
5. NUEVAS TERAPIAS EN EPILEPSIA: DIETAS

5. NUEVAS TERAPIAS EN EPILEPSIA: CIRUGÍA DE EPILEPSIA



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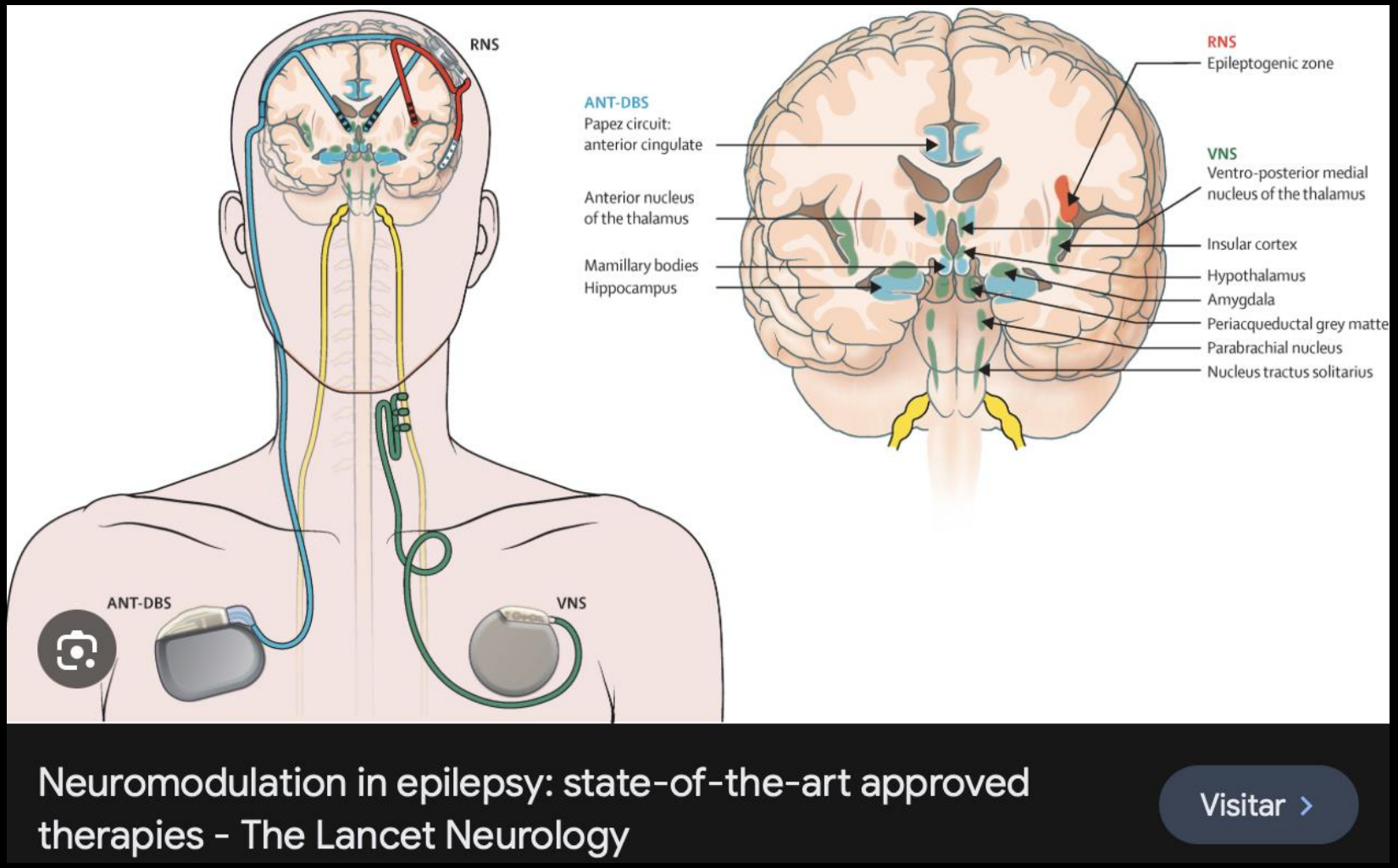
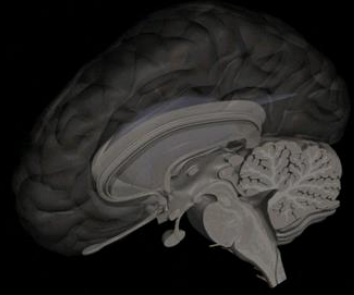


