



## Epigraph Volume 11 Issue 1, Winter 2009

Member Login

GO

- About ILAE
- Resource Central
- Chapters & Regions
- Education
- Classification
- Bookstore
- Commission Reports & Activities
- Meeting Proceedings & Position Papers
- Publications
- Archives
- Contact Us
- Farewells
- League Initiatives & Projects



### From The Information Officer



Edward H Bertram, MD  
Information Officer

As will be repeated many times in the coming year, this year marks the centennial of the ILAE, and, although we will be looking back to celebrate the progress that has been made in our first hundred years, we will also start to accelerate the efforts to achieve our core mission of assuring that no one's life is limited because of epilepsy. Over this period, the League has had an extraordinary growth from a handful of concerned and dedicated physicians to an organization that covers the globe and has over 14,000 members in its almost 100 chapters. The members are involved in the central activities in support of the League's goals to enhance patient care, broad epilepsy education and research to find new treatments. Like the rest of medicine, the field of epilepsy has made great strides during this period, but we all know that it still has far to go to achieve its goals.

Although the ILAE has been a multinational organization, for much of its first 100 years it has been an organization that has largely been centered in Europe and North America with a few notable and important exceptions. That that orientation is changing is demonstrated by a number of events in recent years. To encourage the development of regional collaborations and to assist with the educational mission of the League regional congresses were established to be held every two years. Last year regional congresses were held in Asia, Europe, Latin America and North America with record attendance at each venue. In addition, educational branches (Epilepsy Academies) for the regional commissions in Europe (EUREPA), Asia (ASEPA) and Latin America (ALADE) have organized a series of educational programs, courses and summer schools that are designed to improve the standards of care for patients with epilepsy as well as to recruit the next generation of specialists to the cause of epilepsy. The Indian Epilepsy Society has developed an excellent set of guidelines for the treatment of epilepsy. These guidelines are now available on the ILAE website through the IEA's kind generosity. Other countries have or have been working on similar guidelines, and the broader dissemination of our collective experience and clinical approaches will assuredly improve the care of our patients. Finally the League is taking a lead in developing epilepsy expertise in Asian and African countries where none now exist. There are several articles in this edition of *Epigraph* that highlight League initiatives as well as recent courses and conferences and the impact they may have on epilepsy care in countries in which specialized care is non-existent or in the early stages of development.

As a final testament to the growing internationalization of the League, the list of candidates (please review their statements in this issue) for the League's Executive Committee is truly international, with multiple candidates from four of the League's regions. As President Wolf and President-elect Moshé note in their messages, the ILAE has evolved into a world organization and a broad representation is essential for the League to achieve its ambitious goals for the next four years and beyond. To ensure that the voices of all regions are heard, it is essential that all chapters vote. Please be sure that your chapter casts its vote for the new Executive Committee

that will guide the League during its historic Centennial Celebration over the next four years.

### President's Message



Prof Peter Wolf

Dear Friends,

In this message I'd like to talk to you about three things: elections, consequences of the financial crisis, and our Centenary Congress.

As you probably all are aware, the first part of the elections to our Executive Committee for the years 2009 – 2013 has been accomplished, and Dr Solomon Moshé (or Nico, "from the Bronx" as he likes to introduce himself) will be our next President. There is no doubt that our Chapters have made a good choice. Nico's longstanding commitment for epilepsy, especially in research and education, is well-known, and as Secretary General in the present term of office he has become familiar with the administrative side of our organization. I welcome him to his new capacity and look forward to continuing to work together over the next quadrennium.

Now, the second stage has begun where four additional officers will be elected to the offices of Vice Presidents, Secretary General and Treasurer. The Chapters have nominated their preferred candidates for these offices, and the 12 persons who received the most nominations have been announced for your vote. If your Chapter has not received this information, perhaps due to a change of officers or mail addresses, please contact our Brussels office immediately; we really want to have everybody participate in the election.

We have so many good and dedicated people in our organization who are willing to serve, that we can look forward to having another strong Executive Committee that will continue to create initiatives and new projects to make progress with our mission to better understand epilepsy, more successfully fight it, and improve the lives of people afflicted by epilepsy all over the world. We have developed several rules and procedures that will ensure the participation of all regions in our administration. I am very pleased to see that the slate of nominated candidates shows a nice diversity with respect to regional and gender distribution, including neurologists, pediatricians and basic researchers. Let us hope that broad representation will also be the outcome of the election.

The global financial crisis has consequences everywhere but I am relieved to report to you that no part of our assets that are held in the USA have been invested in any of the financial institutions that crashed. There is some decrease in the return we receive from our investments, which we have to adapt to and can live with. The consequence which we will feel most in 2009 is that we originally had planned in this year to dispense more than our expected income in our organization since we had just experienced a series of years where we had saved money. This, however, we don't find justified any more. It means that substantial reductions had to be made in the planned 2009 budget. This was not an easy decision but we felt it was unavoidable if we want to ride out the storm and protect the impetus with which we can pursue our mission. However, even if this means that a few activities of lower priority need to be cancelled for this year, we expect that in many instances the projects can be reactivated next year. Due to a prudent economic policy over the last 15 years, we still have much more substantial resources than we had previously.

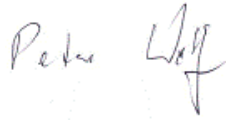
The preparations for our Centenary Congress in Budapest are well under way. The site was chosen because Budapest is the city where the International League Against Epilepsy was founded 100 years ago. Our Hungarian friends are doing a great job of helping us plan a meeting which will be full of historical reminiscences that can provide a perspective to appreciate the enormous progress that has been made, and to become fully aware of what a successful organization we are. With a history of 100 years we belong to one of the oldest medical specialist societies but we also can be proud of being one of the most successful. In Budapest there will be historical papers and an historical exhibition, and there will be arts and cinema. Due mostly to the indefatigable commitment of Dr Simon Shorvon, a representative book is now in print to be available in Budapest. It describes some of the most important aspects of the development in the last centennium of epileptology in general and the ILAE in particular. I have read all the manuscripts and know that it contains much information that hitherto was either not easily available or was completely unavailable. For early birds, subscription at a very advantageous price is available and will get you a numbered and named copy. Please consult our Web site.

Apart from these historical aspects, and not to forget, we will have a Congress of excellent quality. A highly interesting program has been set up and we have received a large number of good

submissions from everywhere. We are all looking forward to a memorable meeting.

I hope to see you all in Budapest!

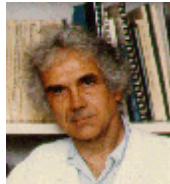
With best regards,



Peter Wolf

ILAE President

### About the election process for the Executive Committee Officers



Prof Giuliano Avanzini

#### ILAE Executive Committee Election

The ongoing phase of the ILAE Executive Committee (EC) election is the last part of the election process that started two years ago with the definition of the criteria for identifying the eligible candidates to ILAE President. The President election has been completed and ILAE members had the chance to welcome Solomon Nico Moshé as incoming ILAE President in November 2008.

The process of nomination of the four ILAE EC officers started immediately after and on 12 March. The list of the following 12 candidates who are available and willing to serve as ILAE Officers was circulated. The deadline for votes is 3 May:

- Michel Baulac (France)	Europe
- Alla Gueckt (Russia)	Europe
- Esper Cavalheiro (Brazil)	Latin America
- Chong-Tin Tan (Malaysia)	Asia Oceania
- Athanasios Covanis (Greece)	Europe
- Satish Jain (India)	Asia Oceania
- Reetta Kälviäinen (Finland)	Europe
- Marco Tullio Medina (Honduras)	Latin America
- Emilio Perucca (Italy)	Europe
- Tatsuya Tanaka (Japan)	Asia Oceania
- Eugen Trinkka (Austria)	Europe
- Samuel Wiebe (Canada)	North America

We are very pleased to see that we have such a qualified group of prominent epileptologists who are willing to serve in the ILAE EC and we thank all of them on behalf of the ILAE.

Now it is up to the ILAE Chapters to exert their right of voting for the ILAE EC officers. Please remember that each ILAE Chapter must vote for four names from at least three different ILAE regions:

Asia-Oceania  
Eastern Mediterranean  
Europe  
North America  
Latin America

The African region is being constituted but not yet functioning. This is not relevant, however, for the present election as there are no candidates from African countries.

