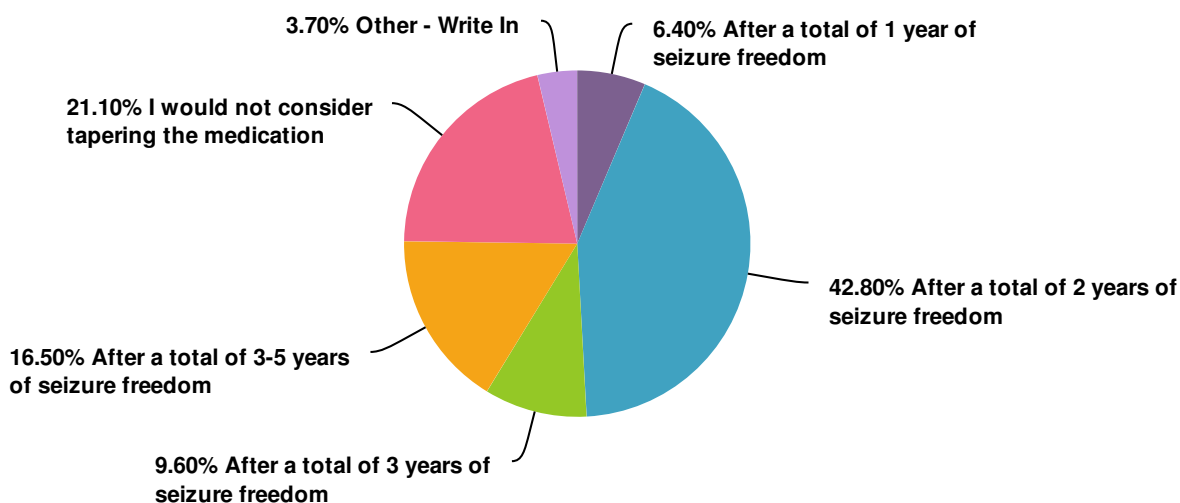


When do you stop AEDs in patients with genetic generalized epilepsies and in those with focal epilepsies?"

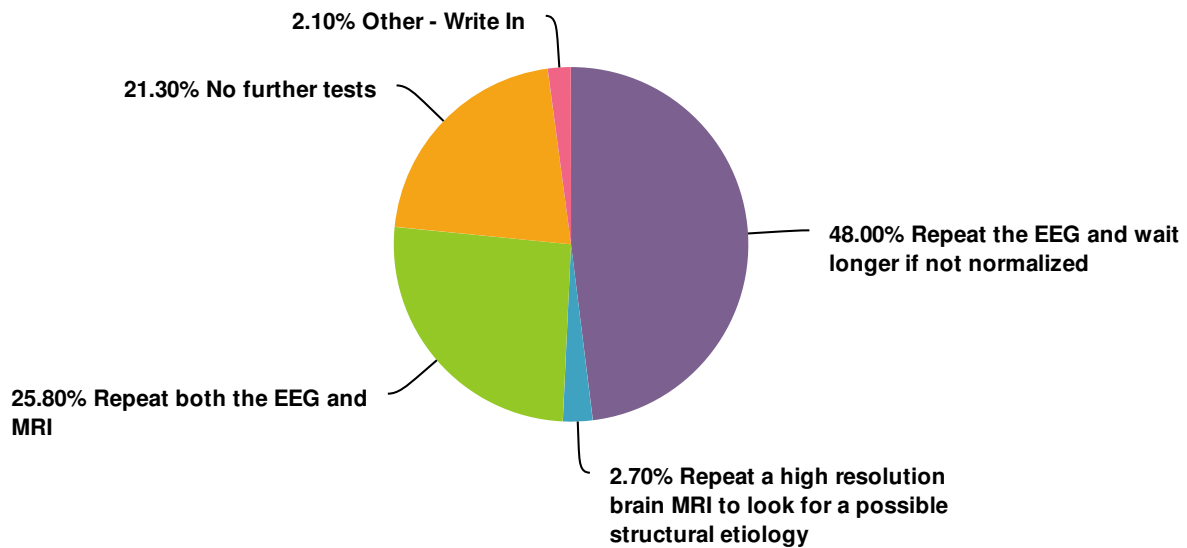
1. Assuming the patient remains seizure- and aura-free, when would you consider tapering the oxcarbazepine?