6. NUEVAS TECNOLOGÍAS DE APOYO EN EL PACIENTE CON EPILEPSIA

6. NUEVAS TECNOLOGÍAS DE APOYO EN EL PACIENTE CON EPILEPSIA

- Shaking or Jerking
- Muscle Stiffening
- Twitching or Trembling
- Spasms or Convulsions
- Face grimacing
- Eye fluttering
- Wagging of extremities
- Pedaling
- Kicking
- Rocking
- Pelvic thrusting
- Sleep walking
- Restless legs

6. NUEVAS TECNOLOGÍAS DE APOYO EN EL PACIENTE CON EPILEPSIA



SOS Smartwatch

- **Price:** $$

Smartwatches for people with epilepsy can detect movements that may indicate a person is having a seizure. These watches can have a variety of features: Some sound an alarm to signal for help, while others send a message to a caretaker with a person's GPS location.

One example is the SOS Smartwatch, which is advertised as the modern-day alternative to traditional medical alert systems, no smartphone required. If you feel like you're about to have a seizure or another medical emergency, you press the SOS button and the company's medical operators will answer. They'll track your location, notify your emergency contacts, and send 911 services if needed.

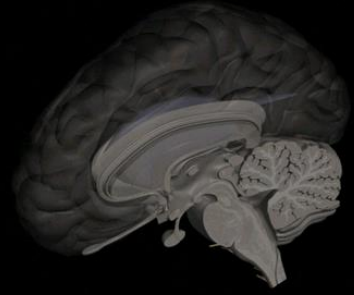
✓ Pros

- The smartwatch doesn't require a smartphone to use.
- It's water-resistant.
- It has GPS tracking.
- The battery life is 18 hours, according to the company.

✕ Cons

- You'll need to pay an additional $30/month for 24/7 alert system access.

6. NUEVAS TECNOLOGÍAS DE APOYO EN EL PACIENTE CON EPILEPSIA



SeizAlarm: Seizure Detection

- **Price:** free 2-week trial, then $—$$ depending on membership

This iPhone and Apple Watch app detects seizure-like movement or a low or elevated heart rate and automatically notifies your emergency contacts. You can also manually request help by pressing the Watch Help buttons, or even send a time-delayed request if you feel an aura and want to initiate a help request in case it turns into a full-blown seizure.

I regularly have auras that end up passing on their own, so I appreciate this feature. This app even includes a log dashboard where you can export reports to share with your doctor.