Each Chapter is requested to send its vote to the designated notary using the attached ballot form. Each Chapter has from one to six votes according to the sliding scale reported in the rules. The ballot form should be completed by the President or Secretary of the Chapter (or equivalent person). Each Chapter must send in only one ballot.

The votes are reported on the ballot form that was circulated to all the Chapters on 12 March and that should be returned by **3 May 2009** by e-mail [aherold@wc-b.com](mailto:aherold@wc-b.com), or if this is not possible,

by fax +1-202-835-0243 or postal mail to:

Attorney Arthur I Herold  
 ILAE Elections Notary  
 Webster, Chamberlain & Bean  
 1747 Pennsylvania Avenue, NW, Suite 1000  
 Washington, DC 20006 USA

If your chapter leadership does not have a copy of the ballot, please contact Sofie Peeters at [speeters@ilae.org](mailto:speeters@ilae.org). We feel committed to stress that elections are an extremely important function of the ILAE, and the elected Executive Committee will lead the organization for the four-year term — so we urge all Chapters to participate fully in this process.

On behalf of the Election Committee  
 Giuliano Avanzini, Chair  
 Natalio Fejerman  
 Yoshi Mayanagi  
 Roger Porter  
 Simon Shorvon

Click here to go to [Election Procedures](#) detail.

### Regional Commission Leadership Nominations

Immediately following the Officer Elections, the Regions will need to hold elections for the five leaders of their Regional Commission for the next four years. Each Chapter President should have received an e-mail with a letter explaining the process and a nomination form. Follow this link for a **copy of the letter**. Each Chapter is asked to nominate five candidates from their region to serve on the Regional Commission. The President or Secretary of the Chapter should complete one nomination form for the Chapter and return it to the Notary (listed below) by April 27th. The nominations will be tallied using one vote per Chapter. The ten nominees who receive the highest number of votes will be included in the final ballot that will be sent out on May 11th. The final election of Regional Commission leadership will be completed before the Budapest International Congress.

### 2008 ILAE Annual Report

The 2008 Annual Report has been published on the ILAE Web site <http://www.ilae.org/Visitors/Publications/AnnualReports.cfm>. We thank all officers and commission chairs for their contributions. This Annual Report includes the Chapter reports. In an effort to reduce expenses this report has not been printed, but is only available on the Web site.

### Message from the Incoming President



Solomon L Moshé

I would like to take this opportunity to thank you for giving me the honor of being your next President. As the League is entering its second century, we should designate the next four years as the Centennial Celebration. At the same time, we will also celebrate the Golden Anniversary of our partner organization, the International Bureau for Epilepsy (IBE).

Centenary Celebrations such as ours are an important opportunity to review the past and plan for the future to resolve the many challenges faced by people with epilepsy. The first steps must include a strategic plan to identify common priorities and to establish milestones by which we will measure our progress and success. As you are well aware, I have proposed the following goals that will guide the development of programs to serve all people with epilepsy across the globe:

1. Enhancing collaborative international education, training, and research to improve the quality of life for everyone with epilepsy in all corners of the globe;
2. Assuring that all patients with epilepsy receive appropriate treatment;
3. Identifying, mentoring and developing the next generation of leaders in epilepsy research and care.

As part of this plan we will need to modernize League operations by applying state-of-the-art management methods and capitalizing on the newest information technologies to speed and simplify collaborations, communication and information exchange between the League, our Chapters, regional organizations and especially with IBE, our partner in the delivery of epilepsy care and services.

Achieving these ambitious goals will require the collaboration and participation of our international epilepsy community. It is imperative that the League's Executive receive input from all our Chapters. I already have sent out letters asking for their help in identifying the League's challenges by responding to the following questions:

1. For your Chapter and country, what are the three most important challenges you anticipate for the next four years?
2. For your region of the world, what are the three most challenging issues you see for the next four years?
3. From a worldwide perspective, what are the three most challenging problems the ILAE should solve in the next four years?

In the next months we will be electing the members of the Executive Committee. It is essential that every Chapter votes so that we can ensure that there is a true international participation and voice in the League's affairs. This issue is one that is extremely important to me personally as is clear from the constitutional amendment I proposed guaranteeing that each region has representation at the level of the League's Executive Committee. This step is necessary not only to provide a truly global perspective on the problem of epilepsy but also to allow us to develop chapter- and region-appropriate plans for epilepsy care. There are many talented individuals who are willing to serve the League and their statements are included in this issue of the *Epigraph*. I am sure that the newly elected Executive Committee will work hard with all volunteers to carry out successfully the new strategic plan. I look forward to working with all of you to improve the channels of communication between the League's Executive Committee and the many and diverse Chapters. Our success in achieving our goals will depend on our ability to communicate with one another.

I look forward to serving as your President.

Nico  
Solomon L. Moshé, MD  
Secretary-General, ILAE  
Vice Chairman of Neurology, Director of Child Neurology  
Albert Einstein College of Medicine  
Bronx, NY USA

#### Executive Committee Officer Nominees

Photos and statements appear in alphabetical order.



**Michel Baulac**  
France

Dear Colleagues, Dear Friends,

It is an honor to be nominated as a candidate to the ILAE Executive Committee.

In terms of administrative background, I serve currently as Chair of the ILAE Commission on European Affairs (CEA), which, thanks to all its members, is very active in several domains:

- Education, through an agenda of international courses, each supported by a bursary program: it was important to diversify the themes, from general epileptology, surgery, genetics, to pharmacology, while covering at best the vast geographical region, from the Baltic, through the Red, up to the Black Sea.

But, with a desire to dedicate parts of the European budget to extra-European activities, we provided continuous financial support to EUREPA activities, especially the distance education (VIREPA), "Train the Trainers", or Portuguese and French-speaking courses. The next Executive Committee and CEA will have the important role of redefining the mission, statute and financial system of EUREPA, while

continuing to capitalize on its unique experience as an educational agency.

- European Congresses, which have reached an outstanding scientific level, and are a major source of income to the ILAE, despite the current trend for lesser sponsorship. Similar success should be contemplated for all ILAE Regional Congresses, on the basis of strong scientific, geographic, but also economic preoccupations.
- Communication and partnership with more than 40 Chapters, through yearly Chapter Conventions (European Council), the motivation of sub-regional initiatives and synchronies, and through substantial financial supports, targeting primarily the less-advantaged countries.
- New domains, like establishing contact with the European Drug Agency on all aspects of AEDs introduction to the clinic, (revised EMEA guideline, <http://www.emea.europa.eu/pdfs/human/ewp/056698endraft.pdf>), investing in consensus actions on status epilepticus (*Epilepsia* 2008; 49: 1277-285), opening the concept of "rare" epileptic diseases, or like lobbying officially the EU authorities to promote funding for epilepsy research (*Epilepsia* 2009; 50: 571–583).

I hope that all this experience would be useful for serving at the global ILAE level, including collaborating with the WHO, with efficient teamwork around the new President, Nico Moshé, aiming at the best generation and use of financial resources.

Basically, I remain committed to my patients, my neurology department at La Salpêtrière Hospital, as well as to the different research fields that I coordinate in this center, on AED development, epilepsy genetics, correlates of seizure emergence, or neurophysiology of post-operative tissues.

I also believe that local experiences can be useful on a larger scale. In Paris, we are working to enhance collaboration, beyond administrative separations, between pediatric and adult teams. An important international objective could be to reinforce the continuity of high quality care from childhood to adulthood, as patients and families strongly wish. Translated into research opportunities, this unique situation across development and ages is a key asset in order to defend the place of Epileptology within the highly competitive environments of Neurology, Neuropediatrics and Neurosciences.

I am therefore asking for your support in voting for me as an officer of the ILAE executive.