Value	Percent	Count
After a total of 1 year of seizure freedom	6.4%	28
After a total of 2 years of seizure freedom	42.8%	187
After a total of 3 years of seizure freedom	9.6%	42
After a total of 3-5 years of seizure freedom	16.5%	72
I would not consider tapering the medication	21.1%	92
Other - Write In	3.7%	16
Total		437

Other - Write In	Count
1st I would address the presumed psychosocial disadvantages of medication that are likely to reason for the parents' wish to discontinue medication. THEN I could inquire if there have REALLY been no auras (or are they not mentioned because parents wish to discontinue medication?) Wait for another 6 months then taper one of the two AEDs, with the goal of withdrawing all AEDs.	1
2 years and normal EEG	1
2 years if EEG normalizes; No discontinuation of EEG shows spikes	1
2 years of seizure freedom and a normal EEG	1
8-15 yrs	1
After 2 years of seizure freedom AND normal EEG	1
After 2 years seizure free and normal EEG	1
After two to three years seizure free with a clean eeg	1
Consider discontinuation late in adolescence if seizure free and EEG normal. Rationale: Best chance of remaining seizure free after brain maturation and formation of new connections ceases.	1
I would allow a slow wean after 2 years with full understanding that seizures are likely to recur. Pt would likely appreciate confirmation of this and perhaps increase adherence to AEDs.	1
Seizure free for 2 years and a normal EEG	1
Would consider neuropsych and exome sequencing first before making decisions about discontinuation.	1
after 2 years seizure free with a normal EEG	1
at least 2 years of seizure freedom and if EEG has no sharp wave.	1
seizure free with normal eeg for 2 years	1
Total	15

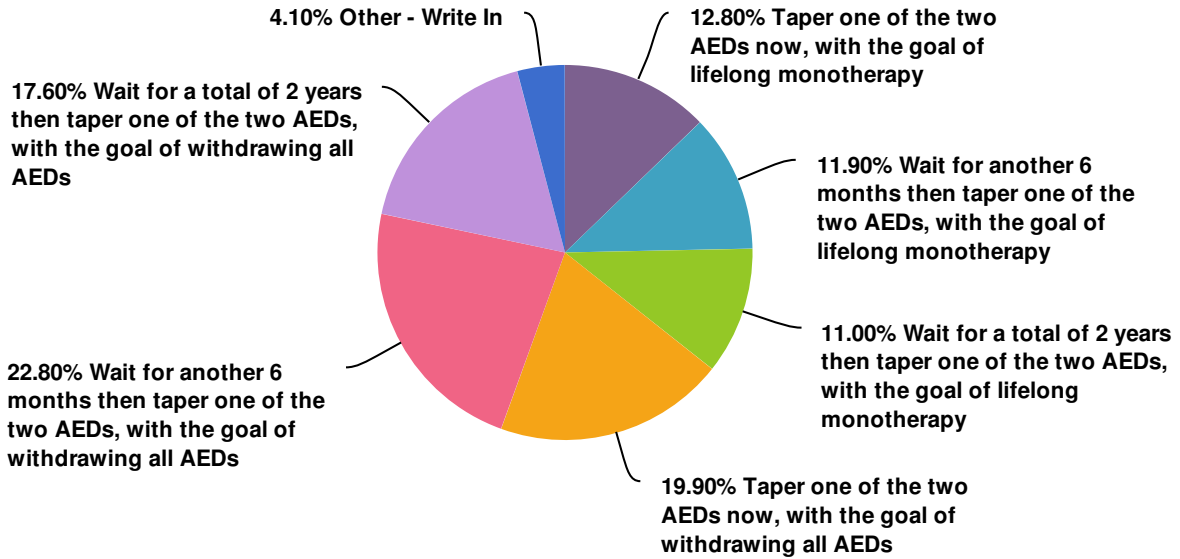
2. Prior to starting the AED taper, what further tests would you recommend to guide your decision?



Value	Percent	Count
Repeat the EEG and wait longer if not normalized	48.0%	158
Repeat a high resolution brain MRI to look for a possible structural etiology	2.7%	9
Repeat both the EEG and MRI	25.8%	85
No further tests	21.3%	70
Other - Write In	2.1%	7
Total		329

Other - Write In	Count
24 hour ambulatory EEG - may still taper if not very active	1
Discuss risks/benefits of stopping meds with the patient and his family. Further decisions based on that conversation.	1
Prolonged EEG	1
Video EEG monitoring	1
Would probably repeat EEG, but would still consider medication discontinuation if abnormalities persist.	1
repeat EEG, if not normalized discussed the increased risk of seizure recurrence with the trial of tapering	1
video EEG monitoring	1
Total	7