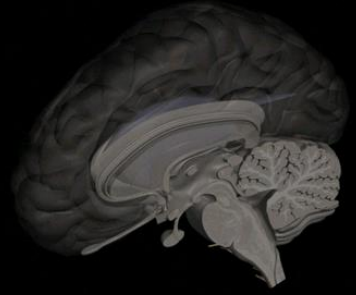
✓ Pros

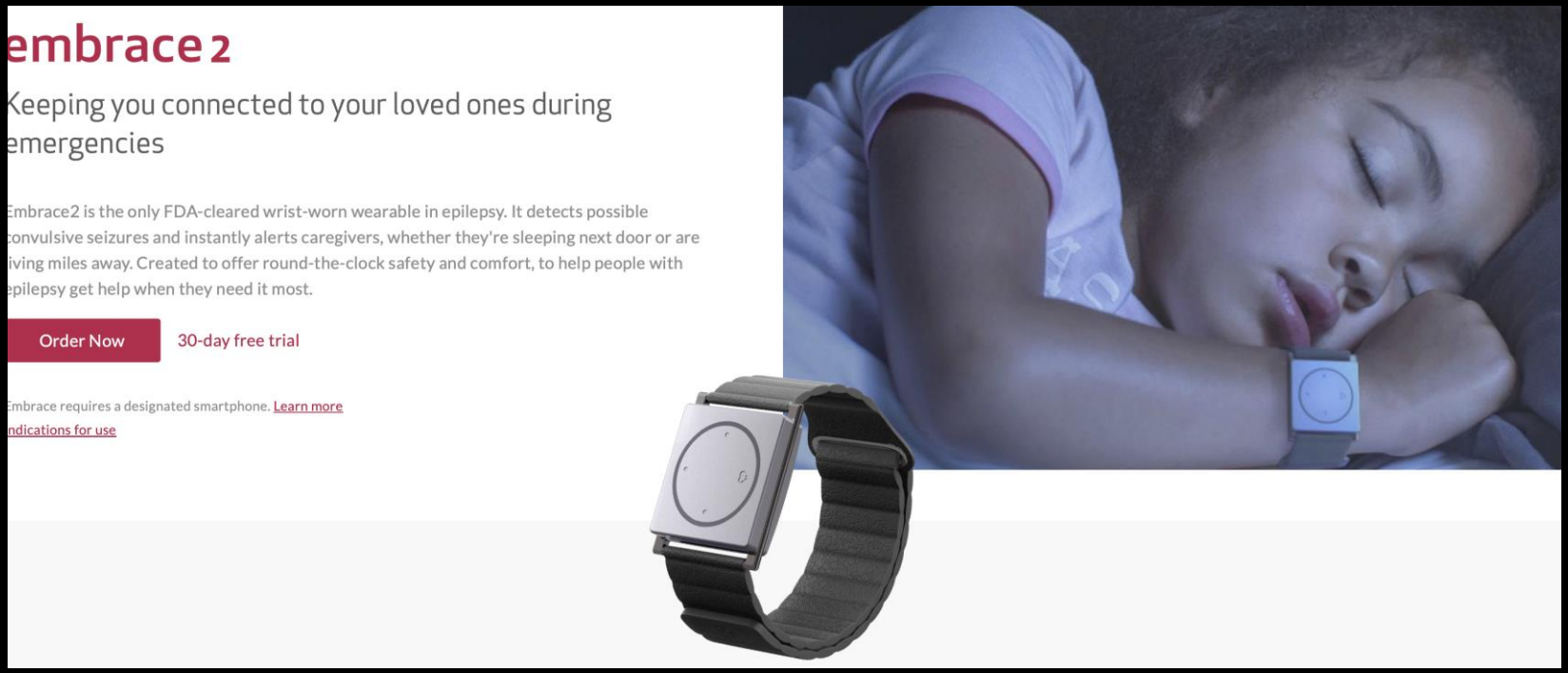
- It's great for people who are nonverbal or who become nonverbal during seizures.
- It includes heart rate monitor and motion sensor.
- It tracks GPS location.

✕ Cons

- You must have an Apple Watch to effectively detect motion.
- It can be glitchy.
- You must pay to have the ability to request help.

