**Abstracts**

**019**

**DIFFERENTIATING STATUS EPILEPTICUS FROM PROLONGED PSYCHOCGIC NON-EPILEPTIC SEIZURES – CAN PERIPHERAL CELL RATIOS HELP?**

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Methods The phone app collects multi-faceted patient-reported outcomes including seizure frequency, medication side effects, mood, anxiety, quality of life and cognition along with voice and digital images. Patients are invited through a national consortium of 18 adult epilepsy centres in Australia. The patient-reported information potentially allows feedback to their treating specialists and tertiary centre in near real-time, along with deidentified aggregation across all participating centres for comparison. Currently, more than 40 patients are enrolled. We present the outcomes of one patient, with the longest-running data points. The new platform was developed by KeyLead Health TM, Melbourne Australia.

**Results** The results report a single patient’s composite scores for mood, sleep, cognition seizures and medication side-effects from the first 1.5 months.

Conclusions Our digital phone platform has the potential to facilitate the more effective and efficient capture of longitudinal data enhancing real-world research data integrity along with patient and specialist engagement.

Table: Patient reported outcomes for single patient captured using digital phone app date 4/1 7/1 10/1 15/1 20/1 25/1 30/1 18/2

- Side effects 4.5 3.8 3.8 3.4 3.4 3.4 3.3 3.8
- Memory 9 1 7 5 6 7 6
- Seizures 3 0 1 1 1 2 0
- Reaction time 7.7 7.1 12.4 7.0 7.7 7.7 7.9 6.7
- Mood 17 16 15 15 12 15 18 16
- Sleep 12 6 8 4 3 10 8 5

**020**

**REAL-TIME CAPTURE OF PATIENT-REPORTED OUTCOMES USING A DIGITAL PLATFORM – A PILOT STUDY**

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Methods To demonstrate proof of concept/feasibility of a novel digital platform using real-time capture of patient-reported outcomes for real-world research involving patients with epilepsy.

**021**

**RELATIONSHIPS BETWEEN COGNITIVE IMPAIRMENT AND CLINICAL FEATURES OF IDIOPATHIC INTRACRANIAL HYPERTENSION**

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Methods Twenty-two newly diagnosed IIH patients participated, with a subset assessed longitudinally at 3 and 6 months. Both conventional and novel ocular motor tests of cognition were included: Symbol Digit Modalities Test (SDMT), Stroop Colour and Word Test (SCWT), Digit Span, California Verbal Learning Test (CVLT), prosaccade (PS) task, antisaccade (AS) task, interleaved antisaccade-prosaccade (ASP) task. Patients also completed headache, mood and visual functioning questionnaires.

Results IIH patients performed more poorly than controls on the SDMT (p<.001), SCWT (p=.021), Digit Span test (p<.001) and CVLT (p=.004) at baseline, and generated a higher proportion of AS errors in both the AS (p<.001) and AS-PS tasks (p=.007). Further, IIH patients exhibited prolonged latencies on the cognitively complex AS-PS task (p=.034). While weight, waist circumference, headache and mood did not predict performance on any experimental measure, increased retinal nerve fibre layer (RNFL) was associated with AS error rate on both the block (F(3, 19)=3.22, B=0.30, p=0.022) and AS-PS task (F(3, 20)=2.65, B=0.363, p=.098).