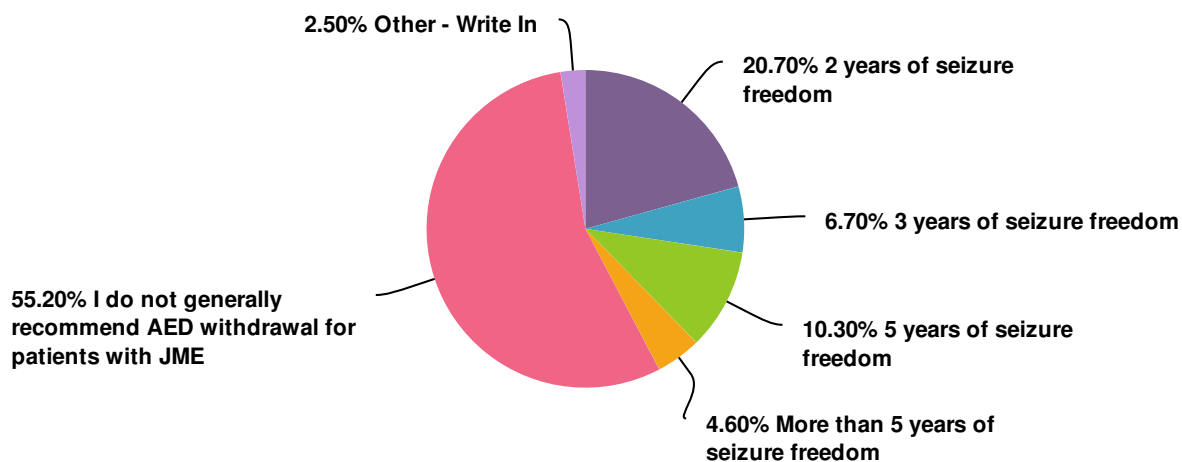
3. What would you recommend for this patient’s medically refractory epilepsy at the 6-month follow-up after surgery?



Value	Percent	Count
Taper one of the two AEDs now, with the goal of lifelong monotherapy	12.8%	56
Wait for another 6 months then taper one of the two AEDs, with the goal of lifelong monotherapy	11.9%	52
Wait for a total of 2 years then taper one of the two AEDs, with the goal of lifelong monotherapy	11.0%	48
Taper one of the two AEDs now, with the goal of withdrawing all AEDs	19.9%	87
Wait for another 6 months then taper one of the two AEDs, with the goal of withdrawing all AEDs	22.8%	100
Wait for a total of 2 years then taper one of the two AEDs, with the goal of withdrawing all AEDs	17.6%	77
Other - Write In	4.1%	18
	Total	438

Other - Write In	Count
+ of course discuss with patient	1
Decrease one now to relieve sedation. Wait 2 yrs postop to taper all off	1
I would consider tapering medication after I discussed situations of increased seizure risk and the strategies to address them. Then I would wait for another 6 months then taper one of the two AEDs, with the goal of withdrawing all AEDs.	1
Reduce dosage of one or other AED to minimize sedation. Afer 2 years seizure free, discuss with patient if he would to want withdraw AEDs, counseling on risks and benefits	1
Taper one AED only to reduce side effects. Then at 1 year taper to 1 AED	1
Taper one of the AEDs now. If remains seizure free in 2 years and is still experiencing side effects of meds in 2 yeas, consider tapering second agent	1
Wait 6 months, taper one AED, then wait another 2 years in mono therapy and if remains seizure free taper and discontinue second AED	1
Wait a year then taper 1 of the AEDs	1
Wait one year then taper to mono therapy	1
another 6 months then taper one of the two AEDs, with the goal of long term mono therapy	1
continue both drugs , life long	1
i will not recommend manipulating with AEDS as he is seizure free and living a healthy and happy life.	1
more data on dos !	1
nesesito ayuda con medicamento para epilepsy.tengo .46.anos que padesco epilepsy.los neurologos son mui caro a .y.los.medicamentos.costo es de \$350.	1
wait 6 months from surgery, taper one AED, discuss with patient risks of tapering 2nd at 2 years.	1
wait one year post op then taper one AED, with goal of lifelong mono therapy	1
would offer slow wean from one of the AEDs at 1 year but would restrict driving for at least 3 months after wean to mono therapy	1
Total	17

