Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. **Neurology** September (1 of 2) 2005;65:668-675). (Reprints: American Academy of Neurology, 1080 Montreal Ave, St Paul, MN 55116).

COMMENT. An elevated serum PRL is specific for GTCS and CPS, and may be used to differentiate these epileptic from psychogenic nonepileptic seizures. A positive test may be useful as a substitute for video-EEG monitoring when this is unavailable. The test has a low sensitivity, and a negative result cannot be considered diagnostic of a psychogenic seizure. In addition to epileptic seizures, other events, including syncope, pregnancy, hypothyroidism, and various drugs may be associated with elevated PRL. PRL sampling should be obtained within 10 and 20 minutes after a suspected seizure, and a return to a baseline level is reached after an interval of 6 hours. Further studies will be necessary to establish the value of the test in young children and in neonates.

NOVEL GENETIC LOCUS FOR GENERALIZED TONIC CLONIC EPILEPSY WITHIN THE JUVENILE MYOCLONIC EPILEPSY SYNDROME

A genome-wide scan of a large family with juvenile myoclonic epilepsy (JME), seen at the All India Institute of Medical Sciences, New Delhi, was conducted to test an hypothesis that 2 loci, one predisposing to generalized tonic clonic seizures (GTCS) and a second to myoclonic seizures (MS), would be present within the JME syndrome. A new locus for GTCS was identified at 10q25-q26, and analyses of this locus performed in 10 additional JME families showed evidence for linkage in 4. The findings show that this novel locus confers susceptibility to GTCS within the syndrome of JME. (Puranam RS, Jain S, Kleindienst AM et al. A locus for generalized tonic-clonic seizure susceptibility maps to chromosome 10q25-q26. **Ann Neurol** September 2005;58:449-458). (Respond: Dr James O McNamara, Department of Neurobiology, 401 Bryan Research Building, Research Drive, Box 3676, Duke University Medical Center, Durham, NC 27710).

COMMENT. These findings show that a locus on chromosome 10q25-q26 confers susceptibility to GTCS within the genetic syndrome of juvenile myoclonic epilepsy. In support of the theory of two loci, one for GTCS and another for MS, within the JME syndrome is the clinical pattern of different ages of onset for these seizures. The syndrome commonly presents with absence seizures between 5 and 16 years, myoclonic jerks follow about 4 years later, usually around age 15 years, and GTCS are the last to appear, and mainly on awakening (Grunewald RA et al. **Arch Neurol** 1993;50:594-598; **Ped Neur Briefs** June 1993).

EXPERT CONSENSUS ON PHOTOSENSITIVE EPILEPSIES

The literature and data on photic- and pattern-induced seizures were reviewed and a consensus was developed of risk factors for visually evoked seizures, at a workshop of the Epilepsy Foundation of America, in Alexandria, VA, August 2004. Photosensitive individuals are at risk of seizures from flickering or intermittent images and certain patterns