Yours sincerely,

Michel Baulac  
Professor at Paris University, INSERM-U739,  
Neurology, Hopital La Salpêtrière  
Paris, France  
[michel.baulac@psl.aphp.fr](mailto:michel.baulac@psl.aphp.fr)



**Esper A Cavalheiro**  
**Brazil**

Dear Friends,

Let me first thank all who gave me their vote at the presidential election. Even if I was not elected, I much appreciated the support that was given to me. When I now present myself as a candidate for one of the other offices of the ILAE, I wish again to make quite sure that I do not consider myself as representing only one particular region. The ILAE is a global organization, and I have both profited in my career from the worldwide exchange of ideas and experiences, and made my own modest contribution to international epileptology — by my basic research on epileptogenesis, my work in the ILAE Commissions on Neurobiology and Education, my involvement in the

lay organizations supporting patients with epilepsy (in Brazil and in the International Bureau for Epilepsy), and by my work for the improvement of research and networking for epilepsy in the developing world.

As a faculty member of the San Servolo advanced courses I was so impressed that I initiated the annual Latin American Summer Schools on Epilepsy which now, for the third time under my direction, have been instrumental in developing epilepsy education in Latin America. Consequently I have also been entrusted with running the permanent secretariat of the Latin American Epilepsy



Academy. One of my priorities as a member of the ILAE Executive would be to use these experiences to further develop the educational agenda of our organization, with special emphasis on the needs of underserved countries and regions. I also would focus on the development of global networks for research with the participation of low economy countries. My background in the health politics of my own country and the international relations which resulted from it, e.g. with TWAS, the Academy of Sciences of the Developing World, give me unique opportunities to do this efficiently.

Sincerely,  
Esper A Cavalheiro



**Athanasios Covanis, MD**  
Greece

Dear Colleagues,

ILAE's primary aim is to improve quality of life to all persons with epilepsy throughout the world. In this respect ILAE is very proud. Throughout the years of different leaderships a great number of countries have created new Chapters and have joined the ILAE. Furthermore the partnership with IBE and World Health Organization (WHO) to bring epilepsy "out of shadows" has helped to bring to light the regional problems in the developing and developed world such as educational and financial resources allocated to epilepsy, the areas of treatment gap, and the social stigma. Today more than ever, time is more challenging and we should take this opportunity during the second century to fulfill ILAE's efforts and dreams. To fulfill this it is necessary to continue the successful work of our predecessors and enlarge membership and our activities. Our aim will be to achieve a world where all people with epilepsy live in societies free of stigma, are properly diagnosed and treated and where matters related to epilepsy are dealt with equally without any discrimination. In order to do more for people with epilepsy across the world ILAE needs to generate more funds. By improving the economic status of ILAE, its political status will become more influential in pressing educational, training and research programs across the world through high quality Congresses and the world-recognized journal *Epilepsia*.

My primary aim within ILAE, if I am elected, will be to transfer knowledge to all societies at their own level and encourage the development of small or large units where people with epilepsy are properly cared for medically and socially, therefore reducing the existing treatment gap. Each region and country has unique problems and resources. For this we have to create a network of professionals and lay people throughout the world to put into action plans and ideas matched to the specific regions, in collaboration with IBE. These plans primarily will be based on ideas and suggestions coming from professionals and lay people from the region in question. All plans will be studied carefully and appropriately supported. We have to accumulate and combine suggestions worldwide and plan / act to each region according to their needs.

The absolute collaboration with IBE is necessary at National, Regional and Executive Board level. If I am elected, this collaboration will continue to be successful due to my previous posts held within the IBE Executive Committee.

I have dealt with epilepsy as a primary interest since 1976 and I have been involved with IBE since I took over the presidency of the Greek Association Against Epilepsy in the early 90s. Since 2001, I have held positions within the IBE of Vice President, Chair Eastern Mediterranean Task Force, Vice-Chair for Europe, Chair of Regional Chairs and Vice-Chair of the European Regional Executive Committee, President of the Greek ILAE and IBE Chapters, a member of the Management and Political Action Group of EUCARE, and currently Chair for the 9th European Congress on Epileptology for 2010.

My experience gained through holding these positions has given me the insight and knowledge of the workings of IBE and ILAE, which will help to achieve our goals.

Athanasios Covanis, MD  
Child Neurologist with diplomas in Pediatrics, Neurology and Child Health  
Head of the Neurology Department at the Children's Hospital 'Aghia Sophia', Athens  
[graaepil@otenet.gr](mailto:graaepil@otenet.gr) and [acovanis@otenet.gr](mailto:acovanis@otenet.gr)



**Alla Guekht, MD, PhD**  
Russia

Dear Colleagues,

I feel honored to be nominated to serve on the Executive Committee (EC) in 2009-2013. I regard the EC as an active and productive international body working as a team to meet the needs of people with epilepsy around the world and fully support strategies outlined by the President-Elect, Prof S Moshé.

I hope to be able to contribute to the implementation of these goals based on the background of my professional expertise and the experience gained while being involved in many initiatives and events in ILAE and collaboration with WHO, WFN, and EFNS.

With a background in general neurology, I have been taking care of patients with epilepsy for about 20 years. Currently I am Doctor of Medical Sciences, Professor of Neurology of the Russian State Medical University. My primary areas of research are epilepsy in the elderly/after stroke, epidemiology (honored by Bruce S. Schoenberg International Award and lecture in Neuroepidemiology), and quality of life. I have the privilege to be a member of the Editorial Boards of *Epilepsia*, *Epileptic Disorders*, and *Journal of Neurological Sciences*, as well as the author of over 100 papers in peer-reviewed journals, seven books, including the *National Guidelines* and *Manual in Neurology*. In addition I have been an invited speaker at many Epilepsy Congresses and epilepsy sessions at multidisciplinary Congresses. I was fortunate to mentor young doctors in their training and research, with 20 completed PhD and doctoral dissertations.

For about 15 years I have been involved in activities of the ILAE, with eight years of work in the Commission of European Affairs. Since 2005, I have served as Chair of the European Advisory Council with 43 Chapters. It gave me experience in the development of successful collaborative initiatives and adjustment of the strategic plans to the particular needs and priorities of each Chapter. The concept of Chapter Conventions was further developed with the creation of a Forum with productive discussion of important aspects of epilepsy care throughout Europe. I had the privilege to serve in the Organizing and / or Scientific Advisory Committees of several European Congresses.

Considering education as a major commitment, I am one of the founders and Director of the Migrating Course of Epilepsy, targeted to specialists at the second / third level of epilepsy care, and was honored to contribute to San Servolo and Baltic Sea Summer Schools, Eilat Course, as well as to several regional courses.

I came from a country situated geographically in Europe and Asia with many regions quite different in their ethnic, cultural, economic, and historical background. As a Secretary-General of my Chapter I actively participated in development of epilepsy care, managing with a range (from quite appropriate to very limited) of medical and financial resources. This experience was enriched by chairing a sub-commission for Central and Eastern Europe with special attention to the particular needs of different Chapters and full respect for their priorities.

The increasing burden of epilepsy worldwide, coupled with the dismal economic situation, pose unprecedented challenges to the ILAE in the next term. However, difficult times foster innovation and cooperation. If nominated and elected I will do my best to follow and enrich ILAE traditions and to promote:

- education (with a focus on an integrated system of on-site and distant comprehensive educational activities);
- research (especially considering collaborative research projects);
- optimization of epilepsy care and providing comprehensive epileptology in countries with different level of resources; and
- improving the lines of communication and strengthening cooperation between epilepsy professionals all over the world.

Yours sincerely,  
Alla



**Satish Jain, MD, DM, FRCP**  
India



Dear Friends,

I write to seek the support of all ILAE Chapters for the ongoing elections. It is very simple to seek support but quite difficult to justify it. Let me make an attempt!

Why should you support me? I come from a developing country. Nearly 75 percent of all people with epilepsy currently live in developing economies, particularly in Asia and Africa. Access to a large pool of epilepsy patients in India honed my clinical skills and provided me a strong foundation for research on various aspects of epilepsy. I have worked in both India and the US. My experience tells me that in developing countries, a disorder like epilepsy is not just a medical challenge. It is surrounded by a host of other implications which are just as difficult to cure, if not more — lack of resources, illiteracy, myths about epilepsy, societal stigma and poverty. The very process of providing medical care in the developing world therefore becomes a multi-dimensional challenge forcing you to stretch your own abilities. As a first initiative of its kind in the developing world — as Convenor of the Expert Group of the Indian Epilepsy Society — I drafted and released the **Guidelines for Management of Epilepsy in India (GEMIND)** on October 21, 2008.

