

INFLUENCE OF TITRATION SCHEDULE AND MAINTENANCE DOSE ON THE TOLERABILITY OF ADJUNCTIVE ESLICARBAZEPINE ACETATE: AN INTEGRATED ANALYSIS OF THREE RANDOMIZED PLACEBO-CONTROLLED TRIALS

Krauss G, et al. *Epilepsy Res* 2018;139:1–8

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OBJECTIVE

To examine the influence of titration schedule and maintenance dose on the incidence and type of TEAEs associated with treatment of focal seizures with adjunctive ESL

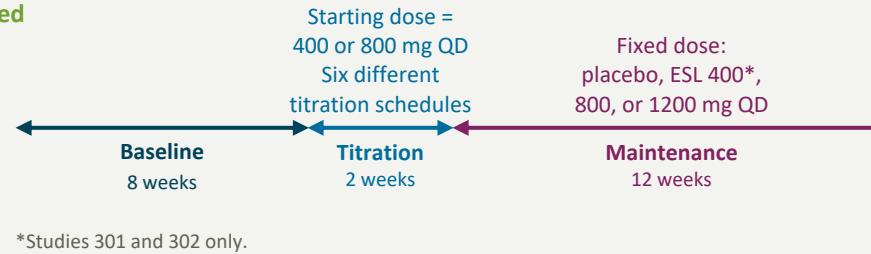


STUDY DESIGN

Post-hoc analysis of data pooled from three Phase III, double-blind, placebo-controlled RCTs of adjunctive ESL

Study
 BIA-2093-301 n = 402
 BIA-2093-302 n = 395
 BIA-2093-304 n = 653

Patients aged ≥16 years with focal seizures not adequately controlled with 1–3 ASMs



TEAEs were evaluated based on:

- Titration schedule (initiation dose; rate of dose escalation)
- Target (maintenance) dose



RESULTS

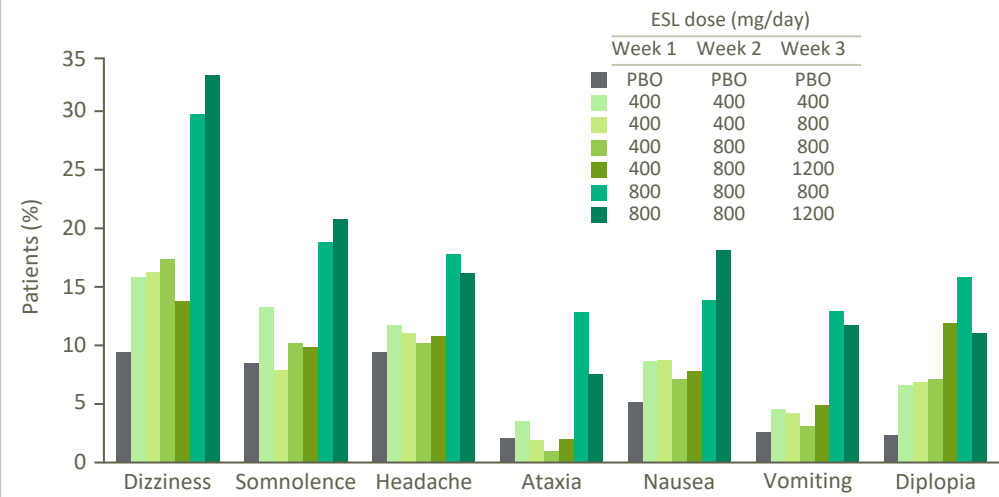
TEAEs following treatment initiation (in the first week of treatment)



Some TEAEs occurred **more** frequently in patients taking ESL **800 mg** versus 400 mg during the first week of treatment:

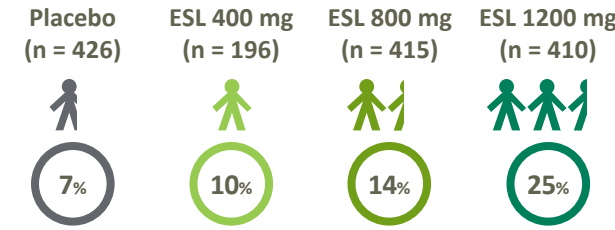
- Dizziness
- Somnolence
- Nausea
- Headache

Frequently reported TEAEs during double-blind treatment, by ESL maintenance dose and titration scheme¹



Incidences of common TEAEs were **higher** in patients who **initiated** ESL at **800 mg** versus 400 mg

TEAEs leading to discontinuation during double-blind treatment, by ESL maintenance dose



TEAEs leading to discontinuation during double-blind treatment, by ESL initiation and maintenance dose

For the ESL 800 mg and 1200 mg maintenance doses, there were **more** TEAEs leading to discontinuation in patients who **initiated** ESL at **800 mg** versus 400 mg



CONCLUSIONS

Initiation of ESL at 400 mg QD for 1 or 2 weeks was associated with a lower incidence of TEAEs and discontinuations versus 800 mg QD. Initiation at 800 mg QD is feasible when more immediate seizure reduction outweighs concerns about the increased risk of adverse reactions.

Abbreviations: ASM, antiseizure medication; ESL, eslicarbazepine acetate; PBO, placebo; QD, once daily; RCT, randomized, controlled trial; TEAE, treatment-emergent adverse event. ¹Reprinted from *Epilepsy Research*, Vol 139, Krauss G, et al. Influence of titration schedule and maintenance dose on the tolerability of adjunctive eslicarbazepine acetate: An integrated analysis of three randomized placebo-controlled trials, pp. 1–8. Copyright (2018), with permission from Elsevier. <https://www.journals.elsevier.com/epilepsy-research>.