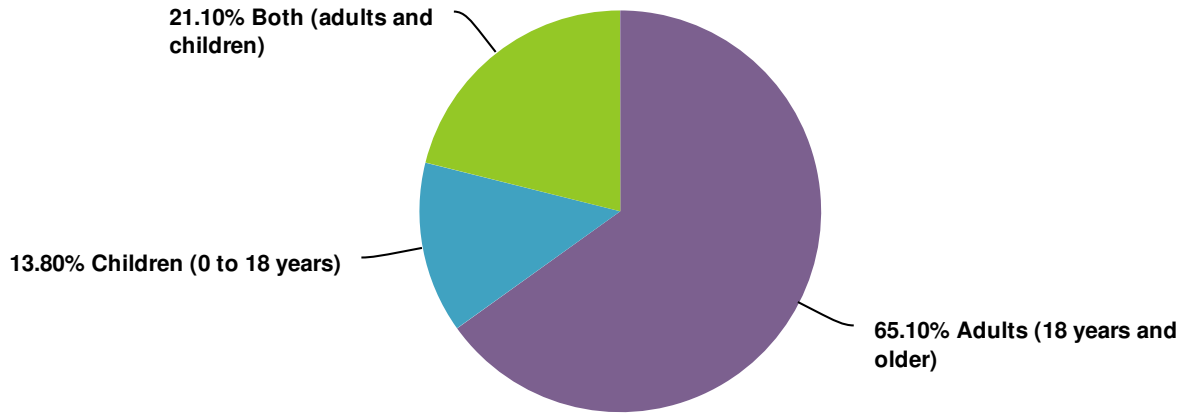
4. How many years of seizure freedom would you recommend before considering AED withdrawal in this patient?



Value	Percent	Count
2 years of seizure freedom	20.7%	90
3 years of seizure freedom	6.7%	29
5 years of seizure freedom	10.3%	45
More than 5 years of seizure freedom	4.6%	20
I do not generally recommend AED withdrawal for patients with JME	55.2%	240
Other - Write In	2.5%	11
	Total	435

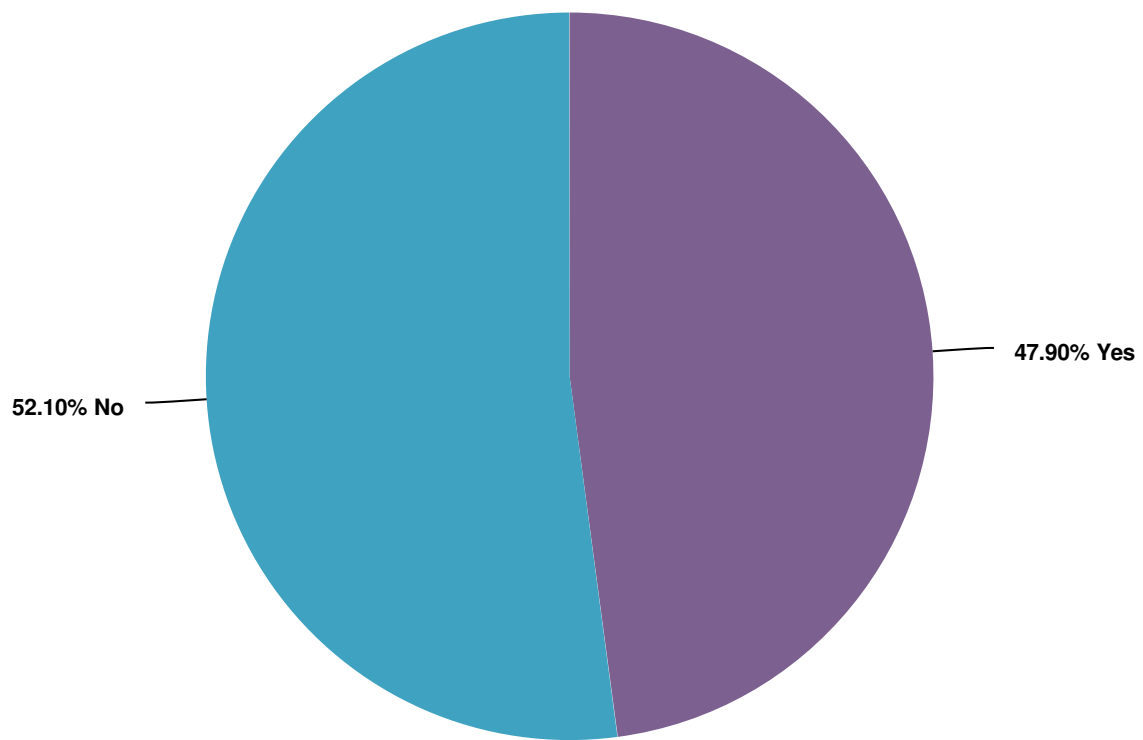
Other - Write In	Count
5 years if EEG has normalized.	1
Depends on whether he is driving, operating heavy machinery, etc. No less that 2 yrs, maybe longer.	1
I do reduce the dose to minimum after 5 yrs seizure freedom	1
I would consider tapering medication after 2 yrs of seizure freedom after I discussed situations of increased seizure risk and the strategies to address them.	1
No AED taper until age at least in mid 30's	1
Only taper in 2-5 years if EEG no longer shows generalized epileptiform discharges	1
Would counsel patient about risk of breakthrough but given that some patients with JME can become seizure free off of meds it is reasonable to try.	1
after 3 years seizure freedom and normal EEG including long-term monitoring, would consider change to less toxic AED, re-evaluate EEG and patient, and after 2 more years of seizure freedom present options of medication discontinuation pros/cons.	1
lifelong on lower dose	1
need life long AEDS.	1
tenia alluda por parte de una clinica local pero hya no me ban alludar .	1
Total	11