Today we live in an era of tremendous opportunities coupled with financial uncertainties. The League's financial position is perhaps already influenced by the global economic recession. The ILAE has to progress and continue its ever increasing activities, particularly in developing countries. Life in the developing world often compels one to survive and progress even in the face of limited resources. I will try and use this experience gained in the 'disadvantaged' part of the world to the League's 'advantage'. In supporting me, you support clinical experience, administrative ability and sheer hard work. As a future officer of the ILAE, I hope to fulfill any responsibility entrusted upon me with honesty, innovation and enthusiasm. Your support for my candidacy is the operative prerequisite to fulfilling my hope and desire to serve the ILAE as an officer.

Looking forward to working with and for you.

Sincerely,

Satish Jain, MD, DM, FRCP

Neurologist & Epileptologist, Director of Indian Epilepsy Centre at New Delhi (India). Organized the 18th International Epilepsy Congress (1989) and 3rd Asian-Oceanian Epilepsy Congress (2000) in New Delhi. Received the International Ambassador for Epilepsy Award (2001). Actively associated with the ILAE-IBE-WHO Global Campaign Against Epilepsy. Member of the Commission for Asian Oceanian Affairs (2001 – Current), Commission on Search for Epilepsy Genes (2005 – Current), and Asian Epilepsy Academy (ASEPA) (2003 – 2007). Secretary General of the Indian Epilepsy Society (2002 – Current). On the Editorial Board of *Epilepsia*. E-mail: [satjain55@hotmail.com](mailto:satjain55@hotmail.com)



**Reetta Kälviäinen, MD**  
Finland

Dear Colleagues,

Our common vision in ILAE is to "achieve a world in which no person's life is limited with epilepsy". Valuable groundbreaking work has been done to achieve this goal during the 100 years since ILAE was founded in 1909. However, we are still facing many of the same challenges especially if we think of the great silence surrounding epilepsy compared to many other diseases. Therefore I suggest it's time for change in ILAE toward a more open and active role in the Society.

If I am elected I would emphasize the following points in my work:

- We should be able to elevate the status of epileptology among professionals in order to recruit new, talented people to achieve scientific progress and to better take care of our patients in future.
- We need to change the image of ILAE to an open, easily approachable and visible worldwide organization, where everyone's opinion is respected.
- We need to continue to develop consensus guidelines for appropriate diagnostic and therapeutic standards, which can be used world-wide. With these standards we can work toward achieving worldwide access to appropriate medical care (accurate diagnoses and

effective medical treatment) in collaboration with WHO and local and regional decision makers and by supporting local Chapters.

- We need to work in close collaboration with IBE and together disseminate the principles of appropriate medical care of epilepsy to the patients and to the lay people worldwide.
- We need to create networks with other organizations in neurosciences in order to promote epileptology and appropriate care of epilepsy.
- We need to create new forms of education in addition (or sometimes instead) of general Congresses and courses after carefully evaluating the real needs.
- We need to come out of the shadows ourselves to the media and actively promote scientific work and principles of medical care of epilepsy to the public.

Qualifications: I work as the Director of Kuopio Epilepsy Center as well as Docent (Associate Professor) and Project Leader of Clinical Epilepsy Research at the Department of Neurology at the Kuopio University in Kuopio, Finland. My special research interest is clinical epileptology including the prognostic factors of newly diagnosed epilepsy, the possible progressive nature of the epileptic process as well as cognitive functions and neuroimaging in epilepsy. I am also Director of the Epilepsy Surgery Program of the Kuopio University Hospital (both for adults and children). I am the President of the Finnish Chapter of IBE and Secretary-General of the Finnish Chapter of ILAE. In 2001-2005 I was the member and from 2007 the Secretary of the ILAE Commission for Therapeutic Strategies. I have participated in the preparation of the ILAE therapeutic guidelines. I was Chairperson of the Scientific Advisory Committee of the European Congress of Epileptology in Helsinki 2006. My husband is a pediatric neurologist and epileptologist who understands my work and supports it fully.

Reetta Kälviäinen, MD  
Neurologist, Director of Epilepsy Center, Secretary General of ILAE Chapter in Finland



**Marco Tulio Medina, MD**  
Honduras

Dear Colleagues,

I am very pleased and honored to have been selected as a candidate to the Executive Committee of the International League Against Epilepsy (ILAE).

During the last eight years I served as a member of the ILAE Commission on Latin American Affairs, and I am currently the Chairman of this Regional Commission. In the last four years with my colleagues in Latin America, we founded the Latin American Academy of Epilepsy (ALADE) and I was honored to be elected the first President. We have supported the education and research activities in our region as well as working with the ILAE Epilepsy Care Commission.

Based on this teamwork, Latin America took a big step forward, becoming a mature Region: with periodic regional epilepsy Congresses, the Latin American Summer School, the establishment of ALADE, establishment of new sub-commissions, like the Epilepsy Surgery sub-commission, and the collaboration with the ILAE North American Commission.

I am professor of Neurology and Epileptology at the National Autonomous University of Honduras and I have served as Chairman of the Education Subcommittee of the World Federation of Neurology. I performed my epileptology training at the Saint Paul Center, Marseilles, France, under the direction of Charlotte Dravet and colleagues, and later at the University of California, Los Angeles (UCLA). After I came back to my country we founded the ILAE Honduras Chapter, and the Honduras Neurology Training Program at the National Autonomous University of Honduras, the first pilot educational program of the World Federation of Neurology. During the last ten years we have improved epilepsy and neurological care in Honduras, working to reduce the incidence of epilepsy due to neurocysticercosis in rural areas of Honduras. As Professor and Director of the Neurology Training Program, we started an international collaborative research program with UCLA, Mexico, Japan, and Central and South America on the search for the Epilepsy Genes, epidemiology of the Epilepsies, and Neurocysticercosis. We have co-discovered the EFHC1 Juvenile Myoclonic Epilepsy gene and the GABRB3 Childhood Absence epilepsy gene, and we established a community epilepsy intervention program in Salama, Honduras. In the last ten years I also worked with the Los Angeles Epilepsy Foundation.

I strongly believe that the ILAE is a real international organization, and the participation of all their members is fundamental to assure a global perspective.

I would like to work with the next Executive Committee and its elected President Nico Moshé on several issues: 1) Promoting the Epilepsy Global Campaign, working mainly on the preventable epilepsies (such as Neurocysticercosis), Epilepsy treatment gap, Epilepsy Surgery gap, etc; 2) Improving epilepsy education worldwide, supporting the Regional Epilepsy Academies; and 3) Improving research in basic sciences, epidemiology and clinical research.

I believe that together we can improve the Epilepsy care worldwide and I can work on this important goal. I am asking for your support in voting for me as an officer of the ILAE Executive.

Prof Marco Tulio Medina  
Professor of Neurology and Epileptology, National Autonomous University of Honduras



**Emilio Perruca, MD, PhD**  
**Italy**

Dear Colleagues,

I thank all ILAE Chapters that nominated me for re-election to the ILAE Executive Board. This note briefly outlines my biography and my vision for the future of ILAE.

I obtained a medical degree and a specialization in neurology at the University of Pavia, Italy, and a PhD in clinical pharmacology at the University of London. Currently, I am professor of pharmacology at the University of Pavia. For the past two decades, I contributed to the ILAE by serving in various Commissions (Outcome Assessment, European Affairs and Therapeutic Strategies) and, currently, as First Vice President. I deeply believe that the ILAE can have a crucial role in pursuing our goal of a world where no person's life will be limited by the consequences of having epilepsy. The following are areas in which I feel we should especially concentrate:

*Expand services to member Chapters and individuals.* Improved communication with Chapters is essential in determining which specific services should be provided. We also need to enhance the operational capabilities of ILAE regions. The proposed constitutional amendment, which I contributed to, will go in this direction by including the elected Regional Commission Chairs in the ILAE Executive.

*Foster initiatives in education, training and research.* During the current term, I was given the task of organizing the Faculty of 1,000, a Web-based database of the many colleagues who contribute to ILAE's educational agenda. Improving knowledge and training programs should be a primary goal of ILAE. Efforts should be stepped up to identify and mentor the next generation of ILAE leaders, and involve them in Commissions and Task Forces. ILAE should also liaise with funding organizations to ensure that epilepsy becomes a priority for future research.

