DISCLOSURES

Dr. Welty serves as a consultant for MedPointe Pharmaceuticals and Ovation Pharmaceuticals. Dr. Faught and Dr. Privitera serve as consultants for and receive grants from all pharmaceutical manufacturers of antiepileptic drugs.

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The Authors Respond

Comparison of Clinical Practice Guidelines in the Initial Pharmacological Management of New-Onset Epilepsy in Adults

We appreciate the consideration given to our article by Welty, Fraught, and Privitera; however, we disagree. The authors make a vague statement, "the guidelines that are included in the article make specific statements about drug selection in epilepsy contrary to the conclusion of Payakachat"; however, after making this statement they proceed to cite several primary research articles and do not actually support this claim from the text of the guidelines.

Their title "Step therapy is not appropriate for antiepileptic drugs" is misleading because our article was an examination and comparison of guidelines. The guidelines do not advocate step therapy nor were we acting as advocates of step therapy. Our intent was to compare guideline recommendations. This is not tantamount to advocating step therapy. Rather, we observed that published guidelines did not clearly delineate supremacy of the newer drugs over the older drugs.

Guidelines are intended as general guides. They do not preclude deviation when specific circumstances warrant it. The authors note exceptions or special circumstances that they advocate as advantageous for the newer drugs. However, it is notable that the authors of the guidelines did not find these issues sufficiently convincing to discount the use of older drugs in all cases.

The authors introduce some subjects that are "non sequiturs" for our article. The authors state, "Epilepsy is a heterogeneous disorder. Seizures are often merely the primary clinical manifestation of an underlying neurological abnormality or disease." However, our article is not about epilepsy as a disease nor about seizures as a manifestation of varied diseases. The authors go on to say, "Although seizures may appear to be similar in clinical presentation or electrographically, the underlying pathology can be very different from one patient to the next." Our article was also not about the specific pathology underlying seizures. The authors continue, "Until better diagnostic tools are available to determine the underlying pathophysiology of seizures, it is important to have a broad group of drugs with respect to mechanisms of action and adverse events from which selections can be made." Again, our article was not about seizure diagnosis, nor underlying pathophysiology, nor the importance of having treatment options. Rather, our article compared the conclusions reached in published treatment guidelines.

Also notable is the observation that the guidelines do not make a strong case for the use of newer drugs over the older drugs. This is not the same as precluding use of the newer drugs. Rather, in the era of cost-conscious health care, we only observed that the guidelines do not make a strong case for the newer drugs in the initial management of newly diagnosed epilepsy. And, the newer drugs are more expensive—thus

supporting the notion of giving first consideration to the older drugs. Certainly in those circumstances where specific drugs have advantages for a particular patient, the guidelines do not advocate against their use. Rather, the guidelines provide generalizations as a place to start in the initial management of newly diagnosed, uncomplicated cases, as we stressed in our article.

In total, it seems the authors have the most difficulty with the recommendations of the guidelines. However, this is a different issue for a different audience. The authors are free to put their concerns before the authors of the guidelines. We are not the authors of the guidelines. Instead, given that it is accepted current strategy to generate guidelines for reference by practitioners, and that guidelines are delineated by consensus from groups of experts, we saw it as reasonable to compare published guidelines on the topic of initial treatment of new-onset, adult epilepsy.

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Letters to the Editor

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DISCLOSURES

The authors disclose no potential bias or conflict of interest relating to this letter.