



Abstracts

Articles appearing in the October 2018 issue

Presentation and management of community-onset vs hospital-onset first seizures

Background New-onset seizures are frequently encountered in community and hospital settings. It is likely that seizures presenting in these distinct settings have different etiologies and prognoses, requiring different investigation and treatment approaches. We directly compare the presentation and management of patients with community- and hospital-onset first seizures attending the same hospital.

Methods We reviewed the medical records of patients aged 18 years or older with discharge International Classification of Diseases, Australian Classification (ICD-10-AM) codes of G40 (epilepsy), G41 (status epilepticus), and R56.8 (unspecified convulsions), who attended a general hospital in Melbourne, Australia, from January 1, 2008, through November 30, 2016. Patients with new-onset seizures were included for analysis.

Results A total of 367 patients were discharged with a relevant ICD-10-AM code. Among them, 151 patients met the inclusion criteria: 97 presented to the emergency department with community-onset seizure (median age 70 years) and 54 experienced seizures during hospitalization for other indications (median age 80.5 years). Provoked seizures were more common in the latter group (26.8% vs 63.0%, $p < 0.001$), with exposure to proconvulsant drugs a major risk factor. Despite not fulfilling the International League Against Epilepsy (ILAE) diagnostic criteria, 72.5% (58/80) who survived to discharge were prescribed antiepileptic drug (AED) therapy, whereas 19.0% (12/63) of those who met the ILAE criteria were not.

Conclusions Hospitalized elderly patients are at an increased risk of provoked seizures, and caution should be exercised when prescribing potential proconvulsant medications and procedures. A more standardized approach to AED prescribing is needed. Further studies should consider morbidity, mortality, and health economic effects of first seizures and assess optimal management to improve outcomes in this cohort.

[NPub.org/NCP/9308a](https://doi.org/10.1212/WNL.0000000000003088)

Review process for IV immunoglobulin treatment: Lessons learned from INSIGHTS neuropathy study

Background This project is an effort to understand how orders for IV immunoglobulin (IVIg) are documented and prescribed by physicians, and subsequently, how they are reviewed by insurance companies for the treatment of immune neuropathies.

Methods A panel of neuromuscular specialists reviewed case records from 248 IVIg-naïve patients whose in-home IVIg infusion treatment was submitted to insurance for authorization. After reviewing a case record, 1 panelist was asked to make a diagnosis and to answer several questions about the treatment. A second panelist reviewed the original record and follow-up records that were obtained for reauthorization of additional treatments and was asked to determine whether the patient had responded to the treatment.

Results Our specialists believed that only 32.2% of 248 patients had an immune neuropathy and were appropriate candidates for IVIg therapy, whereas 46.4% had neuropathies that were not immune-mediated. Only 15.3% of cases met electrodiagnostic criteria for a demyelinating neuropathy. Our specialists believed that 36.7% of 128 cases with follow-up records had responded to therapy. In cases in which the initial reviewer had predicted that there would be a response to IVIg, the second reviewer found that 54% had responded. This is compared with a 27% response rate when the first reviewer predicted that there would be no response ($p = 0.019$).

Conclusions Our expert review finds that the diagnosis of immune neuropathies made by providers, and subsequently approved for IVIg therapy by payers, is incorrect in a large percentage of cases. If payers include an expert in their review process, it would improve patient selection, appropriate use, and continuation of treatment with this expensive therapeutic agent.

[NPub.org/NCP/9308b](https://doi.org/10.1212/WNL.0000000000003089)

[Editorial](#)

[NPub.org/NCP/9308c](https://doi.org/10.1212/WNL.000000000000308c)

Practice Current

Neurology: Clinical Practice has launched their next Practice Current survey on a universally challenging topic: “How do you diagnose and treat post-concussive headache?” Please consider completing the survey to add your own perspective. In the June 2019 issue, readers will have access to opinions from David W. Dodick, MD (United States), Mohammad Wasay, MBBS, MD, FRCP (Pakistan), and Karen M. Barlow, MSc, MBChB, MRCPCH, RACP (Australia).
[NPub.org/NCP/pc09](https://doi.org/10.1212/CP.0000000000000090)

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