

4TH INTERNATIONAL CONGRESS ON MOBILE HEALTH AND DIGITAL TECHNOLOGY IN EPILEPSY



October 11-13, 2023

Lausanne, Switzerland

PROGRAM

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GENERAL INFORMATION

Welcoming Cocktail

October 12th,2023
From 6.30 pm
Exhibit Area

Poster Tour

October 12th,2023
From 12.15pm to 2.30pm

October 13th,2023
From 12.30pm to 1.30pm

From P01 to P13
Wearable devices

From P14 to P15
Telemedecine

From P16 to P21
Seizure Forecasting

From P22 to P40 and P45
Seizure detection

From P41 to P44
Decision support systems

Wifi Access Process

Step 1
Select «public-chuv»

Step 2

The image displays two screenshots of the CHUV Wifi Public access interface. The first screenshot, titled 'Bienvenue au CHUV', shows a blue background with a white button labeled 'Accès WiFi' and a link 'Je suis patient-e aux urgences'. An orange arrow points to the 'Accès WiFi' button with the text 'Click on «Accès WiFi»'. The second screenshot, titled 'Wifi Public', shows a form for obtaining an SMS code. It includes a field for 'N° portable' (mobile number) and a checkbox labeled 'J'ai lu et j'accepte les conditions générales' (I have read and accept the general conditions). An orange arrow points to the checkbox with the text 'Check the box here and then click on «J'ai déjà un code SMS»'. Below the checkbox is a button labeled 'Envoyer' (Send). At the bottom of the form is a link 'Retour' (Return). The third screenshot, also titled 'Wifi Public', shows the next step where the user is prompted to enter the SMS code. It includes a field for 'N° de tél. portable' (mobile number) and a field for 'Code SMS'. An orange arrow points to the 'Code SMS' field with the text 'And Enter the two codes printed on the back of your badge'. Below the 'Code SMS' field is a button labeled 'Valider' (Validate) and a link 'Retour' (Return). A red box at the bottom right of the third screenshot contains the text 'Do not enter your personal phone number'.

Bienvenue au CHUV

Accès WiFi

Je suis patient-e aux urgences

Wifi Public

Pour obtenir votre code SMS, saisissez votre n° de portable :

N° portable

N° de tél. portable

☒ J'ai lu et j'accepte les conditions générales

Envoyer

[J'ai déjà un code SMS](#)

[Retour](#)

Wifi Public

Le code SMS a été envoyé.

N° portable

N° de tél. portable

Veillez saisir votre code SMS:

Code SMS

Valider

[Retour](#)

Click on «Accès WiFi»

Check the box here and then click on «J'ai déjà un code SMS»

And Enter the two codes printed on the back of your badge

Do not enter your personal phone number

AGENDA

Wednesday, October 11th

3.00pm - 7.30pm	MASTER CLASS (Separate registration needed)
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Thursday, October 12th

7.45 am - 8.00 am	Welcome
8.00 am - 9.30 am	Session 1 - Users' perspectives and preferences
9.30 am - 10.00 am	Coffee break
10.00 am - 11.30 am	Session 2 - Seizure forecasting
11.30 am - 12.15 pm	Sponsored Symposium - UNEEG Medical
12.15 pm - 2.30 pm	Lunch and Poster Tour
2.30 pm - 3.00 pm	Special Lecture
3.00 pm - 4.30 pm	Session 3 - Autonomic biosignals and seizure detection
4.30 pm - 5.00 pm	Coffee Break
5.00 pm - 6.30pm	Session 4 - Epilepsy apps

Friday, October 13th

8.00 am - 10.30 am	Session 5 - EEG wearables, ultralong term monitoring & automated analysis
10.30 am - 11.00 am	Coffee Break
11.00 am - 12.30 pm	Session 6 - Managing and sharing mobile health data
12.30pm - 1.30pm	Lunch and Poster Tour
1.30 pm - 2.00pm	Sponsored Symposium - Nightwatch
2.00 pm - 4.00 pm	Session 7 - Closed-loop systems and other innovative brain stimulations
4.00 pm	End of the conference

MASTERCLASS PROGRAM

October 11th, 2023

3rd Home Video-EEG Telemetry (HVET) Masterclass
Towards «HVET 3.0»