5. What patient population do you treat?



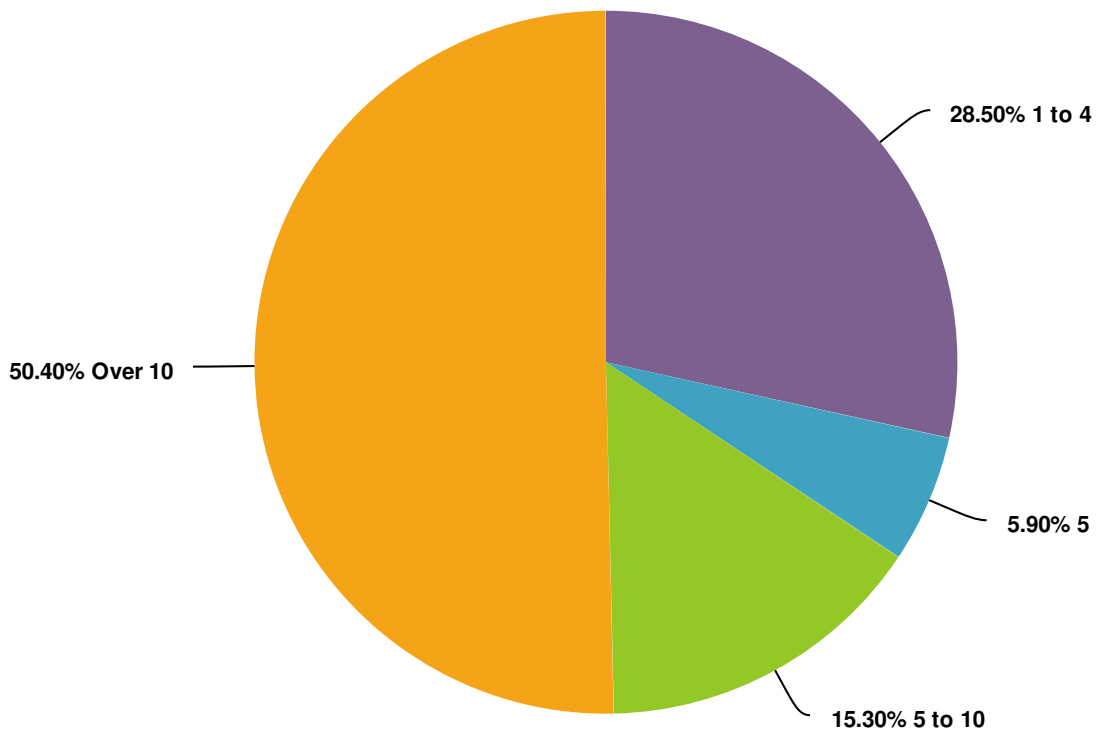
Value	Percent		Count
Adults (18 years and older)	65.1%		284
Children (0 to 18 years)	13.8%		60
Both (adults and children)	21.1%		92
Total			436

