correlated with an abnormal EEG. In 13 patients with abnormal and 17 with normal EEGs, the beneficial response rates were 61% and 88%, respectively. Epileptiform EEGs were found in 18% of a total 100 consecutive children with recurrent headache, and with the same frequency in those with migraine. Kramer U, Harel S and associates found an 11% incidence of epileptiform EEGs in children with migraine or tension headaches; the incidence was 26% and significantly higher in children with chronic "very brief" headaches (**Brain Dev** 1994;16:304-308).

SEIZURE DISORDERS

TOPIRAMATE MONOTHERAPY IN EPILEPSY

The dosing, effectiveness, patient characteristics predictive of effectiveness, and safety of topiramate monotherapy in treatment of epilepsy were evaluated in a 6-month, multicenter, open-label study at UCLA School of Medicine, Mattel Children's Hospital, Los Angeles; and University of Miami School of Medicine, FL. Of 244 patients meeting requirements for evaluation (>12 weeks of treatment and stabilized topiramate dose during final 28 days), 213 were taking topiramate monotherapy at end of trial. The mean stabilized daily dose of topiramate over the last 28 days of treatment (primary endpoint) was 191 mg in patients with 1-3 seizures (low seizure frequency, n=147) and 239 mg in those with >3 seizures (high seizure frequency, n=66) (P<0.003). Patients with low seizure frequency reached a stable topiramate dose after a median of 36 days, compared with 53 days for patients in the high-seizure-frequency group. Baseline seizure frequency and lifetime seizure count were significant (P<0.05) predictors of the required stabilized dosage. Treatmentemergent adverse events (TEAEs) that occurred with cumulative incidence rates >10% in either seizure frequency group included paresthesia, fatigue, anorexia, dizziness, somnolence, headache, and hypoesthesia. Most adverse events were considered mild to moderate, 5.1% were serious, and 18.2% of patients discontinued therapy because of a TEAE (16.6% of the low-seizure-frequency, lower dose group compared with 21.4% in the high-seizurefrequency higher dose group). (Sankar R, Ramsay E, McKay A, Hulihan J, Wiegand, CAPSS-311 study group. Epilepsy Behav Aug 2009;15:506-512). (Respond: Dr Raman Sankar, David Geffen School of Medicine at UCLA, Mattel Children's Hospital, PO Box 951752, Los Angeles, CA 90095. E-mail: RSankar@ucla.edu).

COMMENT. Lower topiramate monotherapy doses (200 mg/kg day in 2 divided doses, am and pm) are adequate for patients with low baseline seizure frequency, and seizure control is associated with a lower incidence of adverse effects.

VALPROIC ACID AND SLEEP DURATION IN CHILDREN WITH EPILEPSY

Sleep duration and behavior were assessed in 46 children (age range 1.7-17.4 years) before and after tapering valproic acid (VPA) administered for more than 6 months for epilepsy, in a study at University Children's Hospital, Zurich, Switzerland. Actigraphy data obtained for 7 consecutive days and nights showed that after termination of VPA 33 children