Editorial
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Predictors of Clinical Epilepsy

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Editorial

According to preliminary study, one-third of patients with epilepsy do not have efficient seizure management, and comorbidities continue to negatively impair their quality of life. Patients with psychosis and epilepsy have been recognised since the dawn of medicine, but they have mostly been overlooked in the development of effective epileptic treatments. Despite these treatments, phenobarbital, phenytoin (Dilantin), carbamazepine, ethosuximide (Zarontin), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), and midazolam (Midazolam) are still available (Versed). The purpose of this study was to see how copy number aberrations detected by chromosomal microarray (CMA) testing affected epilepsy patients at a tertiary care centre.

Over the last two decades, a slew of new medicines have been introduced into clinical practise, but little has changed. There is a pressing need to address unmet clinical needs in the following areas: New symptomatic anti-seizure medicines with improved efficacy/tolerability profiles for drug-resistant seizures, disease-modifying medicines that prevent or alleviate epileptogenesis, and epileptogenesis treatment. Because of its high variability in aetiology and symptoms, epilepsy differs from many other neurologic disorders. Even within therapeutic trials, efficacy outcomes can range between studies targeting the same seizure type, presumably due to demographic variability in placebo response, as well as genetic, social, or physiological factors, such as etiologic and diagnostic heterogeneity.

Epilepsy is a medical condition that affects. In poor countries, active epilepsy is believed to affect 5 to 10 persons per 1000 persons. Because prospective studies must deal with challenging and frequently insurmountable logistical challenges with precise case ascertainment, reliable incidence numbers are more difficult to come by. Annual incidence rates of up to 190 per 100 000 p have been recorded in more rigorous studies. Patients with ICD-9 codes for epilepsy or seizures and clinical CMA testing performed at Boston Children's Hospital between October 2006 and February 2011 were identified. We looked through medical records and included those who fulfilled the epilepsy criteria. On CMA, patients with epilepsy-related anomalies were phenotypically described.

Improved ways of analysing preclinical models, more robust protocols, and a more consistent assessment of outcomes are all needed to find better medicines for epilepsy patients. In the developing world, epilepsy, one of the most common non-communicable neurological diseases, is severely underfunded and undertreated. Epidemiological studies have shown that the size of the problem is enormous. Our findings differ from those of some previous research, which mostly focused on smaller subject groups, implying that the clinical conditions of the patient must be considered before assuming the utility of IEDs on normal EEG in predicting epilepsy severity [1-5].

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