6. Are you a neurophysiologist/epileptologist?



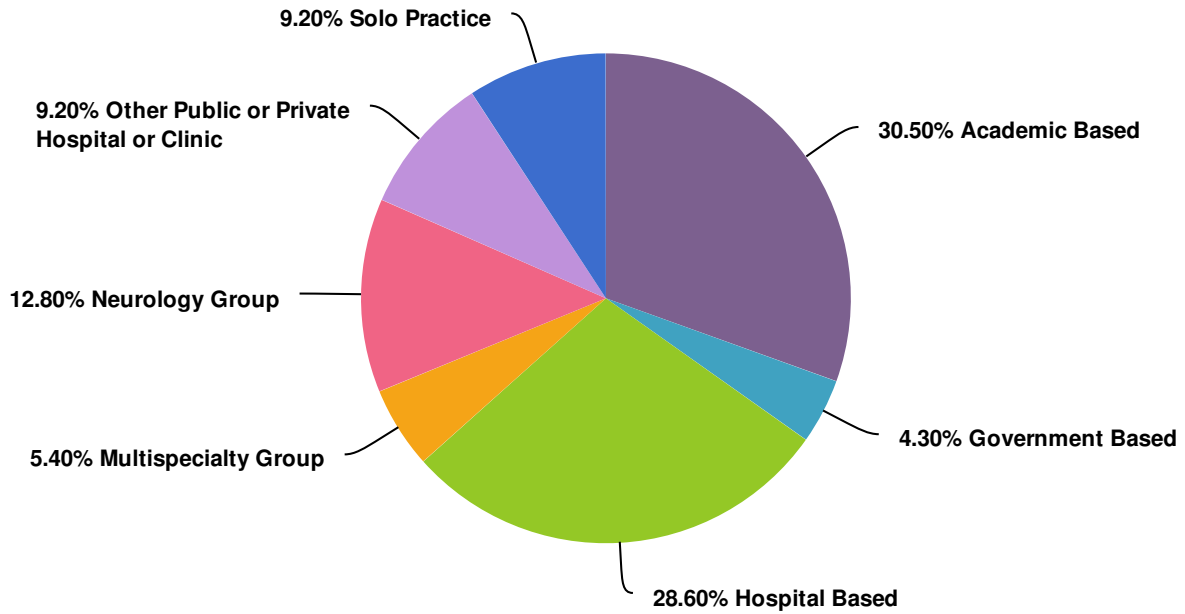
Value	Percent	Count
Yes	47.9%	207
No	52.1%	225
Total		432

7. How many years have you been in practice?



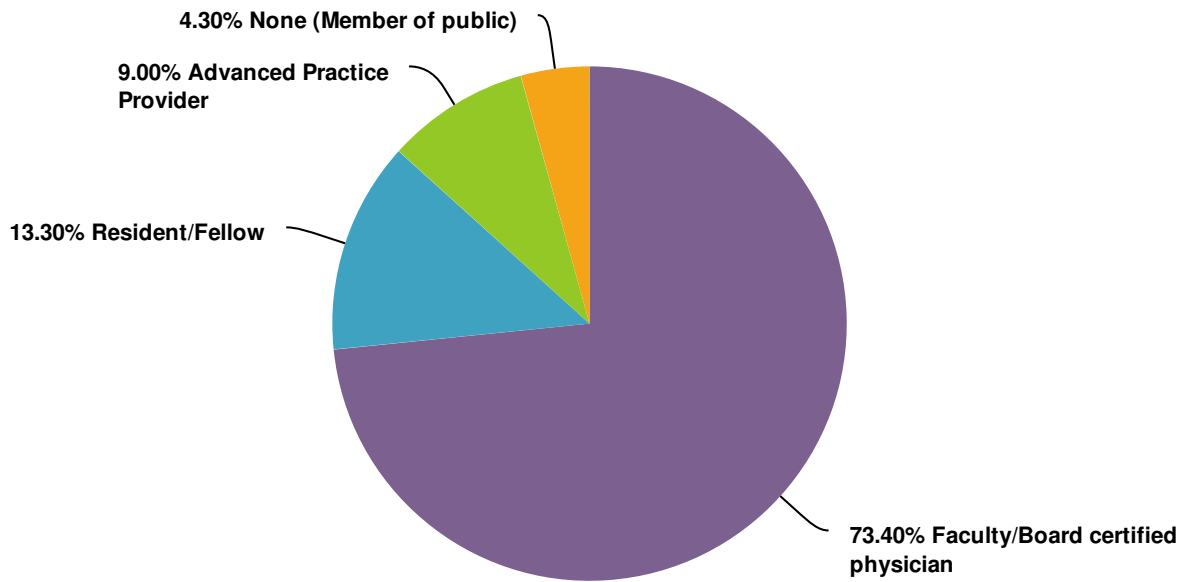
Value	Percent	Count
1 to 4	28.5%	121
5	5.9%	25
5 to 10	15.3%	65
Over 10	50.4%	214
Total		425

