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.

References

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