*Improve epilepsy care in the world regardless of resources.* The ILAE does not have the resources to conduct large programs alone, but it is ideally placed to stimulate and coordinate contributions from many organizations active in income-restricted countries. One example is the recent signing of a partnership agreement between ILAE and BasicNeeds, a non-governmental organization, to develop a program to reduce the treatment gap in Ghana. These initiatives can be expanded, taking advantage of our special relationship with IBE and WHO.

*Modernization of the organization and financial structure of ILAE.* Accomplishing our ambitious goals in education and epilepsy care programs will require considerable efforts and resources. The ILAE should optimize its organizational structure and diversify its sources of income, liaising with Chapters and other partners to develop projects for which funding can be sought from a variety of sources.

During the last four years, I had the privilege of working in close association with Nico Moshé, our President-Elect. I know that we share a common vision on many of these objectives. I am also aware that there are many motivated colleagues worldwide who are eager to contribute to these programs. By working together, a lot can be achieved.

Emilio Perruca, MD, PhD



**Chong-Tin Tan, MD**

## Malaysia

Dear Colleagues,

I am a graduate from the University of Melbourne, and am currently Professor of Neurology, University of Malaya, Malaysia. My primary area of clinical activity is general neurology, with special interest in epilepsy. I have helped to initiate and build many neurological institutions in Asia over the years. My involvement with the ILAE started in 2001 as past Chair of the Commission on Asian and Oceanian Affairs (CAOA), and Chair of Asian Epilepsy Academy (ASEPA). During these seven years, the Asian region has seen tremendous growth in the development of epilepsy, both in breadth and depth. The Asian and Oceanian Epilepsy Congresses (AOEC) are now well established with attendance approaching 2000 and with regular publication of the proceedings. ASEPA has been working continuously to improve epilepsy care by emphasizing the importance of specialized epilepsy care and by creating practice standards for the region. To achieve these goals ASEPA organizes about ten teaching courses yearly in various parts of Asia as well as conducts EEG certification examination. This examination is being increasingly accepted as a regional standard and has helped to promote better EEG reading in many Asian countries. A number of fellowships are being offered yearly to train aspiring epileptologists from the developing countries. By 2009, the number of ILAE Chapters in the Asia and Oceanian Region is expected to double to eighteen. These are of course fruits of dedicated joint efforts by many people. Since 2006, when I started my current term as Vice President of the ILAE, I have worked to strengthen these activities.

I believe the key missions of ILAE are to promote development of epilepsy science and to empower epilepsy care professionals everywhere in the world. It is important that the ILAE Executive Committee have broad representation of people from diverse backgrounds. I believe I can use my experience of developing and supporting improved epilepsy care at the grass roots level in Asia, including some countries where there is the greatest need for epilepsy education, to continue to contribute meaningfully to the international epilepsy movement. I therefore humbly seek your support in the coming Executive Committee election so that I may continue to help with this important endeavor.

Prof Chong-Tin Tan  
Neurology Laboratory  
University Malaya Medical Center  
Kuala Lumpur, Malaysia  
[editor@neurology-asia.org](mailto:editor@neurology-asia.org)



**Prof Tatsuya Tanaka**  
Japan

Dear Colleagues of ILAE,

It is a great honor to be nominated as a candidate in the election of officers for the Executive Committee of the ILAE.

I started to develop an international perspective during my training in epileptology which started in 1973 under Professor Robert Naquet in France, when I studied basic research using techniques such as kindling and kainic acid-induced seizures. My international experience continued under Professor Andre Olivier at the Montreal Neurological Institute, where I acquired clinical experience in epilepsy surgery. I put the tools that I learned abroad to good use when I returned to Japan and continued my clinical and research career as an epileptologist and neurosurgeon. In 2005, I was the first neurosurgeon who was elected President of the Japan Epilepsy Society (JES). During my three-year term, the JES continued to grow to a membership of over 1,800 doctors, the second largest Chapter of ILAE after the United States.

My basic research background has been extremely important to my understanding of the pathophysiology of epilepsy, and I have taken what I have learned about central neuronal networks and used it to develop therapeutic strategies for my patients. For this reason I strongly support the emphasis that the ILAE has placed on translational research to move laboratory research findings to clinical practice.

For the next four years and beyond one of the great challenges and opportunities will be the training of new epileptologists in underserved areas. Our experience with the JES scholarship system may provide a model for meeting this challenge. The JES is receiving young epilepsy clinicians and researchers from the Asian and Oceanian Region to receive training in Japan. At the moment the number is small and the training facilities are limited, but we will expand the scholarship system and increase the number of facilities that can accept trainees and train them

well.

The international epilepsy community faces other challenges. Stigma surrounding epilepsy continues to exist in many places of the world. Educational campaigns based on a strong collaboration between ILAE and IBE is necessary to break down the barriers faced by our patients. Another challenge remains the significant regional disparity that persists in epilepsy care despite the 100-year history of ILAE. No worldwide international conference of ILAE has ever been convened on the African continent. I would like to work to remedy this problem in the next four years. Finally, there is a problem in the dissemination of information about epilepsy. There are many regions in the world that cannot afford access to journals. The electric journal *Epilepsy & Seizure* launched by JES is an open access journal which can be viewed by anyone. We hope that this approach can serve as a model to supply information to many underserved areas.

If elected as an officer of the Executive Committee, I would devote all my efforts to assist the President Elect Dr Solomon Moshé, who has proposed a challenging set of goals for us to meet. Again, I am greatly honored by this nomination that I have received. I would greatly appreciate the opportunity to help the League achieve its important goals.

Yours sincerely,

Tatsuya Tanaka  
President, Japan Epilepsy Society  
Professor, Neurosurgery, Asahikawa Medical School, Japan



**Eugen Trinkka, MD, MSc**  
Austria

Dear Colleagues,

Dr Eugen Trinkka is head of the Epilepsy Service and the Monitoring Unit at the Department of Neurology, Medical University Innsbruck (Austria). He received his MD from the University Vienna (Austria) in 1990, and continued his training in Neurology and Psychiatry at the University Hospital Salzburg, Christian Doppler Clinic before being appointed as Senior Neurologist in 1997. After a fellowship at the Montreal Neurological Institute and Hospital, McGill University (Quebec, Canada) working with Professor F Andermann and F Dubeau he moved to the Medical University Innsbruck, Dept Of Neurology

where he became Deputy Chief of the EEG Laboratory and Department of Seizure Disorders in 1999. He received his *venia legendi* in 2003 and was appointed as Associate Professor for Neurology at the Medical University Innsbruck. In 2004 he became Chief of the Epilepsy Service and EEG Laboratory of the Dept of Neurology, Innsbruck. He also built up the comprehensive Innsbruck Epilepsy Surgery (INES) program which he has chaired since 2000. He further received a master's degree (MSc) in health sciences from the University for Medical Informatics Health Sciences and Public Health Hall in Tyrol (UMIT) in 2005.

Dr Trinkka's areas of scientific interest are in epileptology (epidemiology, prognosis, status epilepticus, pathophysiology and epilepsy surgery); clinical neurophysiology (electroencephalography and event-related potentials); and functional neuroimaging (fMRI and SPECT). He is a member the editorial board of *Epilepsia*, *Epileptic Disorders*, *Zeitschrift für Epileptologie*, *Therapeutic Advances in Neurological Disorders* and *Arzneimittelsicherheit* and Editor-in-Chief of the *Mitteilungen der Österreichischen Sekt Der ILAE*. In addition he acts as a reviewer for several top journals. Dr Trinkka is actively involved in the Austrian Chapter of the ILAE where he served as the 1st Secretary from 2003-2008 and is currently 2nd Secretary. He is also President of the Austrian Society for Clinical Neurophysiology since 2007 as well as a corresponding member of the American Epilepsy Society and Austrian Neurological Society. Dr Trinkka lectures on epilepsy monitoring and clinical epileptology, and on neurology and neurophysiology, at the Medical University Innsbruck. He was the recipient of the Herbert Reissner Prize for Epileptology, in 2000, and the Wilfried Haslauer Prize for Neuroscience, in 1995.