8. What is your primary work setting?



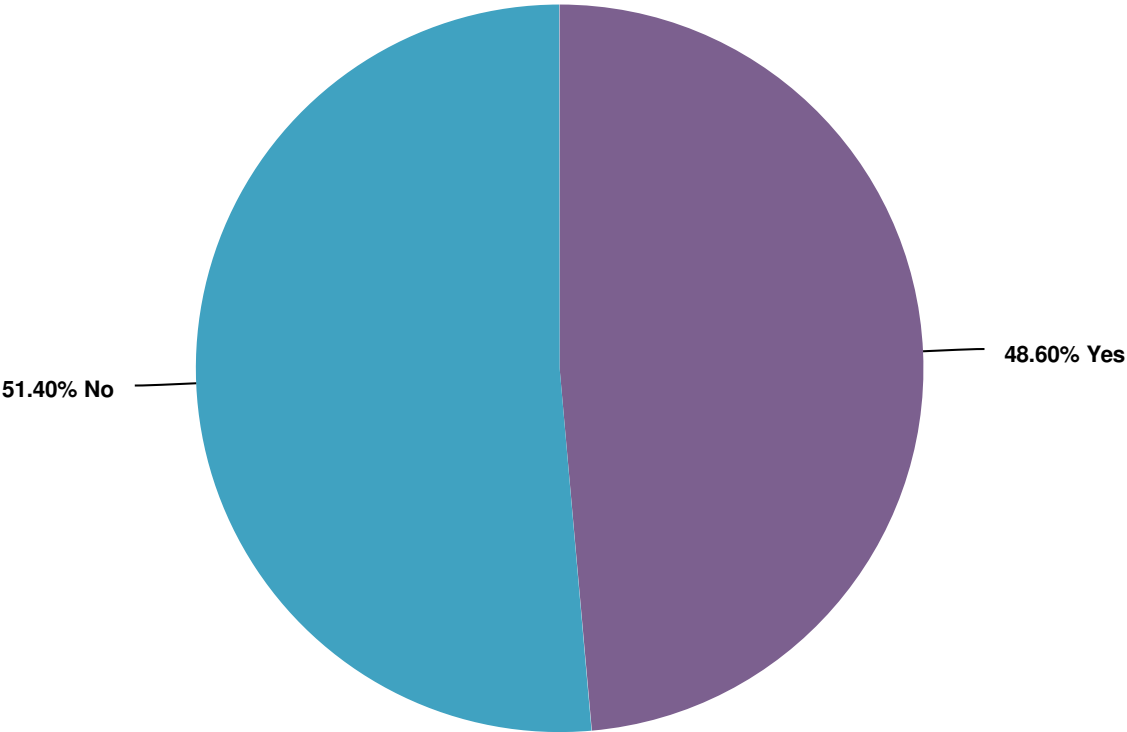
Value	Percent	Count
Academic Based	30.5%	129
Government Based	4.3%	18
Hospital Based	28.6%	121
Multispecialty Group	5.4%	23
Neurology Group	12.8%	54
Other Public or Private Hospital or Clinic	9.2%	39
Solo Practice	9.2%	39
Total		423

9. What is your current level of training?



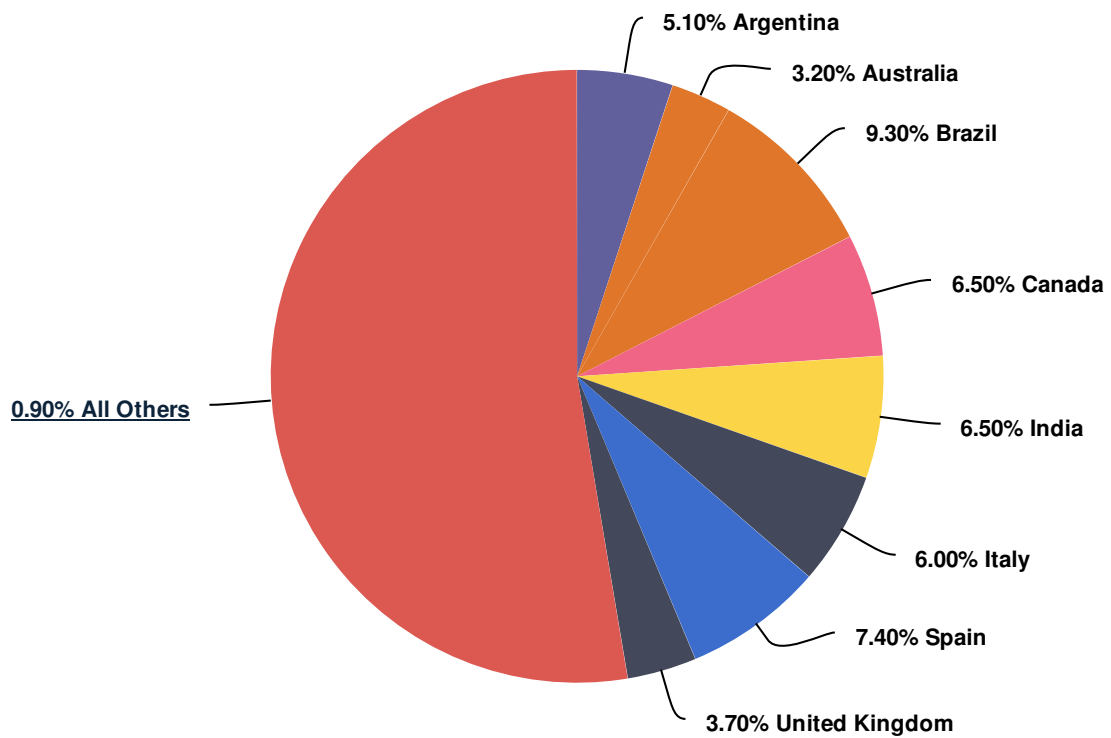
Value	Percent	Count
Faculty/Board certified physician	73.4%	309
Resident/Fellow	13.3%	56
Advanced Practice Provider	9.0%	38
None (Member of public)	4.3%	18
Total		421

