

Berg AT, Shinnar S, Levy SR, Testa, FM, Smith-Rapaport S, Beckerman B. **Defining early outcomes in pediatric epilepsy: the good, the bad, and the inbetween.** *Epilepsy Res* 2001;43:75-84.

*Purpose:* To examine different approaches to classifying seizure outcomes.

*Methods:* In a prospective cohort study of children ( $N=613$ ) with newly diagnosed epilepsy, seizure outcomes at 2 years were classified as 'good' ( $\geq 1$  year remission), 'bad' or 'intractable' ( $\geq 2$  AED failures,  $\geq 1$  seizure/month over  $\geq 18$  months), and 'indeterminate' (neither 'good' nor 'bad'). Outcomes at 2 years were compared to outcomes in those followed 4 or more years. The associations of three commonly studied prognostic factors, etiology, age at onset, and syndromic grouping with the three-level outcome were assessed.

*Results:* 595 (97.1%) children were followed  $\geq 2$  years. A 'good', indeterminate, and 'bad' outcome was present in 314 (52.8%), 235 (38.3%), and 46 (7.7%) children. Problems with treatment were recorded in 64.7% of the indeterminate group. In 390 children followed  $\geq 4$  years, early 'good' and 'bad' outcomes persisted in  $\sim 80\%$ . About half of those with indeterminate 2-year outcomes later achieved remission, 8% met criteria for intractability, and 37% remained indeterminate. Most of the associations with etiology, age, and syndrome were due to variation in the proportion that met criteria for intractability and not remission.

*Conclusions:* Many children have indeterminate outcomes, often in association with treatment issues. Clearly 'good' and 'bad' early outcomes can be identified and persist  $\geq 2$  years later. In the absence of pharmaco-resistance, lack of early remission (indeterminate outcome) is usually not associated with a bad outcome, at least over the next few years.