2.00 pm	3.00 pm	Registration
3.00 pm	3.05 pm	Welcome Philippe Ryvlin
3.05 pm	3.10 pm	Introduction Franz Brunnhuber
Review		
3.10 pm	3.40 pm	Basic of HVET Chair: Stephan Walters Speakers: Franz Brunnhuber - Devyani Amin
3.40 pm	4.10 pm	Patient Experience Chair: Mark Richarson Speaker: Devyani Amin
Discussion and Debate		
4.10 pm	5.10 pm	Roundtable Discussion - «Impact and Hurdles of Home-Video-EGG Telemetry» Chair: Sushma Goyal International Panel
5.10 pm	6.10 pm	Debate «Are video recordings sufficient to diagnose NES?» Chair: Joel Winston Speakers: Selma Aybek - Elisaveta Sokolov
Developments		
6.10 pm	6.50 pm	The use of videos before HVET Chair: Elisaveta Sokolov Speakers: Arjune Sen - Gardar Thorvardsson - Sushma Goyal
6.50 pm	7.10 pm	HVET 3.0 Chair: Mark Richardson Speaker: Franz Brunnhuber
7.10 pm		Panel Discussion Chair: Mark Richardson



We believe **science has no limits**

We believe there's always more to learn and being disruptive is compulsory. We will always pursue the next discovery, for what can be found, as our ambition never wanes.



Inspired by **patients**.
Driven by **science**.

PROGRAM

October 12th, 2023

7.45am	8.00am	Welcome
Session 1. Users' perspectives and preferences Chair: Benjamin Brinkmann (UK) and Sandor Beniczky (Denmark)		
8.00am	8.30am	Users' preferences for wearable devices in epilepsy Torie Robinson, UK
8.30am	9.00am	Users' experience of wearable devices in epilepsy Levente Hadady, Hungary
9.00am	9.30am	Pharmas' preference for mHealth monitoring of clinical trials Jacqueline French, USA
9.30am	10.00am	Coffee Break
Session 2. Seizure forecasting Chairs: Christian Meisel (Germany) and Jacqueline French (USA)		
10.00am	10.30am	Seizure forecasting using sub-cutaneous EEG Benjamin Brinkmann, USA
10.30am	11.00am	Seizure forecasting using heart rate monitoring Rachel Stirling, Australia (remote lecture)
11.00am	11.30am	Forecasting seizure clusters Samden Lhatoo, USA
11.30 am	12.15pm	Sponsored Symposium - UNEEG Medical Clinical utility of ultra long-term subcutaneous EEG, present and future Mark Richardson, UK
12.15pm	2.30pm	Lunch and Poster Tour
2.30 pm	3.00pm	Special Lecture Chairs: Sandor Beniczky (Denmark) and Philippe Ryvlin (Switzerland) Towards a community-built framework for the validation of EEG-based seizure detection algorithms Jonathan Dan

Session 3. Autonomic biosignals and seizure detection

Chairs: Samden Lhatoo (USA) and Philippe Ryvlin (Switzerland)

3.00pm	3.30pm	Seizure detection with autonomic and wearable biosignals Tobias Loddenkemper, USA
3.30pm	4.00pm	Impact of antiseizure medication on autonomic biosignals Christian Meisel, Germany
4.00pm	4.30pm	EDA biofeedback in epilepsy Christoph Helmstaedter, Germany
4.30pm	5.00pm	Coffee Break

Session 4. Epilepsy apps

Chairs: Christoph Helmstaedter (Germany) and Tobias Loddenkemper (US)

5.00pm	5.30pm	Epilepsy mHealth solutions in resources-limited countries Ashish Sahani, India
5.30pm	6.00pm	Limitations and the benefits of self-reported seizure diaries Daniel Goldenholz, USA
6.00pm	6.30pm	How epilepsy shapes day-to-day smartphone touchscreen interactions Arko Ghosh, The Netherlands
6.30pm		Welcoming Cocktail at the Exhibit Area





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EEG SubQ BREAKING NEW GROUND IN EPILEPSY

UNEEG™ medical

- sponsored symposium

24/7 EEG™ SubQ

- future perspectives for ultra long-term EEG

Thursday 12 October | 11:30 – 12:15

Agenda:

- 11:30 Welcome and introduction
Jonas Duun-Henriksen, Director Epilepsy Science, UNEEG medical
- 11:35 Clinical utility of ultra long-term subcutaneous EEG, present and future
Professor Mark Richardson, Centre for Epilepsy, King's College London, UK
- 11:55 Sleep and epilepsy with subcutaneous EEG recordings
Jonas Duun-Henriksen, Director Epilepsy Science, UNEEG medical
- 12:10 Q&A

Our speakers:



Jonas Duun-Henriksen,
Director Epilepsy
Science, UNEEG
medical



**Professor
Mark P. Richardson**
Centre for Epilepsy,
King's College
Hospital NHS
Foundation Trust,
London, UK

ULTRA LONG-TERM SEIZURE TRACKING: The 24/7 EEG SubQ solution allows for continuous, EEG monitoring day and night for up to 15 months and offers you objective knowledge of seizure activity. A subcutaneous implant and external recorder, combined with a complete data infrastructure and analytics software, provide automated electrographic seizure detection. The solution can enable you to detect treatment effect and empower your patients.

PROGRAM

October 13th, 2023

Session 5. EEG wearables, ultralong term monitoring & automated analysis

Chairs: Andreas Schulze-Bonhage (Germany) and Stephan Schuele (US)

8.00am	8.30am	Update on sub-cutaneous EEG Mark Richardson, UK
8.30am	9.00am	Ear-EEG solutions Preben Kidmose, Denmark
9.00am	9.30am	Parallel Ultra-Low Power (PULP) Processing for Next-Generation Wearable EEG Monitoring Luca Benini, Switzerland
9.30am	10.00am	Impact of EEG channels number on seizure detection Christoph Baumgartner, Austria
10.00am	10.30am	AI-based interpretation of routine clinical EEG Sandor Beniczky, Denmark
10.30am	11.00am	Coffee Break

Session 6. Managing and sharing mobile health data

Chairs: Mark Richardson (UK) and Mike Sperling (USA)

11.00am	11.30am	Current regulations in mobile health research and clinical use Kim RoCHAT, Switzerland
11.30am	12.00pm	The RADAR-base platform for mHealth research Richard Dobson, UK (remote lecture)
12.00pm	12.30pm	Opportunities for leveraging mHealth data sharing in epilepsy Pauline Ducouret, Switzerland
12.30pm	1.30pm	Lunch and Poster Tour

Sponsored Symposium - Nightwatch

1.30pm	2.00pm	Long-term multimodal seizure detection at home: lessons learned Roland Thijs, The Netherlands
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Session 7. Closed-loop systems and other innovative brain stimulations

Chairs: Christoph Baumgartner (Austria) and Philippe Ryvlin (Switzerland)

2.00pm	2.30pm	Update on RNS and cardiac-based VNS Mike Sperling, USA
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2.30pm	3.00pm	Non-invasive closed-loop seizure prevention Mehrdad Seirafi, The Netherlands
3.00pm	3.30pm	Closed-loop SUDEP prevention Joao Ferreira, Portugal
3.30pm	4.00pm	Epicranial Focal Cortex Stimulation Andreas Schulze-Bonhage, Germany



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*JAMA Neurology publication and
additional information can be found here:
easee-epilepsie.com



