An Audit of Brivaracetam in Patients With Drug-Resistant Epilepsy and Psychiatric Comorbidities.

Theochari E, Cock H, Lozsadi D, Galtrey C, Arevalo J, Mula M

Purpose: This is an audit of efficacy and tolerability of Brivaracetam (BRV) in patients with drug‐resistant epilepsy and psychiatric comorbidities. Methods: Hospital notes of all patients with drug‐resistant epilepsy and psychiatric comorbidities started on BRV at the Epilepsy Outpatient Clinics, St George's University Hospital and Frimley Health were retrospectively reviewed. Results: A total of 24 patients (19 females), mean age (SD) 39.9 (13.9), were identified. Among them, 19 had focal epilepsy, 4 had heneralised epilepsy and 1 had unclassified epilepsy. Median number of concomitant AEDs when BRV was started was 3, median number of previously failed AEDs 4.5. Median number of comorbidities 2 (including medical, neurological and psychiatric), 70.8% had mood disorders (depression or bipolar disorder), 16.6% intellectual disabilities with challenging behaviour and 8.3% psychoses. A total of 91.6% had received Levetiracetam (LEV) before and LEV was discontinued because of side effects in 50% of cases (in all cases depression or aggressive behaviour). In 29.1% of cases BRV was switched directly from LEV. Median BRV dose was 125 mg. A total of 33.3% of patients reported side effects. Depression was reported by 8.3%, aggressive behaviour by 12.5%, 8.3% developed acute suicidal ideation. In the subgroup of patients who had previously discontinued LEV because of psychiatric adverse events, 8.3% developed depression and 25% developed aggressive behaviour. A total of 37.5% discontinued BRV, 44.4% because of lack of efficacy, 44.4% because of side effects, 11.1% because of lack of efficacy and side effects. In 37.5% seizure frequency remained unchanged, 37.5% had at least 50% seizure reduction but none of them became seizure free. Conclusion: BRV seems to be better tolerated than LEV in complex patients with psychiatric comorbidities, although there does not seem to be an additional benefit in terms of seizure control.