patients with a high degree of accuracy if they were trained for the task.

Such a system-based approach to the management of these two common and disabling conditions may reduce mortality and save costs in the long run by improving timely access to definitive care.

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References

1. Chan E. Thrombolytic service of acute ischaemic stroke in Hong Kong. Hong Kong Med J 2012;18:170.
2. Lau AY, Soo YO, Graham CA, et al. An expedited stroke triage pathway: the key to shortening the door-to-needle time in delivery of thrombolysis. Hong Kong Med J 2010;16:455-62.
3. Cheung NK, Yeung JH, Chan JT, Cameron PA, Graham CA, Rainer TH. Primary trauma diversion: initial experience in Hong Kong. J Trauma 2006;61:954-60.
4. Hui YY, Lo WY, Lee LL, Chan JT, Tang SY, Kalinowski E. Measuring performance of night-time interfacility transport service. Eur J Emerg Med 2011 Oct 31. Epub ahead of print.
5. Ng JS, Graham CA. Primary percutaneous coronary intervention for ST-elevation myocardial infarction in Hong Kong. Hong Kong Med J 2011;17:166-7.

Management of Dravet syndrome: emerging clinical insights

To the Editor—The recent article by Mak et al[1] regarding Dravet syndrome provided for interesting reading. Treatment outcomes of patients with this syndrome have improved remarkably with the increased utilisation of newer drugs in combination with non-pharmacological therapeutic approaches.

For instance, recent studies have shown the effectiveness of a relatively new drug 'stiripentol', which not only decreases the frequency of seizures in patients with Dravet syndrome by almost 70% but also attenuates the risk of developing status epilepticus.[2] Stiripentol exerts its anti-epileptic features by acting on GABA-A receptors. Physicians should monitor patients taking this drug closely as it may result in marked anorexia. Valproic acid and benzodiazepines such as clonazepam remain the classic first-line alternatives for the management of seizures in patients with this condition.

A highly promising non-pharmacological approach is the introduction of a ketogenic diet. In a recent study, a 75 to 99% reduction in seizures was noted in nearly 63% of patients with Dravet syndrome following the initiation of such a regimen.[3] Recently, Nabbout et al[4] have reported that besides decreasing seizure frequency, ketogenic diets also improve behavioural abnormalities such as hyperactivity. Another non-pharmacological involves 'vagal nerve stimulation'.[5]

As is evident from the above discussion, a combined approach seems to be the most effective approach to mitigating morbidity in patients with Dravet syndrome.

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References

1. Mak CM, Chan KY, Yau EK, et al. Genetic diagnosis of severe myoclonic epilepsy of infancy (Dravet syndrome) with SCN1A mutations in the Hong Kong Chinese patients. Hong Kong Med J 2011;17:500-2.
2. Inoue Y, Ohtsuka Y, Oguni H, et al. Stiripentol open study in Japanese patients with Dravet syndrome. Epilepsia 2009;50:2362-8.
3. Thammongkol S, Vears DF, Bicknell-Royle J, et al. Efficacy of the ketogenic diet: which epilepsies respond? Epilepsia 2012;53:e55-9.
4. Nabbout R, Copioli C, Chipaux M, et al. Ketogenic diet also benefits Dravet syndrome patients receiving stiripentol: a prospective pilot study. Epilepsia 2011;52:e54-7.
5. Zamponi N, Passamonti C, Cappanera S, Petrelli C. Clinical course of young patients with Dravet syndrome after vagal nerve stimulation. Eur J Paediatr Neurol 2011;15:8-14.