POSTERS

Poster tour on October 12th
from 12.15 pm to 2.30 pm

Poster tour on October 13th from
12.30 pm to 1.30 pm

P01	Cardiorespiratory wearable monitoring in epilepsy: prospects and challenges <u>M. Abreu</u> , A.S. Carmo, A.R. Peralta, F. Sá, H. Silva, C. Bentes, A. Fred
P02	EEG@HOME: seizure cycles and temporal patterns in long-term at-home e-diary, smartwatch, and mobile EEG data, in a drug-resistant epilepsy patient. <u>A. Biondi</u> , P. Laiou, P.F. Viana, M. Schreuder, M.P. Richardson
P03	EpiCare@Home: Remote wearable seizure monitoring for people with epilepsy can improve delivery of care. J. Nys, W. Harvey, G. Fonteyn, A. De Pauw, C. Depondt, J. Delbecq, R. El Tahry, S. Ferrao Santos, S. Weckhuysen, B. De Ridder, H. Verhelst, N. Zabler, M. Hirsch, A. Schulze-Bonhage, <u>B. Vandendriessche</u>
P04	Enabling scalp-EEG based training for sub-cutaneous EEG models: Pre-processing filter fine-tuning L. Lechner, A. Helge, E. Ahrens, G. Gritsch, T. Kluge, <u>M. Hartmann</u>
P05	Degradation of signal quality during seizures may severely impair automatic seizure monitoring S. Böttcher, <u>N. Zabler</u> , M. Jackson, E. Bruno, M. Dümpelmann, M.P. Richardson, B.H. Brinkman, A. Schulze-Bonhage, T. Loddenkemper
P06	BioGAP: a wearable device for seizure detection with medical-grade AFE, BLE connectivity and a 10-core ultra low power IoT processor <u>S. Frey</u> , M. Guermandi, S. Benatti, V. Kartsch, A. Cossetтини, L. Benini
P07	mjn-SERAS device, long-term EEG recording and seizure forecasting X. Raurich, P. Ferraris, J. Arcal, <u>D. Blázquez</u>
P08	Performance validation of a wearable ear-EEG system for the monitoring of different physiological and clinical conditions <u>J. Pazuelo</u> , G. Arkoun, C. Smej, M. Valderrama, J. Pyrzowski, M. Le Van Quyen
P09	EpiPhone: Versatile and inconspicuous wearable system for continuous and real-time epileptic seizure detection J. Thevenot, <u>J. Miranda</u> , I. Ny Hanitra, D. Atienza
P10	ECG artefact detection in low channel EEG systems for robust multimodal seizure detection <u>N. Zabler</u> , S. Böttcher, F. Manzouri, F. Lopes, N. Eptashvili, W. Van Paesschen, A. Schulze-Bonhage, M. Dümpelmann
P11	Prolonged Ambulatory EEG Monitoring with a Wireless Wearable EEG System <u>M. Frankel</u> , M. Lehmkuhle, J. Moreno, C. Phillips, L. Whitmire

POSTERS

P12	Caregiver attendance to alarms for nocturnal major motor seizures <u>A.T. Bosch</u> , F.S.S. Leijten , R.D. Thijs
P13	Identifying optimal electrode configurations for a wearable seizure detection system H. Gelbard-Sagiv , S. Pardo , N. Getter , M. Guendelman , F. Benninger , D. Kraus , <u>O. Shriki</u> , B.S. Shay
P14	Usability of a low-cost portable EEG device for bridging the gap in resource-poor areas <u>S. Larsen</u> , L. Klok
P15	Real-world smartphone data can trace the behavioral impact of epilepsy <u>A.R. Van Nieuw Amerongen</u> , A. Ghosh , R.D. Thijs
P16	Transfer learning on seizure prediction: Does information from several patients improve patient-specific approaches? F. Lopes , M. Pinto , A. Dourado , A. Schulze-Bonhage , M. Dümpelmann , <u>C. Teixeira</u>
P17	Seizure forecasting by tracking cortical response to continuous electrical stimulation <u>P. Laiou</u> , Z. Kraljevic , P. Viana , C. Mehra , A. Valentin , R. Dobson , A. Schulze-Bonhage , M. Dümpelmann , J. Winston , M. Richardson
P18	AI technology for seizure forecasting <u>J.L. Arcos</u> , X. Raurich , D. Blázquez
P19	Sleep duration, quality, and generalized tonic-clonic seizure risk on the next day <u>B. Zhang</u> , W.V. Chen , G. Regalia , M. Cruz , D. Goldenholz , R. Picard
P20	Validation of medical device mjn-SERAS for early detection of epileptic seizures in refractory epilepsy patients in a normalised environment: A prospective, multicentre, pilot clinical study protocol A. Sen , A. Gómez , B. Steinhoff , G. Torres-Gaona, A. Aledo-Serrano , <u>D. Blázquez</u> , A. Trejo, A. Gil-Nagel
P21	Artificial intelligence system, based on mjn-SERAS algorithm, for early detection of seizures in patients with refractory focal epilepsy: a cross-sectional pilot study G. Torres-Gaona , A. Aledo-Serrano , <u>D. Blázquez</u> , A. Trejo, A. Gil-Nagel
P22	Fast and accurate seizure detection in neonatal EEG using AI-assisted sonification and its implementation on digital technologies <u>E. Popovici</u> , S. Gomez-Quintana, A. Daly, T. Van Nguyen, F. O Sullivan, A. Factor, A. Temko