10. Do you currently reside in the United States?



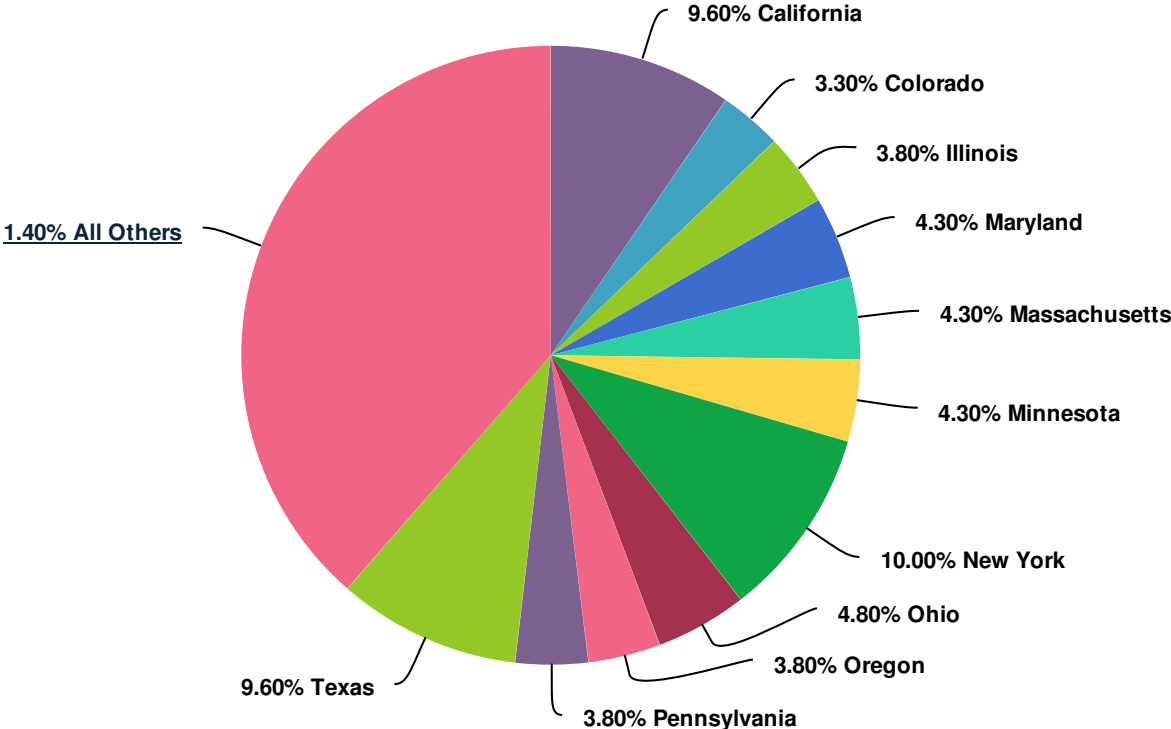
Value	Percent	Count
Yes	48.6%	212
No	51.4%	224
Total		436

11. In what country do you reside?



Value	Percent	Count
Argentina	5.1%	11
Australia	3.2%	7
Brazil	9.3%	20
Canada	6.5%	14
India	6.5%	14
Italy	6.0%	13
Spain	7.4%	16
United Kingdom	3.7%	8
<u>All Others (click to expand)</u> ▶	53.0%	113
Total		216

12. In what state is your practice located?



Value	Percent		Count
California	9.6%		20
Colorado	3.3%		7
Illinois	3.8%		8
Maryland	4.3%		9
Massachusetts	4.3%		9
Minnesota	4.3%		9
New York	10.0%		21
Ohio	4.8%		10
Oregon	3.8%		8
Pennsylvania	3.8%		8
Texas	9.6%		20
All Others (click to expand) ▶	38.7%		80
Total			209