Eugen Trinkka, MD, MSc



**Samuel Wiebe, MD**  
Canada

Dear Colleagues,

I am honored to have been selected as a candidate to the Executive Committee of the International League Against Epilepsy (ILAE). My qualifications to serve in the ILAE Executive encompass clinical, academic and administrative aspects.

As an epileptologist, I have extensive clinical experience in the medical and surgical management of patients with epilepsy, including the complex epilepsies. Academically, I have made contributions pertaining to epilepsy in the areas of randomized surgical trials, quality of life, outcome assessment, epidemiology, research methodology, and evidence-based medicine. I have mentored numerous clinical and research trainees in epilepsy and neurology. My administrative experience includes the leadership of the Calgary Epilepsy Program, the Headship of the Division of Neurology at the University of Calgary, and the directorship of the Clinical Research Centre for the Faculty of Medicine, University of Calgary. I also launched and currently lead the Canadian Epilepsy Surgery Study Group, a research-based consortium which is affiliated with the Canadian League Against Epilepsy.

Of more immediate relevance to the position of officer of the ILAE is my experience in this organization. During the last ten years I have been actively involved in a variety of national and international activities of the ILAE. In Canada, I have served as President-Elect of the CLAE from 2001 to 2003, and then as President from 2003 to 2006. Internationally, I currently serve as Secretary of the ILAE Commission on Epilepsy Care, which is in charge of the activities of the Global Campaign Against Epilepsy, and I chair the ILAE Regional Commission for North America. I have also served as member of several ILAE Task Forces, including the Commission on Health Care Policy – Economics Subcommittee, and Task Forces on Quality of Life Measurement, and Definition of Intractable epilepsy.

During the last three years, through my role as Chair of the Regional North American Commission, I have had the opportunity to lead the implementation of highly successful collaborative initiatives in education and in epilepsy care involving partnerships among Canada, the USA, Central America, Latin America and the Caribbean.

I firmly believe that through inclusiveness and broad representation, the ILAE can accomplish its goal of improving the limitations currently faced by patients with epilepsy worldwide. I fully support the vision for the ILAE of the President-Elect, Dr Nico Moshé. This vision emphasizes fostering input from and serving the needs of the broad constituency of the ILAE, representing all health care professionals in epilepsy, developing and strengthening solid international collaborations in education, mentorship and research, and developing the next generation of ILAE leaders.

I believe that I can contribute meaningfully to the ILAE team that will lead these efforts in the next four years. Therefore, I ask for your support in voting for me as an officer of the ILAE Executive.

Respectfully,  
Samuel Wiebe, MD, MSc (Epidemiol), FRCPC  
Calgary, Alberta, CANADA

#### **ASEPA Activities Update**

From reports by CT Tan, SH Lim and Y Inoue

The Asian Epilepsy Academy (ASEPA) has continued with a number of educational and training initiatives across Asia. ASEPA is dedicated to improving the quality of epilepsy care by raising the awareness for the needs of patients with epilepsy, by creating standards for practice and care and by training neurologists from regions with little or no epilepsy care.

Dr Kyaw Linn from Myanmar recently completed a six-month fellowship in epilepsy and EEG in Malaysia under the supervision of Professor Lai Choo Ong. Dr Kyaw Linn is the only pediatric neurologist in the country of 55 million people and had been seeking additional training in epilepsy. Much of the six months was spent learning the technical aspects as well as interpretation of EEG, but a significant portion of time was also dedicated to seeing patients in outpatient facilities as well as in the hospital. In addition he was able to take advantage of other educational opportunities such as epilepsy surgery conferences and seminars in general pediatrics and pediatric neurology. He has now returned to Myanmar where he is anxious to share his newly acquired knowledge with colleagues and apply it to the care of patients.



In the fall of 2008 ASEPA also organized two courses on EEG and clinical neurophysiology in Tianjin, China and Colombo, Sri Lanka. A major focus of ASEPA has been to raise the standards of EEG practice throughout the region through a combination of courses, formal training and the creation of a certification process. ASEPA is grateful to Dr Y Inoue and K Yagi of Japan, who helped to raise funds to make these activities possible.

The meeting in China was organized by Prof Shichuo Li, President of the China Association Against Epilepsy (CAAE) and Dr Shih-Lui Lim of Singapore. An impetus behind this meeting was the rapid expansion of the use of EEG among the 123 epilepsy centers spread across 23 provinces in China, but there is no formal training or certification process. This meeting was organized to emphasize the importance of EEG in the diagnosis of epilepsy and to begin the process of creating standards of practice. To facilitate the process the CAAE will create a branch focusing on EEG and Clinical Neurophysiology that will oversee the creation of standards. Four hundred people attended this conference that was taught by leading faculty from China, Taipei, Japan, Malaysia, Singapore and Australia. The meeting served to introduce the participants to the technical and interpretive rigor that is needed to perform the test correctly. At the conclusion of the meeting there was general agreement to create national guidelines for the performance of EEG, to work with the National Ministry of Health to create a certification process for EEG technologists and to institute a formal certification of clinical neurophysiologists using ASEPA's certification examinations.

The meeting in Sri Lanka was part of the Ceylon College of Physicians Annual Academic Session. Sri Lanka is a country of slightly more than 21 million people with about 20 adult neurologists and two pediatric neurologists. Although a formal epilepsy program has been slow to develop in the country, over the last several years, in collaboration with the Mayo Clinic and Cambridge University, more than 100 temporal lobectomies have been performed at the National Hospital of Sri Lanka, where the course was held under the leadership of Professor Ranjini Gamage and Dr Jithangi Wanigasinghe. Professor Gamage is also leading a Ministry of Health Task Force to create the Sri Lankan League Against Epilepsy with the ultimate goal of becoming a Chapter of the ILAE. One of the purposes of the meeting was to accelerate the formation of the Sri Lankan League, but the primary goals were to improve the knowledge and skills of EEG, especially with regard to epilepsy, but also to increase the awareness of and the need for specialized epilepsy care. The 140 participants included physicians of various specialties as well as EEG technicians. In addition to several international speakers, there were three local epilepsy experts (Drs Sudath Gunasekara, Jithangi Wanigasinghe and Pyara Ratnayake) who had training at international epilepsy centers before returning home. Overall this course helped to introduce the importance and complexities of EEG to the Sri Lankan medical community and helped lay the ground work for enhanced epilepsy care in the future.

ASEPA will continue its program to improve physician knowledge and skills throughout the Asian and Oceanian Region. It's activities continue to support and further the strategic plans of the ILAE. Full reports of these activities are available on the ILAE [Web site](#).

CT Tan, ASEPA Chair  
SH Lim, CAO Chair

### An Update on ILAE Initiatives in Africa: The Ghana Project



In the second 2008 issue of *Epigraph*, I described several initiatives that the ILAE is undertaking to promote epilepsy care in Africa. One of the most important is a comprehensive project to be implemented in Ghana jointly with BasicNeeds, a British non-governmental organization with whom the ILAE has recently signed a Memorandum of Understanding. The project is intended to assess the size of the treatment gap in the country and to reduce this gap through improved access to epilepsy services, improved medical management and sustained livelihood initiatives for affected people and their families. As outlined below, a number of steps toward developing this program have been taken over the last few months.

In April 2008, Giuliano Avanzini, the ILAE Chair of the Global Campaign, and I travelled to Ghana for a seven-day visit. The purpose was to become acquainted with local key professionals involved in the care of people with epilepsy, to understand the health care system in the country and to identify areas where ILAE could assist in improving services and addressing the medical and social needs of people with epilepsy. During our visit we had the privilege of meeting with Dr A Dwuma Odoom, Deputy Minister of Health, Dr E Sorey, General Director of Ghana Health Services, Dr A Osei, Chief Psychiatrist for Ghana Health Services, and several professionals directly involved in the care of people with epilepsy, including Drs S Ohene and A Akpalu, who have been working toward establishing an ILAE Chapter in Ghana. Thanks to the invaluable assistance of Mr Peter Yaro, coordinator for BasicNeeds activities in Ghana, we had the opportunity to visit not only

major medical centers, but also community clinics, poor city neighborhoods and rural villages where we could interact personally with epilepsy patients and their families. Throughout our visit, we were impressed by the high awareness of health officials about the medical and social problems associated with epilepsy, and by their interest in collaborating with ILAE and supporting initiatives to reduce stigma and improve quality of care.

