CONy 2022 Virtual Congress Scientific Program Program times refer to Central European Time (CET)

SATURDAY, MARCH 26, 2022		
14:00-15:40	EPILEPSY HALL B	
Chair:	Alla Guekht, Russia	
14:00-14:50	When a medication has failed to control seizures, should a medication with a different mechanism of action be preferentially prescribed as the next choice?	
	Capsule: Several mechanisms of action have been elucidated for antiseizure medication. Some share similar mechanisms, e.g.,	
	sodium channel blockers, GABA receptor agonists, SV2A blockers. When one drug with a known mechanism of action has failed to	
	control seizures, should a drug with a different mechanism be preferentially used next in the sequence of treatment?	
14:00-14:10	Introduction and Pre-Debate Voting	
14:10-14:25	Yes: <u>Emilio Perucca</u> , Australia	
14:25-14:40	No: Matthew Walker, UK	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	Do seizure detection devices have a significant role in managing people with epilepsy?	
	Capsule: Several devices now exist that can detect seizures through non-invasive means, including those that can be worn on the wrist	
	like a smart watch. They have reasonably high sensitivity and specificity. Should they be broadly used in managing the care of people with epilepsy?	
14:50-15:00	Introduction and Pre-Debate Voting	
15:00-15:15	Yes: <u>Sandor Beniczky</u> , Denmark	
15:15-15:30	No: Andreas Schulze-Bonhage, Germany	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	

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15:40-17:20	EPILEPSY HALL B
Chair:	Matthew Walker, UK
15:40-16:30	Are outcomes of randomized controlled trials (RCT's) relevant to treat patients or are "real world" trials more valuable?
	Capsule: Drugs are approved by governmental agencies only after undergoing rigorous experimental testing, typically in people with drug-resistant epilepsy. These trials have selective criteria for subject enrollment and results are carefully assessed. Are these trials adequate or are the methods so different from ordinary clinical practice that the results are not relevant for most patients treated in a typical outpatient setting?
15:40-15:50	Introduction and Pre-Debate Voting
15:50-16:05	RCT's: Jacqueline French, USA
16:05-16:20	Real World: Martin Brodie, UK
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting
16:30-17:20	Should enzyme inducing antiseizure medications be avoided because of cardiovascular and other risks?
	Capsule: Enzyme inducing drugs have been shown to have unfavorable effects on serum lipids, C-reactive protein, and possibly cardiovascular risk. However, these agents are the least expensive drugs and often well-tolerated. Because of the potential for cardiovascular risk, should their use be abandoned?
16:30-16:40	Introduction and Pre-Debate Voting
16:40-16:55	Yes: Ley Sander, UK
16:55-17:10	No: Alla Guekht, Russia
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting

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17:20-19:50	EPILEPSY HALL B
Chair:	Michael Sperling, USA
17:20-18:10	Is it ethical to provoke psychogenic seizures for purposes of diagnosis?
	Capsule: Inpatient video-EEG monitoring is expensive, time-consuming, and often fails to record seizures during elective admissions. As psychogenic seizures can be provoked by suggestion techniques, this permits a more efficient means of rapidly obtaining a diagnosis in many patients. Whether this involves deception is a matter of debate. Is it ethical to use a suggestion technique?
17:20-17:30	Introduction and Pre-Debate Voting
17:30-17:45	Yes: <u>Curt LaFrance</u> , USA
17:45-18:00	No: Barbara Dworetzky, USA
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting
18:10-19:00	Has genetic testing improved care for people with epilepsy?
	Capsule: Sophisticated genetic testing has become available at affordable prices in recent years. These provide specific information about the underlying genetic abnormality and should lead to precision in therapy. Has genetic testing lived up to its promise and does it provide clinically useful and meaningful information?
18:10-18:20	Introduction and Pre-Debate Voting
18:20-18:35	Yes: <u>Alica Goldman</u> , USA
18:35-18:50	No: <u>Nicola Specchio</u> , Italy
18:50-19:00	Discussion, Rebuttals and Post-Debate Voting
19:00-19:50	Should patients usually have a benzodiazepine rescue therapy plan in place to treat seizure clusters or prolonged seizures?
	Capsule: Many individuals experience seizures in clusters of multiple seizures occurring within a day or two. Others have seizures that sometimes are prolonged. Benzodiazepine rescue therapy has been advocated and approved by regulatory authorities to treat such episodes. However, many seizures within clusters recur at prolonged intervals and perhaps other therapies might be equally effective without causing the sedative effects of benzodiazepines. Also, current methods of administration are associated with relatively slow absorption of these drugs (peaking in an hour or more). Should this one approach, using benzodiazepines, be generally advised for all who cluster or have prolonged seizures?
19:00-19:10	Introduction and Pre-Debate Voting
19:10-19:25	Yes: <u>Manjari Tripathi</u> , India
19:25-19:40	No: Zeljka Petelin Gadze, Croatia
19:40-19:50	Discussion, Rebuttals and Post-Debate Voting