6. NUEVAS TECNOLOGÍAS DE APOYO EN EL PACIENTE CON EPILEPSIA





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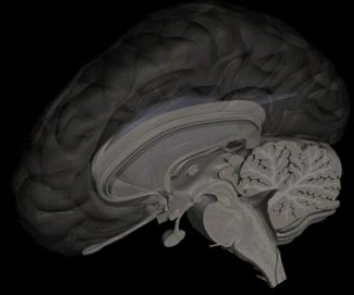
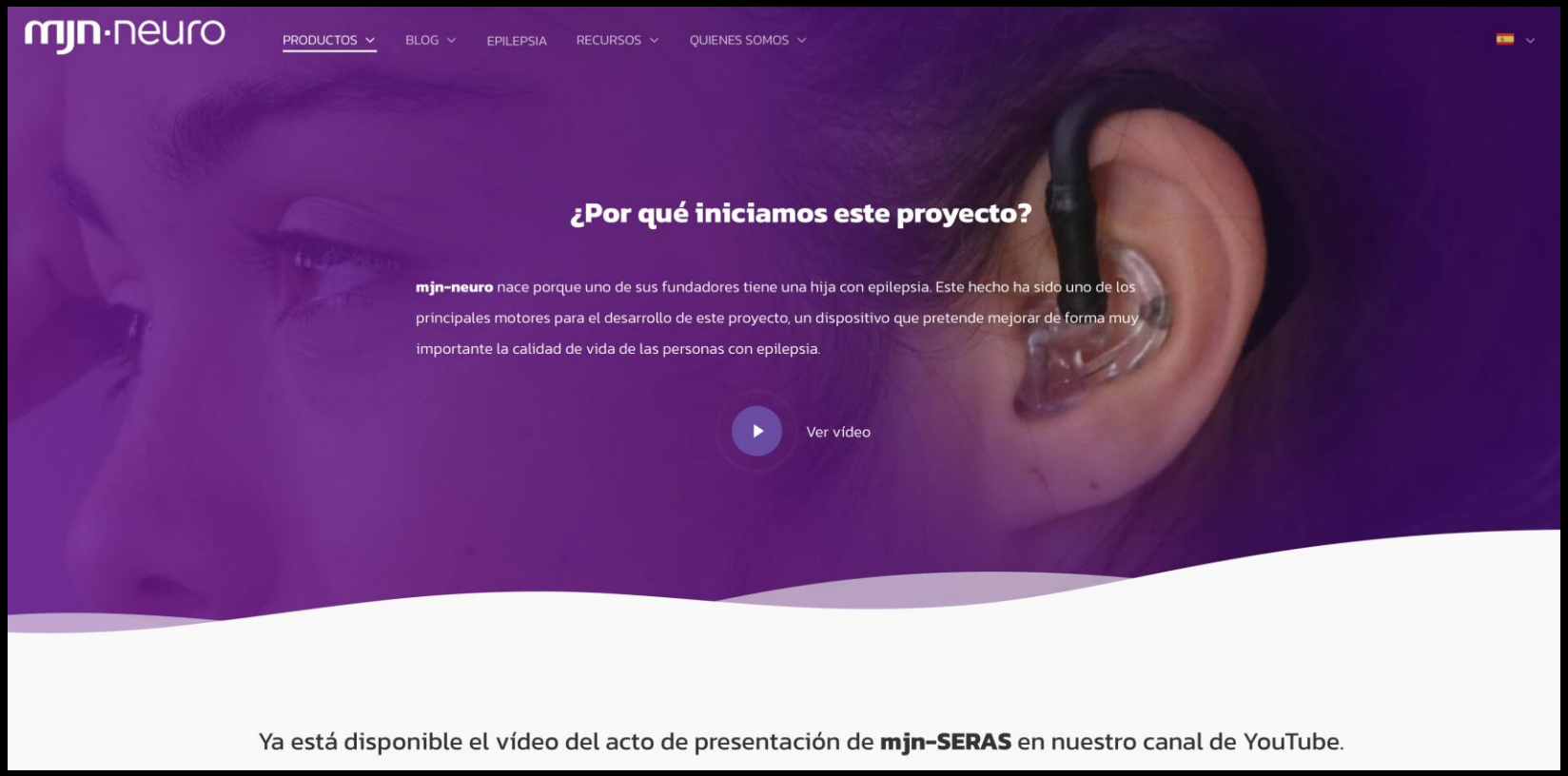
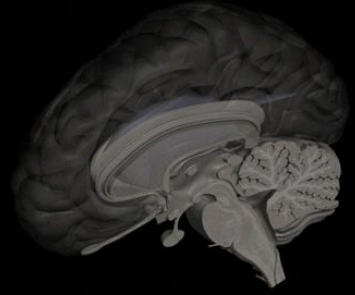