Although there are no data on the prevalence of epilepsy in Ghana, there is consensus among local health personnel that epilepsy is a major problem not only in terms of medical and social burden but also in terms of epidemiological dimension. The care of people with epilepsy in Ghana is almost entirely under the responsibility of psychiatrists, partly because the boundaries between psychiatry and epilepsy are blurred in the traditional culture, and partly because the local health system favors the channeling of people with epilepsy to psychiatric services. Medical practitioners and health workers are fully aware of the distinction between epilepsy and mental disease. However, they have not encouraged a different approach to the care of these conditions, partly because people with epilepsy and people with mental disorders share similar suffering with respect to stigma and discrimination and partly because an integrated approach to both conditions allows people with epilepsy to benefit from significant resources which have been allocated by Ghana Health Services to psychiatric care. These include the establishment of dedicated health centers and personnel, and a provision where all patients registered at psychiatric centers receive free medical care, including free medications. In spite of this, the treatment gap is likely to be considerable, because many people with epilepsy are unaware of the availability of these services and because the widespread prevalence of stigma discourages affected persons from seeking help. At present, the treatment gap is largely filled by traditional healers.

Despite the availability of many community care clinics throughout the country, Ghana suffers from a shortage of medical specialists, which is aggravated by a continuous brain drain as many professionals emigrate to wealthier countries. This implies that the care of people with epilepsy rests primarily on general practitioners, assistant medical officers (health personnel that support the activities of physicians in rural areas) and a network of psychiatric nurses. Health care is particularly challenging in rural areas, which host the majority of the population. Although antiepileptic drugs are provided free of charge to patients attending psychiatric health centers, there are frequent shortages of medications. Availability of laboratory services, such as EEG and neuroimaging equipment, is extremely restricted.

BasicNeeds has been active in Ghana for several years and it has taken many actions to improve the lives of people with epilepsy in the country. The organization's primary objective is to give voice to affected persons and to support initiatives that address specific medical and social needs. BasicNeeds' main strategy is to liaise with national, regional and community-level health authorities, to provide complementary services which address shortcomings in the health system, and to provide feedback to authorities on their experience in order to stimulate an improved quality of health care. These activities also involve reaching out to neglected communities to fight stigma and discrimination and to inform people about existing medical and social services. BasicNeeds also supports the health care system through (i) direct and indirect support to medical and nursing personnel, including transportation to health clinics in rural areas; (ii) making bulk purchases of medications to cover recurrent shortages in the distribution system; (iii) providing funding for infrastructure, such as the construction or upgrade of community clinics; and (iv) liaising with local authorities and non-governmental agencies to organize the professional training of people with epilepsy and facilitate their full integration into society and restitution to productive activities. This may include the granting of microloans to start small businesses. BasicNeeds, however, is not a medical organization and they rely on collaboration with government health officials for interventions related to clinical care.

Based on this background, and a well established line of communication between ILAE and BasicNeeds, it has become increasingly clear that the two organizations are optimally placed to provide complementary and synergistic contributions to reduce the treatment gap for people with epilepsy in Ghana. Strengths of BasicNeeds include a strong social values and livelihoods approach, availability of a network of dedicated personnel locally, an established collaboration with health sector leaders and consumer groups in the country, and experience in fundraising for initiatives in Africa. The ILAE complements these assets by providing top-level medical expertise in epilepsy, a network of motivated professionals, an established experience with demonstration projects run in collaboration with IBE and WHO through the Global Campaign, and willingness to assist with partial funding. This has led to the development of an ambitious six-year program, to be carried out in two phases.

The first phase will focus on training of health care workers on a national scale. This is important because the primary deliverers of health care to people with epilepsy in Ghana (general practitioners and community psychiatric nurses) have very limited expertise in epileptology. Preparations for this are already underway, with the organization of interactive courses that will target motivated physicians and nurses from all regions of Ghana, with facilitated participation from personnel working in Northern, Upper West, Upper East and Greater Accra Regions, which are currently benefiting from the social integration programs run by BasicNeeds. The courses will use a train-the-trainer model, whereby attendees are expected to be subsequently involved in directing the training of other health personnel in their geographical area. The first events are

scheduled to take place in the first two weeks of August 2009 and will include an intensive course for general practitioners in Accra and a course for community psychiatric nurses and assistant medical officers in Tamale. These courses will take into account the peculiarities of epilepsy care in Ghana, ie the differential diagnosis of epilepsy with minimal resources, recognition of treatable causes, psychiatric issues in epilepsy, basic management principles, and the optimization of health records. The main purposes are to make health personnel more aware of diagnostic issues, to give them greater skills in communicating to patients and families what epilepsy is and how it should be treated, and to provide them with improved abilities in choosing and using medications and in keeping records of people under their care. The course will also address epidemiological methods, in preparation for a demonstration project to be carried out subsequently in the country. The faculty will include volunteers chosen among the ILAE Faculty of 1,000, as well as local neurologists. Funding for the first phase of the project is already secured through direct support from ILAE and BasicNeeds and educational grants provided by a group of pharmaceutical industries. Local health authorities have been extremely supportive and will be involved in the selection of participants, in providing allowances to course attendees and in assisting with logistics and infrastructure.

The second phase will involve further training events at regional and sub-regional levels, to provide knowledge and skills to health personnel who did not take part in the initial courses, and to target groups of community workers and traditional healers with specific programs. In parallel, an epidemiological study will be conducted to determine the prevalence of epilepsy in representative districts as well as the size of the treatment gap, and to establish programs to improve access to care and social support services. Planned interventions, to be conducted in partnership with BasicNeeds and Ghana Health Services, include (i) enlisting the collaboration of health professional and psychiatric nurses in reaching out to people with epilepsy not yet enrolled in BasicNeeds programs; (ii) upgrading the quality of existing medical records and establishing initiatives to ensure appropriate follow-up of people with epilepsy; (iii) liaising with local and international organizations to ensure the continuous and cost-efficient supply of high quality medications; (iv) providing vocational training in subsistence agriculture and other areas to adults with epilepsy through partner organizations; (v) enabling access to micro-loans for people with epilepsy; (vi) mentoring of children with epilepsy by community health workers to ensure their attendance in primary school; (vii) encouraging the participation of people with epilepsy in existing and new self-help groups. Follow-up surveys are envisaged after three and six years to determine the impact of these initiatives.

The ultimate objectives can be summarized in terms of achievements in four key areas:

- *Knowledge* – Data on the prevalence of epilepsy, its causes, social consequences and unmet socio-economic and medical needs in different regions of Ghana;
- *Improved medical management* – At least 10,000 people with epilepsy in the regions of Ghana covered by the BasicNeeds programs receiving treatment each year;
- *Improved health status* – At least 50% of adults and children with epilepsy registered in the program being free from seizures, thanks to sustainable access to medication and qualified professionals;
- *Poverty reduction* – At least 25% of adults with epilepsy earning an income; 50% of adults with epilepsy in non-remunerated productive work; 70% of children with epilepsy in school.
- *Social integration* – 30 user groups of people with epilepsy, are formed and actively self-advocating.

These developments will be surely facilitated by the establishment of a Ghana ILAE Chapter, which is virtually completed, and, hopefully, by involvement of IBE and WHO in this program as part of a future Global Campaign initiative.

Emilio Perucca  
1st Vice President, ILAE and Coordinator for ILAE activities in Africa

## EPICURE

EPICURE: an EU-funded FP6 project looking at Functional Genomics and Neurobiology of Epilepsy  
3rd Annual Meeting, Berlin  
6 - 8 February 2009

EPICURE is one of the most exciting European research projects involving 29 collaborating partners from 13 European countries, undertaking groundbreaking research over a period of four years, being funded by EU FP6 research funds. EPICURE will attempt to identify disease-causing genes and their functional role for both inherited acquired epilepsies, which will be investigated in animal models and human tissue with a focus on drug resistant temporal lobe epilepsy, and epilepsies due to developmental cortical abnormalities.

