Please write in the information below for each AED that was taken by the subject in the past, including current AEDs. This form is intended for chronic AED therapies only. Do not list PRN and rescue medications.

Table for Recording AED Resistant Data Details

| Line # | AED Name | AED Formulation Known? (e.g., IR, ER, liquid) | AED Schedule Known? (e.g., TID, BID) | Reason for discontinuation known? | Was AED appropriate for the epilepsy syndrome? (Check only one) | Was 3 months of therapy achieved without discontinuation due to adverse events? | Were attempts made to adjust dose?  (not titration) | Did the subject continue to have seizures on this AED despite dose adjustment? (Check only one) | Are the answers to all the previous questions known? (Check only one) | Are the answers to all the previous questions “Yes”? (Check only one) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Data to be entered. | Yes  No  If Known, specify: | Yes  No  If Known, specify: | Side effects - idiosyncratic, specify  Side effects - dose related, specify  Lack of efficacy  Side effects - chronic  Other, specify: | Yes  No | Yes  No  Unknown | Yes  No  Unknown | Yes  No | Yes  No | Yes  No |
| # | Data to be entered. | Yes  No  If Known, specify: | Yes  No  If Known, specify: | Side effects - idiosyncratic, specify  Side effects - dose related, specify  Lack of efficacy  Side effects - chronic  Other, specify: | Yes  No | Yes  No  Unknown | Yes  No  Unknown | Yes  No | Yes  No | Yes  No |
| # | Data to be entered. | Yes  No  If Known, specify: | Yes  No  If Known, specify: | Side effects - idiosyncratic, specify  Side effects - dose related, specify  Lack of efficacy  Side effects - chronic  Other, specify: | Yes  No | Yes  No  Unknown | Yes  No  Unknown | Yes  No | Yes  No | Yes  No |

## General Instructions

The AED resistance log tracks drugs received prior to enrollment, to determine whether the patient meets the International League Against Epilepsy definition of treatment resistance. In some cases, only treatment resistant epilepsy patients will be candidates for a study, and this form may be used for screening. The form may be modified so that a separate CRF is filled out at each study visit, rather than maintaining a running log.

The purpose of the form is to determine whether there is sufficient information available about each prior drug exposure, to be able to determine whether the drug was successful. The amount of information that is necessary to determine whether a prior treatment trial is informative, has been determined by the ILAE, as part of their definition of treatment resistant epilepsy, to include drug formulation, drug schedule, appropriateness of the drug to the syndrome, reason for discontinuation, and duration of therapy. For each drug the patient has received prior to enrollment, record the following: AED Name; whether the AED Formulation was known, and if so, what was the formulation (e.g. liquid, controlled release, immediate release); If the AED schedule is known, and if so what it was (e.g. TID, BID); If the reason for discontinuation was known, and if so, what it was (e.g. continued seizures, rash, sleepiness); whether the AED was appropriate for the patient’s Epilepsy Syndrome (e.g., if the patient had juvenile myoclonic epilepsy, a narrow spectrum drug such as carbamazepine was NOT used); whether the duration of therapy was >3 months; whether any attempts were made to adjust the dose if seizures were not controlled (that is, was the drug titrated after the initial target dose was achieved); and whether the patient continued to experience seizures despite dose adjustment.