7. CANNABIS Y EPILEPSIA



7. CANNABIS Y EPILEPSIA

MARIHUANA

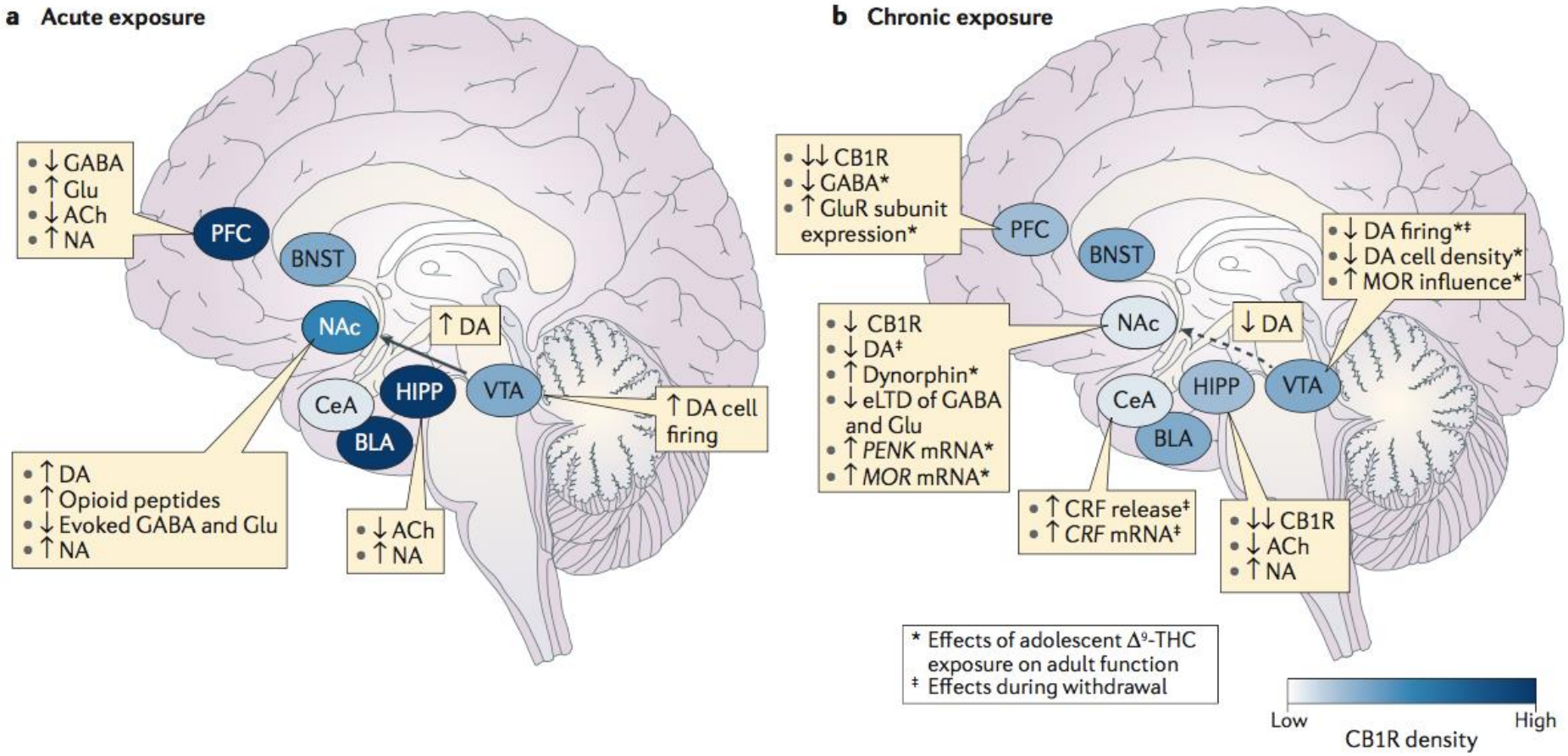
-SE DENOMINA CANNABINOIDES A LOS PRINCIPIOS QUÍMICOS QUE SE ENCUENTRAN EN LA PLANTA (400 COMPONENTES)

-LOS CANNABINOIDES ACTÚAN EN RECEPTORES CELULARES Y MODULAN LA LIBERACIÓN DE NEUROTRANSMISORES EN EL CEREBRO

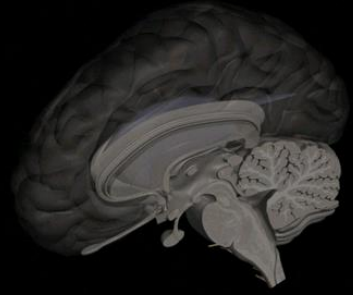
-LOS PRINCIPALES CANNABINOIDES SON:

THC (TETRAHIDROCANNABINOL)
CANNABIDIOL
CANNABINOL

7. CANNABIS Y EPILEPSIA



7. CANNABIS Y EPILEPSIA



MARIHUANA:

EFECTOS A LARGO PLAZO O EN USO INTENSIVO EN ADOLESCENTES

-ADICCIÓN

-DESARROLLO CEREBRAL ALTERADO

-PEOR DESEMPEÑO ESCOLAR (Y ABANDONO DE ESTUDIOS)

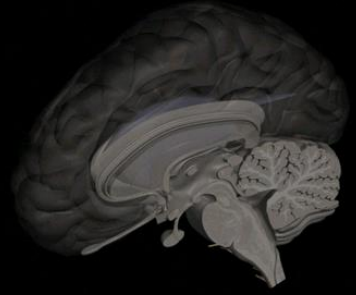
-MENOR COEFICIENTE INTELECTUAL

-MENOR NIVEL DE AUTOSATISFACCIÓN DE SU VIDA Y LOGROS

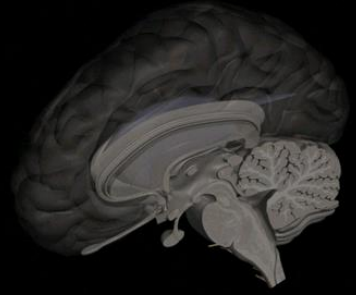
-MAYOR RIESGO DE ESQUIZOFRENIA


Pop Tarts
Pop Tarts

7. CANNABIS Y EPILEPSIA



Hand flapping



8. AUTISMO Y EPILEPSIA

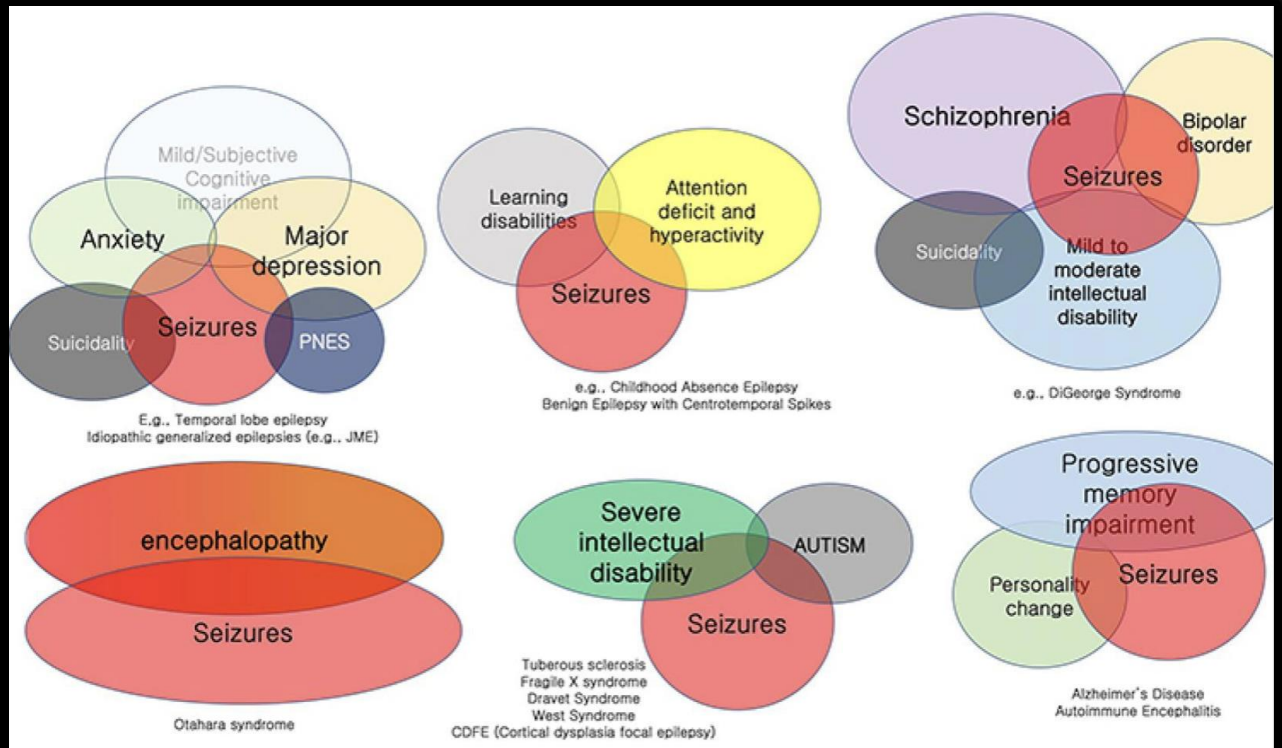
TRASTORNOS DEL ESPECTRO AUTISTA - DEFINICIÓN SEGÚN DSM V

