

the LH+KA group developed SE later than the KA group, the percentage of LH+KA animals manifesting SRSs was higher compared to the group that had not experienced acute stress before SE. Moreover, higher mortality was observed in the LH+KA group compared to the KA group in the days following SE. On the other hand, chronic corticosterone administration appeared to induce only mild depressive-like behaviors, detectable only in the FST but not in the sucrose preference test SPT. During SE, CORT+KA animals experienced a more severe SE, with a 30% increase in mortality compared to the control group. No video-EEG recordings were obtained.

Conclusion: Overall, these data confirm that acute stress can facilitate the development and worsening of mTLE. These models system may be used for further investigation aimed at better understanding the relationship between depression and epilepsy.

1638 | Somatic comorbidity impact on effectiveness of epilepsy treatment in children

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Purpose: Presence of concomitant somatic disorders found in epilepsy debut on the stage of the first seizure can have impact on effectiveness of initial anticonvulsant therapy in children.

Method: 447 patients were examined who had epilepsy debut at the age of 0 to 18 years old. Effectiveness of initial treatment with following full clinical remission was analyzed with evaluation of presence of chronic somatic pathology in cardiovascular, visual, orthopedic and other systems excluding neurologic and psychic disorders at the stage of the first seizure.

Results: Chronic somatic comorbidity before start of treatment was found in 61.5% patients (N=275). Clinical remission at initial therapy after 6 months was reached in 38.5% cases (N=172). Among patients with somatic comorbidity remission at initial therapy was reached in 30.2% cases (N=83), ineffectiveness of treatment was registered in 69.8% (N=192). Among patients without somatic comorbidity remission at initial therapy was reached in 51.7% cases (N=89), ineffectiveness of treatment was registered in 48.3% cases (N=83).

Conclusion: It was found that in group of children without remission occurrence of somatic comorbidity was indicated 2 times more often than in the group with remission: 69.8% and 30.2% correspondently, $p_{\text{Fisher}} < 0.001$. Presence of concomitant chronic somatic diseases raises the chance by 2.5 that the remission at initial therapy

will not be reached (OR=2,480; S=0,201; 95% ДИ [1,672; 3,681]).

1746 | Somniloquy: an “underdog” from sleep with important associations in epilepsy

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Purpose: Epilepsy and sleep are known to have many interactions. Somniloquy (sleep-talking) stands out as one of the most prevalent benign sleep phenomena, however it is often left out of attention. Our aim was to study the possible associations between somniloquy and sleep and epilepsy parameters among adults with epilepsy (AWE).

Method: Participants were divided into epilepsy (EG) and healthy control group (HCG). They were also divided into: Non-Sleep-talkers (NST), Sleep-talkers (ST). We used the validated Armenian versions of Pittsburgh Sleep Quality Index (PSQI) and Epworth Sleepiness Scale (ESS) to assess sleep quality, excessive daytime sleepiness respectively. Hamilton depression and anxiety (HAMD, HAMA) scales were used. Participants underwent one-night EEG-PSG. Statistical analysis included Wilcoxon Signed Rank and Chi-squared tests.

Results: Overall, 174 AWE were included in the EG: mean age 35.2 ± 13.5 years (18-71), females=83(47.7%). Of them 24.7% were ST. For the groups NST/ST respective values were: age-35.9/33.3 years ($p > 0.05$), BMI-23.6/25.1 kg/m² ($p > 0.05$), number of sleep complaints-3/5.9 ($p < 0.05$), HAMA-13.1/18.7 ($p < 0.05$), HAMD-11.2/16.2 ($p < 0.05$), number of antiseizure medications-0.8/1.2 ($p < 0.05$), daily dosage (DD) of carbamazepine-556.4/726.3 mg ($p < 0.05$), valproate DD-916.7/777.9 mg ($p > 0.05$), yearly seizure frequency (SF)-30.7/49.7 ($p > 0.05$), monthly SF-3.5/4.5 ($p > 0.05$), total sleep time-423/456.6 mins ($p = 0.06$), sleep efficiency-83.2/90.6% ($p < 0.05$), wake during PSG-15.6/9.3% ($p < 0.05$), leg movement index(/h)-11.7/15.7 ($p < 0.05$), periodic leg movements index(/h)-4.6/8.8 ($p < 0.05$), PSQI-7.5/8.9 ($p > 0.05$), ESS-4.6/5.3 ($p > 0.05$). No differences were found in sleep macrostructure between the groups by PSG. Chi-square test results for somniloquy: focal vs generalized epilepsy-21.6%/35% ($p > 0.05$), insomnia-18.3%/32.1% ($p < 0.05$), restless legs syndrome-22.2%/33.3% ($p > 0.05$), periodic leg movements in sleep-20.4%/34.6% ($p < 0.05$), bruxism-17.3%/48.7% ($p < 0.05$), late coffee consumption-9.6%/30.9% ($p < 0.05$), smoking-19.8%/41.4%