POSTERS

P23	Intracortical mechanisms of after-discharges elicited by intracranial 50 Hz stimulation of epileptic patients <u>J.P. Szabó</u> , B. Hajnal, A. Sákovics, L. Erőss, D. Fabó
P24	Cyclic transformer learning robust representations in tonic-clonic seizures <u>J. Zhang</u> , L. Swinnen, C. Chatzichristos, W. Van Paesschen, M. De Vos
P25	Detecting Seizures in Ambulatory EEG-ECG Monitoring using Heart Rate Variability and Machine Learning <u>J. Li</u> , P.J. Karoly, E.S. Nurse, M.J. Cook, D.R. Freestone, D.B. Grayden
P26	Automated Detection of Multiple Seizure Types Using Deep Learning <u>M. Andina</u> , M. Halimeh, M. Gadi, M. Holtkamp, M. Christian
P27	Seizure detection using personalized machine learning methods based on wearable ECG <u>J. Jeppesen</u> , J. Christensen, P. Johansen, S. Beniczky
P28	LAMPSEY - A Novel Epilepsy Video Monitoring And Seizure Detection Device <u>V. Mayer Garção</u> , M. Abreu, F. Sá, A.R. Peralta, C. Bentes, A. Fred, H. Plácido Da Silva
P29	Absence seizure detection and characterization <u>M. Latka</u> , P. Głaba, M. Krause, S. Krocza, M. Kuryło, W. Jernajczyk, B.J. West
P30	Development of an Automated Machine Learning-based Model for Epileptogenic Zone Localization: A Comparative Study from Hospitals in Brno and Montreal <u>M. Sturek</u> , M. Brazdil, P. Klimes
P31	A Meta-GNN approach to personalized seizure detection and classification <u>A. Rahmani</u> , A. Venkitaraman, P. Frossard
P32	A Comparison of Seizure Detectors for Mobile Devices based on Convolutional and Spiking Neural Networks S. Goel, F. Manzouri, A. Schulze-Bonhage, <u>M. Dümpelmann</u>
P33	Consumer Seizure Detection Device Use in the U.S.: A 2010-2022 Retrospective T. Stanton, I. Bellinski, M. Duffy, <u>S. Schuele</u>
P34	Approximate Zero-Crossing: A low-complexity and interpretable feature for seizure detection in outpatient monitoring conditions R. Zanetti, U. Pale, T. Teijeiro, <u>J. Miranda</u> , D. Atienza

POSTERS

P35	The Seizure Termination Project: Expert consensus recommendations for the rapid termination of seizure emergencies J.E. Pina-Garza , M. Chez , J. Cloyd , L.J. Hirsch , R. Kalviainen , P. Klein , L. Lagae , <u>C. Laloyaux</u> , R. Sankar , N. Specchio , A. Strzelczyk, M. Toledo, E. Trinka
P36	Reducing False Positives in Seizure Detection for Wearable EEG Devices using Gradient-Boosted Trees. <u>T. Ingolfsson</u> , S. Benatti , X. Wang , A. Bernini , P. Ducouret , P. Ryvlin , S. Beniczky , L. Benini , A. Cossetini
P37	Incidence of scalp EEG patterns during focal aware seizures <u>Y. Novitskaya</u>, A. Brandt, M. Hirsch, A. Schulze-Bonhage
P38	Monitoring faciobrachial dystonic seizures with wearable devices using machine learning L. Faust, J. Cui, B. Joseph, M. Cross, D. Dubey, <u>B. Brinkmann</u>
P39	High performing real-time seizure alerting in subcutaneous ultra long-term EEG S. Gangstad , J. Duun-Henriksen , <u>E. Vedel-Larsen</u> , J.S. Moeller , T. Oelund , M. Mariboe , R.E. Madsen
P40	Building general, personalized, and hybrid models for epilepsy detection with HD computing <u>U. Pale</u> , T. Teijeiro , S. Rheims , P. Ryvlin , D. Atienza
P41	Creating a Web Tool for Structurally Informed Simulation of SEEG with Dynamic Causal Modelling <u>J.B. Wilsenach</u> , K.J. Friston , F. Moeller , B. Pimpel , R.E. Rosch
P42	Digitalization in clinical epilepsy practice: methodology of BRIVA-Reg study supporting digital health tool for better patient–physician interactions and patient-reported outcomes collection <u>Z. Tan</u> , I. Leunikava , D. Zafeiriou , I. Kastrouni , L. Ampe , V. Kimiskidis
P43	Integrating AI for automation of epilepsy diagnosis <u>M. Zafar</u>, A. Adeel , G. Usman , D. Moazzam
P44	Breaking Barriers in Patient Education: Unleashing the Power of Augmented Reality in Neurology and Neurosurgery <u>M. Zafar</u> , Z. Naz , J. Khan , A. Azam , M. Vestal , M. Dar , U. Ghani
P45	Nocturnal seizure detection. What are the needs and expectations of adults with epilepsy in a district hospital? M.M.A. Van Leeuwen, M. Droger, <u>R.D. Thijs</u>, B. Kuijper