-COMPROMISO SIGNIFICATIVO DE LA INTERACCIÓN Y COMUNICACIÓN SOCIAL

-PATRÓN DE CONDUCTAS E INTERESES RESTRICTIVOS Y REPETITIVOS

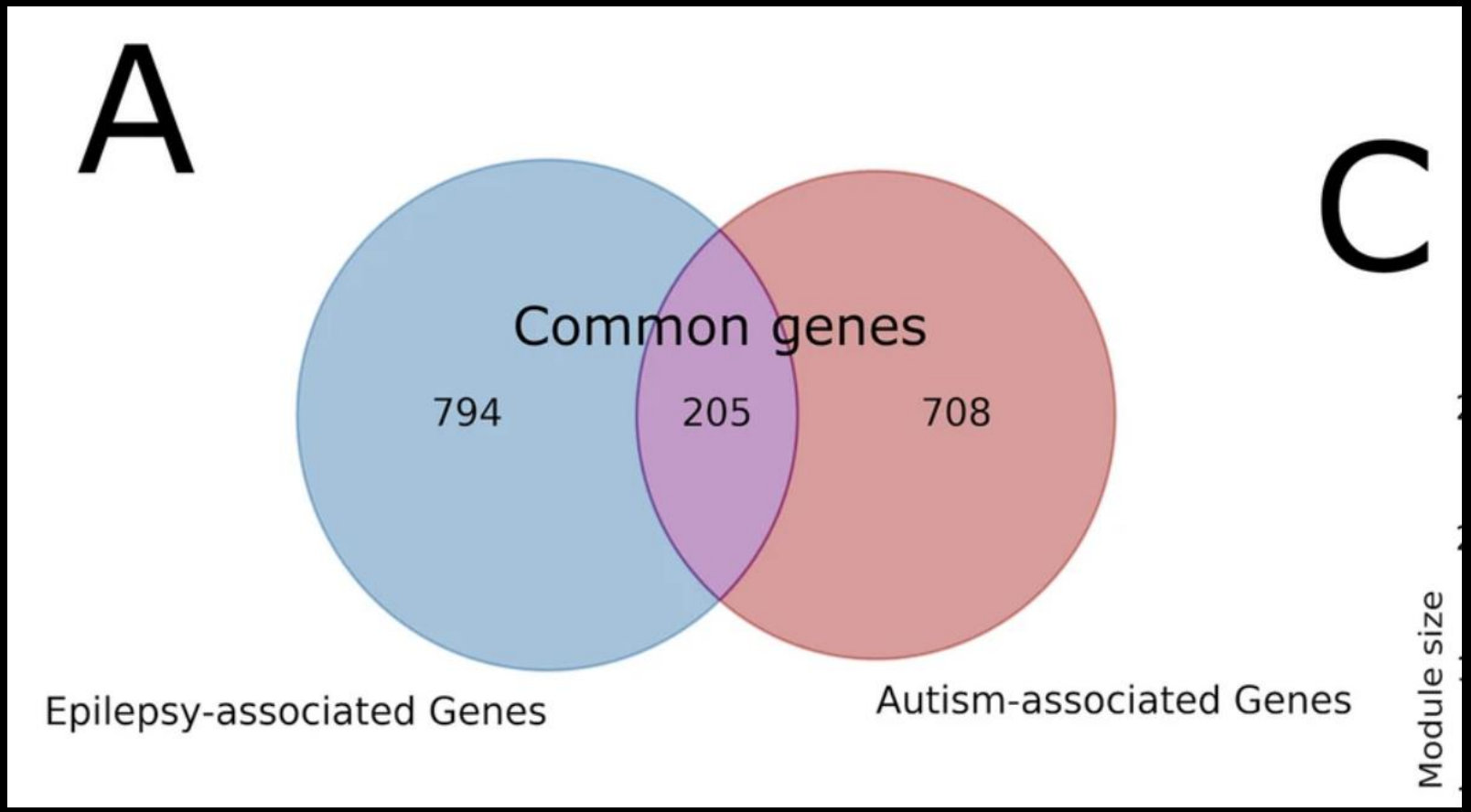
-HABITUALMENTE RELACIONADOS A ELEMENTOS NEUROSENSORIALES

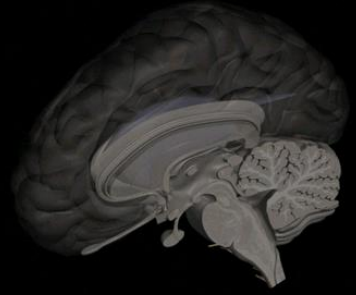
8. AUTISMO Y EPILEPSIA



Clusters of Behavioral or Psychiatric Comorbidity in Epilepsy

8. AUTISMO Y EPILEPSIA





CONCLUSIONES

-GRANDES AVANCES EN CONOCIMIENTO DE LA EPILEPSIA

-MAYOR ESPECTRO DE ALTERNATIVAS TERAPÉUTICAS

-PORCENTAJE DE PACIENTES MANTIENE CRISIS

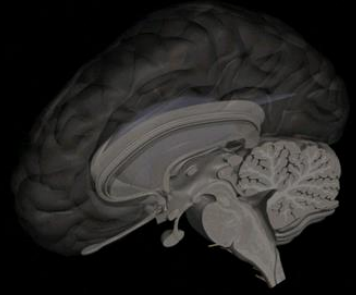
-ALTO COSTO ECONÓMICO

-”MERCADO” DE EQUIPAMIENTO DE EVENTUAL UTILIDAD

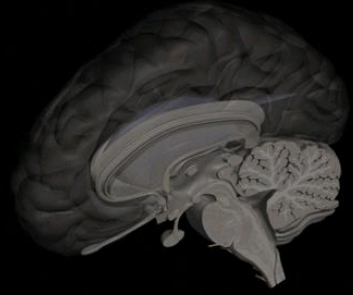
-GRANDES GRUPOS DE INVESTIGACIÓN

-IMPORTANCIA DE GRUPOS DE TRABAJO PACIENTES-MÉDICOS-CIENTÍFICOS


21 DE OCTUBRE
PUERTO MONTT
JORNADA EDUCATIVA
LIGA LOCAL DE EPILEPSIA
DR. PATRICIO GUERRA
PERSONAS QUE PRESENTEN LA CONDICIÓN DE EPILEPSIA Y SUS FAMILIAS, PROFESORES Y PERSONAL DE LA EDUCACIÓN, PERSONAL DEL ÁREA DE LA SALUD, PÚBLICO EN GENERAL ETC.
10:00 a 13:00 hrs
AUDITORIO HOSPITAL
PUERTO MONTT
Fono: (65) 2263716
E-mail: ligaclepm@gmail.com



PREGUNTAS



JORNADA EDUCATIVA 2023
LIGA LOCAL CONTRA LA EPILEPSIA PUERTO MONTT

DR. PATRICIO GUERRA
NEURÓLOGO INFANTIL Y ADOLESCENTES
MAGÍSTER NEUROCIENCIAS
ESCUELA DE MEDICINA UNIVERSIDAD SAN SEBASTIÁN PUERTO MONTT