A main effort of EPICURE is devoted to investigating developmental aspects of epileptogenesis that

account for the high frequency of epilepsies in children and for their often severe prognosis. Strictly related to the above research lines are the pharmacological approaches by which EPICURE aims at:

- developing more effective antiepileptic strategies;
- understanding the biological bases of pharmacoresistance;
- evaluating the potential of innovative therapeutic; and
- approaches based on synaptic modulation by neurotrophic factors and cell cycle kinase inhibitors.

Over 100 participants attended the 3rd Annual Meeting of the EPICURE project, at the Charite Universitaetsmedizin, Berlin, Germany, from 6 - 8 February 2009.

The meeting was coordinated by Prof Heinemann and Prof Giuliano Avanzini, Coordinator EPICURE. Janet Mifsud from the Dissemination Board, described how this year's EPICURE participants have already produced several scientific publications and presented EPICURE results at several conferences, and how a Google search for EPICURE has increased to over 10,000 hits. During the sessions, young investigators and PIs presented some of the data from the numerous scientific publications that have emerged from the project over the last year. The research is still ongoing and many results are still preliminary, however data from the EPICURE Brain Databank was presented that showed the importance of having a European critical mass in the collection of such samples and in undertaking such research.

The official meeting then continued with the organization of a week-long hands-on training session in the Institute of Neurophysiology at the Charite, which was attended by over 50 participants including young researchers, tutors and lecturers.

For further information check out the Web site [www.epicureproject.eu](http://www.epicureproject.eu)

### **Advances in Epilepsy Surgery in Asia: A Report from the Japan Epilepsy Society**



The Japan Epilepsy Society (JES) was inaugurated in 1967 and currently has a membership of 1,830. It has organized scientific meetings every year since its inception, and the recent 42nd Congress of JES was held 17 - 19 October 2008 in Tokyo with Professor Tomokatsu Hori of the Department of Neurosurgery, Tokyo Women's University serving as Chair. A total of 970 participants, primarily clinicians, attended the Congress, and there were a total of 208 general papers. Two guest speakers from France and two from the United States spoke at the symposia and workshops. From Asia, 18 participants from Taiwan, Korea, China, India and Indonesia attended. One of the highlights of the Congress was a symposium on epilepsy surgery in Asia, and from the data one can see that the use of epilepsy surgery has increased dramatically during the last twenty years. As described below, patients in many Asian countries have access to state-of-the-art diagnostic and surgical techniques.

#### **1. Epilepsy Surgery in Taiwan**

Taiwan has a population of about 23 million, and three epilepsy surgery centers have been established since 1987 according to Prof Tai-Tong Wong (Taipei Veterans General Hospital, and National Yang Ming University, Taiwan). The centers include the Taipei Veterans General Hospital (1987), Linkou CGMH (1988) and the Buddhist Tzu Chi Medical Center in HauLein (2002). Surgery for children is mainly performed in Taipei at the Veterans General Hospital (1989). Although resections for hippocampal sclerosis is the most common operation performed (almost 75% at one center), a full range of procedures is provided, including resections for tumors, vascular abnormalities and malformations as well as hemispherectomies and callosotomies. Direct brain stimulation is also offered as a therapeutic option as is the full spectrum of intracranial monitoring. People in Taiwan now have all forms of epilepsy surgery available.

#### **2. Epilepsy Surgery in Korea**

According to Prof Eun-ik Son (Keimyung University, Korea), patients in Korea have all standard and investigational diagnostic studies available for lateralizing and localizing the epileptogenic regions prior to resection. Scalp and intracranial EEG monitoring as well as high resolution MRI, SPECT (interictal and ictal) as well as PET studies are used in a sequential protocol that is dictated by the situation of each patient. On occasion, tailored resections are guided by intraoperative acute recording (ECoG), and functional brain mapping with electrical stimulation used to identify the epileptic and essential areas related to language or sensorimotor function. The posterior extent of the medial temporal resection is routinely tailored to include the extent of interictal epileptiform discharges on hippocampus and parahippocampal gyrus.

### 3. Epilepsy Surgery in Indonesia

It is estimated that there are over 400,000 patients with intractable epilepsy in Indonesia, about half of whom will be potential surgical candidates according to Prof Zainal Muttaqin (Diponegoro University, Indonesia). Epilepsy surgery began in July 1999 with an anterior temporal lobectomy for a 34 year-old female with left mesial sclerosis. Through the end of 2007 164 cases of epilepsy surgery had been performed at his center, of which 150 were anterior temporal lobectomies. One hundred six of these cases have a follow up of at least 12 months. Seizure free rates were similar over the long term to what has been reported internationally, and there was a trend for better outcomes if the patients were younger or had a shorter duration of disease.

### 4. Epilepsy surgery in India

According to Prof Sarat P Chandra, epilepsy surgery was started at the All India Institute of Medical Sciences (AIIMS) in New Delhi in 1995. Since then over 550 cases have been performed and he reported 483 cases followed more than one year. All patients underwent a standard protocol for localization, which over the years expanded as new technologies were brought online. In this cohort there were 253 males and mean age was 19.6 years with a range from four months to 59 years. The average duration of epilepsy prior to surgery was 6.2 years. The overall seizure free rate at one year was 57%. By site or surgery type the seizure free rate was temporal: 72%; extratemporal: 56%; hemispherectomy: 96%; multilobar: 62%; corpus callostomy/subpial transection: 28%.

This symposium emphasized to all participants the great advances that have been made across Asia in offering surgery as a treatment option. It also pointed out the technical sophistication of those centers that offer the surgery. Because the protocols used at the centers are quite similar, the symposium also raised the possibility of broader cooperation and collaboration among the Asian epilepsy surgery centers to improve the success rates of the evaluations and the different surgeries. The success of these centers also suggests that the surgical treatment of epilepsy can be expanded to new centers to allow the broader use of this procedure to the thousands of patients who could benefit from it.

Tatsuya Tanaka  
President of JES

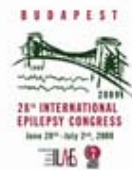
### Updates on the Web Site

The **2008 Annual Report** has been posted on the Web Site.

Submitted **Chapter Reports** have been posted on the Web Site.

Recent obituaries have been added to the **Farewells** page.

### 28th International Epilepsy Congress (ILAE & IBE)



28th International Epilepsy Congress (ILAE & IBE)  
Budapest, Hungary  
28 June - 2 July 2009

[www.epilepsybudapest2009.org](http://www.epilepsybudapest2009.org)

### Upcoming Congresses and Educational Events ([www.epilepsycongress.org](http://www.epilepsycongress.org))

Epilepsy and Stigma: How Do We Conquer It In Africa? An International Conference  
Lusaka, Zambia  
13 - 17 April 2009

<http://www.epilepsyzambia2009.org/>

Second International Epilepsy Colloquium  
Pediatric Epilepsy Surgery  
Lyon, France  
3 - 6 May 2009

<http://epilepsycolloquium2009ams.fr>

12th Annual Meeting of the Infantile Seizure Society  
Kurume, Japan  
9 - 10 May 2009

<http://www.med.kurume-u.ac.jp/med/ped/iss2009/index.html>

6th Baltic Congress of Neurology (BALCONE)  
Vilnius, Lithuania  
13 - 16 May 2009  
<http://www.balcone2009.com>

19th Meeting of the European Neurological Society  
Milan, Italy  
20-24 June 2009  
<http://www.ensinfo.org>

3rd Baltic Sea Summer School on Epilepsy  
Kiel, Germany  
12 - 17 July 2009  
[www.epilepsy-academy.org](http://www.epilepsy-academy.org) for further information and the online application form, or contact  
Petra Novotny at [petra@epilepsy-academy.org](mailto:petra@epilepsy-academy.org)

3rd Beijing International Epilepsy Forum  
Beijing, People's Republic of China  
15 - 18 October 2009  
Abstracts submission deadline: May 31, 2009  
Please e-mail your abstract to: [caae2008@sina.com](mailto:caae2008@sina.com) Or: [caae@caae.org.cn](mailto:caae@caae.org.cn)

63rd Annual Meeting of the American Epilepsy Society  
Boston, MA, USA  
4 - 8 December 2009  
Abstract submission deadline: 1 June 2009  
[www.aesnet.org](http://www.aesnet.org)

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