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ORIGINAL ARTICLE

EPICON consensus: Recommendations for proper management of switching to eslicarbazepine acetate in epilepsy☆

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KEYWORDS
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Carbamazepine;
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Abstract
Introduction: The objective of the EPICON Project is to develop a set of recommendations on how to adequately switch from carbamazepine (CBZ) and oxcarbazepine (OXC) to eslicarbazepine acetate (ESL) in some patients with epilepsy.
Methods: A steering committee drafted a questionnaire of 56 questions regarding the transition from CBZ or OXC to ESL in clinical practice (methodology and change situation). The questionnaire was then distributed to 54 epilepsy experts in 2 rounds using the Delphi method. An agreement/disagreement consensus was defined when a median ≥ 7 points or ≤ 3 was achieved, respectively, and a relative interquartile range ≤ 0.40. We analysed the results obtained to reach our conclusions.
Results: Our main recommendations were the following: switching from CBZ to ESL must be carried out over a period of 1 to 3 weeks with a CBZ:ESL dose ratio of 1:1.3 and is recommended for patients who frequently forget to take their medication, those who work rotating shifts, polymedicated patients, subjects with cognitive problems, severe osteoporosis—osteopaenia, dyslipidaemia, or liver disease other than acute liver failure, as well as for men with erectile dysfunction caused by CBZ. The transition from OXC to ESL can take place overnight with an

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OXC:ESL dose ratio of 1:1 and it is recommended for patients who frequently forget to take their medication, those who work rotating shifts, polymedicated patients, or those with cognitive problems. The transition was not recommended for patients with prior rash due to CBZ or OXC use.
Conclusion: The EPICON Project offers a set of recommendations about the clinical management of switching from CBZ or OXC to ESL, using the Delphi method.

PALABRAS CLAVE
Acetato de eslicarbazepina;
Carbamazepina;
Oxcarbazepina;
Cambio;
Metodología;
Situaciones

Consenso Delphi EPICON: recomendaciones sobre el manejo adecuado del cambio a acetato de eslicarbazepina en epilepsia

Resumen
Introducción: El objetivo del proyecto EPICON es desarrollar una serie de recomendaciones sobre la forma adecuada de realizar el cambio de carbamazepina (CBZ) y oxcarbazepina (OXC) a acetato de eslicarbazepina (ESL) en determinados pacientes con epilepsia.
Métodos: Un comité coordinador preparó un cuestionario con 56 preguntas en relación con el cambio de CBZ u OXC a ESL en la práctica clínica (metodología y situaciones del cambio). Posteriormente, se consultó a 54 expertos en epilepsia con el empleo de metodología Delphi (2 rondas de consulta). Se definió un consenso en acuerdo o desacuerdo si las respuestas para el ítem estudiado alcanzaban una mediana ≥ 7 o ≤ 3, respectivamente, y un rango intercuartílico relativo $\leq 0{,}40$. Se analizaron los resultados y se formularon las conclusiones.
Resultados: Las recomendaciones fundamentales fueron: el cambio de CBZ a ESL debe ser realizado en 1-3 semanas, con una equivalencia de dosis CBZ:ESL de 1:1.3, siendo recomendado en pacientes con olvidos de medicación, trabajos por turnos, polimedicados, problemas cognitivos, osteoporosis-osteopenia severa, dislipidemia o enfermedad hepática (ausencia de fallo hepático grave), así como en varones con disfunción eréctil causada por CBZ. El cambio de OXC a ESL puede realizarse de un día para otro con una equivalencia de dosis 1:1 y es recomendado en pacientes con olvidos de medicación, trabajos por turnos, polimedicados o problemas cognitivos. Se desaconsejó el cambio en caso de rash con CBZ u OXC.
Conclusión: El proyecto EPICON proporciona algunas recomendaciones sobre el manejo clínico del cambio de CBZ u OXC a ESL, mediante el empleo de la metodología Delphi.

Introduction

The main goal of antiepileptic treatment is to achieve seizure control while keeping adverse effects to a minimum.[1] Patient characteristics and comorbidities are important factors to consider when selecting the most appropriate antiepileptic treatment. However, no studies with level 1 evidence have addressed how these factors might recommend certain antiepileptic drugs (AED), which makes this task even more complex.[2] Other important aspects to consider are drug—drug interactions[3] and the number of daily doses, both of which may affect treatment adherence and increase costs in cases of poor compliance.[4,5]

These unanswered questions about antiepileptic treatment may explain why new antiepileptic drugs have been marketed in recent years, sometimes resulting in the development of different drugs belonging to the same family. This provides clinicians with more options when it comes to selecting the right drug for each situation. Since there are no studies with a high level of evidence to support the use of specific drugs, consensus statements or treatment recommendations based on expert opinion are the most frequently used sources of evidence in clinical practice. Although these documents have a low level of evidence, they are useful in choosing the most appropriate treatment and may serve as a guide for less experienced clinicians.[6—8]

Eslicarbazepine acetate (ESL) is a third-generation AED approved by the European Medicines Agency in 2009 and by the Food and Drug Administration in 2013. It has been marketed in Spain since February 2011. ESL is currently indicated as an adjunctive therapy for adults with partial seizures with or without secondary generalisation based on the results of 4 phase-3 randomised double-blind placebo-controlled clinical trials.[9—13] These clinical trials found ESL dosed at 800 to 1200 mg/day in a single dose to have optimal efficacy and tolerability.

ESL belongs to the dibenzazepine family, as do carbamazepine (CBZ) and oxcarbazepine (OXC), but it differs from the latter 2 drugs at the 10,11 position. These drugs also display differences in metabolism: CBZ is metabolised