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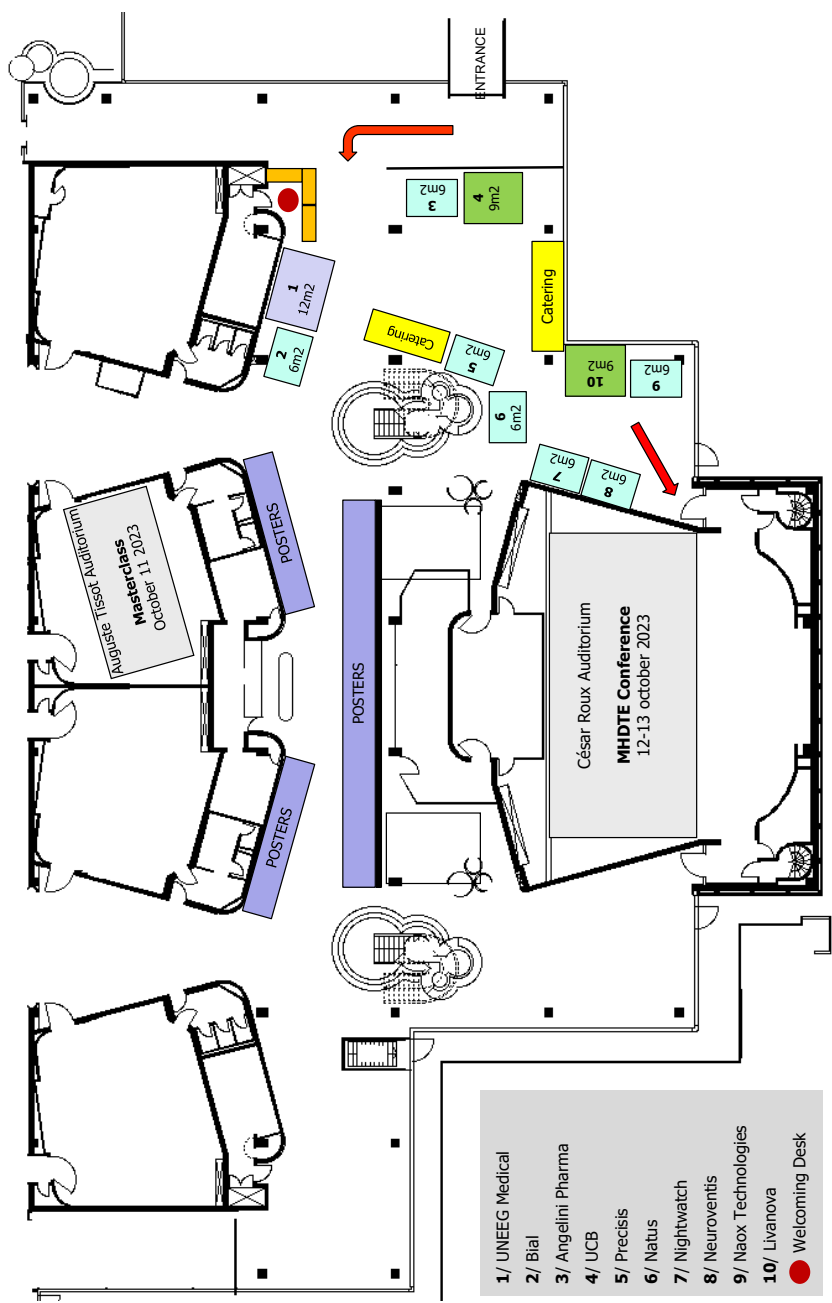
* Standard of care was treatment with up to 3 concomitant anti-seizure medications. ** From the baseline.

