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Authors: Martin Hirsch*, Mandy Hintz*, Anja Specht*, Andreas Schulze-Bonhage*

Affiliation: * Epilepsy Center, Medical Center, Faculty of Medicine, University of Freiburg, Freiburg, Germany

Highlights:

- Improved seizure control due to BRV treatment in patients with prior LEV treatment
- Seizure freedom in some patients on BRV even with prior treatment failure with LEV
- Considerable reduction of psychiatric adverse effects due to switch from LEV to BRV
- Potential for higher dosing of BRV as compared to LEV due to a better tolerability
- 80% retention rate of BRV after 6 months

Purpose:

To determine the potential for improvement of tolerability and efficacy by the use of Brivaracetam (BRV) in patients previously treated with Levetiracetam (LEV).

Methods:

We retrospectively analyzed data from patients treated with BRV at the Freiburg Epilepsy Center.

Results:

102 patients with a minimum follow up of 6 months were included. The mean duration of treatment was 301.6 (\pm 156.8) days. 60 patients underwent an overnight switch from LEV to BRV, 42 patients have had LEV at some time in the past.

Out of 46 patients with a quantifiable seizure baseline and follow-up of 6 months 10 patients (21.7%) had an increase in seizure frequency, 15 (32.6 %) were 50%-responders, and 10 patients (21.7%) became newly seizure-free. Patients with an overnight switch from LEV to BRV who had a reduction in seizure frequency had the highest dose ratio of the final BRV dose to LEV (1:10.1) and the biggest difference between the starting and final dose of BRV, suggesting that previously seizure control was limited by the tolerated LEV dosage. The retention rate after 6 months was 80.4%.

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