Q.1 The strongest predictor of long-term outcome of epilepsy is:
   A) Total duration of epilepsy.
   B) Duration of epilepsy before initial treatment.
   C) Age at onset of epilepsy.
   D) Duration of treatment.

Q.2 The most common reason for lower confidence of physicians on epilepsy surgery is:
   A) Fear or morbidity/mortality.
   B) Availability of new AEDs.
   C) Lack of data from randomized clinical trials.
   D) Advent of procedures like Vagus nerve stimulation.

Q.3 Which of the following is true surgery in adults with mesial lesional Temporal lobe epilepsy:
   A) Duration of epilepsy under ten years predicts favourable outcome.
   B) Low pre-surgical IQ predicts unfavourable outcome.
   C) Both of the above.
   D) Younger age of onset predicts unfavourable outcome.

Q.4 Neurological complications in H1N1 are:
   A) More common in adults than children.
   B) Is often associated with altered consciousness in children only.
   C) Distributed irrespective of age.
   D) Definitly associated with seizures.

Q.5 Often of the following is rarely associated with CNS metastasis in women:
   A) Lung cancer.
   B) Breast cancer.
   C) Melanoma – Malignant.
   D) Epithelial ovarian cancer.

Q.6 EEG in patients with Febrile Infection Related Epilepsy syndrome shows:
   A) Slow background during acute phase and chronic phase.
   B) Fast background during acute and chronic phase.
   C) Slow background during acute phase and multifocal spikes during chronic phase.
   D) Multifocal spikes during acute phase and slow background during chronic phase.

Q.7 Phenobarbital is clinically not useful in:
   A) Juvenile myoclonic epilepsy.
   B) Refractory epilepsy.
   C) Febrile seizures.
   D) Neonatal absence seizures.
Q.8 Phenobarbital augments the effect of:

A) Oxcarbazepine.
B) Clobazam.
C) Oral contraceptives.
D) Valproic acid.

Q.9 Invasive ictal EEG recordings in pre-surgical evaluation of patients with medically refractory TLE are:

A) Mostly concordant to non-invasive techniques.
B) Useful only in MRI negative cases.
C) Will determine the extent of resection.
D) Better than magnetoencephalography.

Q.10 The following statement about Phenobarbitone is incorrect:

A) Phenobarbitone is equally effective as lorazepam in overt Generalized convulsive status epilepticus.
B) VPA is superior to phenobarbitone in the management of convulsive SE.
C) Phenobarbitone is more efficient than levetiracetam in the management of SE.
D) Phenobarbitone is predominantly successful as first-line therapy in Generalized convulsive status epilepticus.

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