1. Guignot M et al. *Epilepsia*. 2020;61(11):2329-2339. 2. Sharma R et al. *Eur J Pharmacol*. 2020;879:173117. 3. Nakamura M et al. *Eur J Pharmacol*. 2019;855:175-182. 4. Anderson LL et al. *Epilepsia*. 2014;55(8):1274-1283. 5. Piredda SG et al. *J Pharmacol Exp Ther*. 1985;232(3):741-745. 6. Stafstrom CE. *Epilepsy Curr*. 2007;7(1):15-22. 7. Vreugdenhil M et al. *Eur J Neurosci*. 2004;19(10):2769-2778. 8. White HS et al. *Epilepsy Res*. 1997;28(3):167-179. 9. Krauss GL et al. *Lancet Neurol*. 2020;19(1):38-48 [incl. Supplementary Appendix]. 10. ONTOZRY® SmPC. ONTOZRY® Information for Professionals (short version) G. Cenobamate I: Adjunctive treatment of focal-onset seizures with or without secondary generalisation in adult patients with epilepsy who are not adequately controlled despite prior treatment with at least 2 anti-epileptic medicinal products. D: The recommended starting dose of cenobamate is 12.5 mg per day, titrated gradually to the recommended target dose of 200 mg per day (doubling every 2 weeks up to 100 mg per day, then increased by increments of 50 mg every 2 weeks). Based on clinical response, dose may be increased to max. 400 mg per day. Patients with hepatic disorders: lowering of target doses by up to 50% may be considered, max. dose 200 mg per day, in cases of mild and moderate hepatic impairment. Patients with renal disorders: use with caution, lowering of the target dose may be considered, max. dose 300 mg per day, should not be used in patients with end-stage renal failure or haemodialysis patients. To be taken orally. CI: Hypersensitivity to the active substance or excipients. Familial short-QT syndrome, WP: Suicidal ideation, drug reaction syndrome with eosinophilia and systemic symptoms (DRESS), QT-shortening, IA: CNS-depressants, phenytoin, phenobarbital, clobazam, lamotrigine, carbamazepine, valproic acid, levetiracetam, oxcarbazepine, oral contraceptives, substrates of CYP3A4, CYP2B6, CYP2C19, CYP2C9, OAT3. PL: Not to be used during pregnancy unless required by the clinical condition of the woman. Women of childbearing age must use a reliable non-hormonal method of birth control during and up to 4 weeks after the end of treatment. Breastfeeding should be interrupted or the treatment discontinued. UE: Very common; somnolence, coordination and gait abnormalities, headache; Common: confusional state, irritability, dysarthria, nystagmus, aphasia, memory impairment, diplopia, blurred vision, constipation, diarrhoea, nausea, vomiting, dry mouth, rash, elevated hepatic enzymes; Occasional: hypersensitivity of the immune system; Rare: drug reaction with eosinophilia and systemic symptoms (DRESS). P: Starter Pack: 14 tabs 12.5 mg and 14 ftc 25 mg; Fct of 50 mg, 100 mg, 150 mg, 200 mg; 14 and 28. [B] MAH: Arvelle Therapeutics International GmbH, Zug. Date of revision: May 2022. For more detailed information, consult the Information for Professionals at www.swissmedinfo.ch



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EXHIBITION MAP



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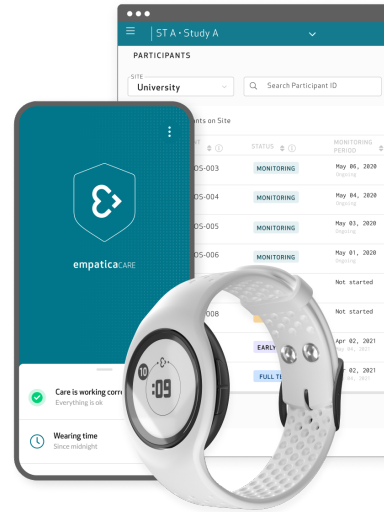
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