

Auszug vom 4th World Congress for NeuroRehabilitation in Hong Kong vom 12-16. February 2006 zum Tourette Syndrom

P1-024 The Use of Levetiracetam to Treat Tics in Children and Adolescents with Tourette Syndrome

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Background: Some drugs currently used to treat tics have drawbacks, including the risk of side effects such as tardive dyskinesia. Therapeutic options with better safety profiles are needed. Levetiracetam is an antiepileptic drug with atypical GABAergic effects that might be beneficial for this indication. To evaluate the effects of levetiracetam on motor and vocal tics, behavior, and school performance in children and adolescents with tics and Tourette syndrome.

Methods: 60 patients, age ≤ 18 years, with tics and Tourette syndrome were enrolled in this prospective, open-label study. The initial starting dose of levetiracetam was 250 mg/d. The dosage was titrated over 3 weeks to 1000 to 2000 mg/d. Clinical outcomes were assessed with the Clinical Global Impression Scale, Yale Global Tic Severity Scale, and Revised Conners' Parent Rating Scale. Behavior and school performance were also recorded.

Results: All 60 patients showed improvements based on all of the scales used and 43 patients improved with regard to behavior and school performance. Levetiracetam was generally well tolerated. Three patients discontinued because of exaggeration of preexisting behavioral problems.

Conclusion: Levetiracetam may be useful in treating tics in children and adolescents. Given its established safety profile, levetiracetam is a candidate for additional evaluation.

P1-025 Long-term Follow-up use of Levetiracetam to Treat Tics in Children

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Background: Some drugs currently used to treat tics have drawbacks, including the risk of side effects such as tardive dyskinesia. Therapeutic options with better safety profiles are needed. Levetiracetam is an antiepileptic drug with atypical GABAergic effects that has been beneficial for this indication.

Methods: 70 patients, age ≤ 18 years, with tics and Tourette syndrome were enrolled in this prospective, open-label study. The initial starting dose of levetiracetam was 250 mg/d. The dosage was titrated over 3 weeks to 1000 to 2000 mg/d. Clinical outcomes were assessed with the Clinical Global Impression Scale, Yale Global Tic Severity Scale, and Revised Conners' Parent Rating Scale. Behavior and school performance were also recorded. Patients have been observed every 3 months over 4 years.

Results: All 70 patients showed improvements based on all of the scales used and 49 patients improved with regard to behavior and school performance, and still using levetiracetam as the only medication for their condition. Levetiracetam was generally well tolerated. Three patients discontinued because of exaggeration of preexisting behavioral problems. Two patients dropped their follow-up because they moved out of the state.

Conclusion: Levetiracetam may be useful in treating tics in children and adolescents. Given its established safety profile, levetiracetam is a candidate for additional evaluation.

Ergänzung durch das NTS (Netzwerk Tourette Syndrom) Quelle: wikipedia.de

Levetiracetam (Handelsname Keppra) ist ein [Antiepileptikum](#) aus Belgien, das 2000 durch **UCB Pharma** in Deutschland auf den Markt gekommen ist.

Es wird nicht in der [Leber verstoffwechselt](#) und kaum an Plasma-Eiweiß gebunden.

Die Zulassung ist zunächst noch auf fokale Anfälle mit und ohne Generalisierung für Patienten ab 4 Jahren zur Zusatzbehandlung beschränkt gewesen. Durch Hinweise, dass es auch bei primär generalisierten Anfällen wirksam ist, wurde im Jahr 2006 eine großangelegte Studie von UCB Pharma gestartet. Durch die Ergebnisse dieser Studie ist die [Monotherapiezulassung](#) seit dem dritten Quartal 2006 unter Beschränkungen in Deutschland zulässig.

Durch den fehlenden Lebermetabolismus kann die Substanz mit allen anderen Antiepileptika kombiniert werden, ohne dass diese sich gegenseitig beeinflussen. Die Substanz kann schnell eindosiert werden. Empfohlene Dosis 1000 - 3000 mg/d auf zwei Dosen verteilt. Die niedrigste Startdosis ist 1000 mg.

Nebenwirkungen [\[Bearbeiten\]](#)

Der Wirkstoff Levetiracetam zeichnet sich durch hohe Verträglichkeit und kaum bekannte Nebenwirkungen aus. Während andere Antiepileptika als einschläfernd und bewusstseinseinschränkend gelten, wirkt Levetiracetam sogar noch bewusstseinssteigernd.

Nebenwirkungen, die sehr häufig (>10%) beobachtet wurden sind:

- **Somnolenz** (Schläfrigkeit) und
- **Asthenie** (Schwächegefühl).