2267 THE MONASH STATUS EPILEPTICUS STUDY (MOSES) – AGE, INITIAL GCS AND INPATIENT ONSET, NOT TIME TO TREATMENT, IS ASSOCIATED WITH IN-HOSPITAL MORTALITY AND MORBIDITY

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Objectives Status epilepticus (SE) is a medical emergency with high mortality and morbidity. We aimed to determine the predictors of in-hospital mortality and increased disability in an Australian setting.

Methods We retrospectively reviewed medical records between Jan 2020 and Dec 2020 to identify patients diagnosed with status epilepticus. Data regarding in-hospital mortality, modified Rankin Score (mRS), medical history, management and outcomes were collected from the electronic medical records. Multivariable logistic regression was performed.

Results We identified 157 patients meeting the inclusion criteria. In-hospital mortality was 20.4%(32/157) and 40.8%(64/157) had an increase in their mRS. An aetiology was identified in 71.3%(112/157). Only 42.7%(67/157) received first-line benzodiazepine therapy.

After adjusting for confounders, age, presenting Glasgow Coma Score (GCS) and inpatient onset of SE were associated with in-hospital mortaltiy. For every 1 year increase in age, the odds of in-hospital mortality increased by 1.05 (95%CI 1.01–1.08). For every 1 point decrease in GCS, the odds of in-hospital mortality increased by 1.13 (95%CI 1.01–1.25). Inpatient onset had greater odds of in-hospital mortality (Odds ratio (OR) of 4.42, 95%CI 1.71–11.49). Age, GCS and inpatient onset of SE also independently predicted increase in mRS. Time to first, second and third-line therapy did not predict mortality or morbidity.

Conclusions Status epilepticus was associated with a high rate of mortality and morbidity. Less than one-quarter of patients had timely provision of first-line SE treatment. Age, initial GCS and inpatient onset of SE were the strongest predictors of in-hospital mortality and morbidity.

2268 ESTIMATING THE PROFILE OF RESPONDERS TO TREATMENT: DO DIFFERENT PATIENTS SHOW BENEFITS ON DIFFERENT OUTCOMES?

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Objective This study aims to identify the baseline profile characteristic of super-responders to siponimod in the Phase 3 EXPAND study on four domains of progression (Expanded Disability Status Scale [EDSS]; upper limb function using the 9-hole peg test [9HPT]; ambulation using the timed-25-fooot walk test [T25FWT]; and cognitive processing speed using the single digit modalities test [SDMT]) using and innovative statistical approach

Methods This is a post-hoc analysis of the phase III EXPAND trial comparing siponimod (n=1099) vs placebo (n=546) in SPMS. A response score was derived from baseline characteristics describing participants with a more pronounced treatment effect on each of the 4 clinical endpoints and evaluated optimal division into non-responders/responders according to Zhao L et al. 2013.

Results In the whole cohort, the effect of siponimod on time to confirmed progression for each of the 4 outcomes was:

- EDSS: HR=0.79, p=0.0103;
- 9HPT: HR=0.86, p=0.23;
- T25FW: HR=0.95, p=0.53;
- SDMT: HR=0.75, p=0.001.

Four different responder profiles (RSP) were obtained and validated, all showing a significant interaction with treatment, thus defining responders to each of the 4 outcomes. Overall, 1290/1645(78%) patients were pronounced siponimod-treatment responders in at least one of the 4 clinical outcomes.

Conclusions 78% of SPMS patients had a large treatment benefit with siponimod on at least one of the 4 clinical outcomes.

2270 A CASE OF TRANSIENT VERBAL AUDITORY AGNOSIA FROM SEIZURES

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Introduction Verbal auditory agnosia is a rare phenomenon predominantly caused by bilateral vascular lesions. Here we describe a case due to seizures to highlight the importance of comprehensive language assessments, and discuss implications on normal language processing and childhood epileptiform encephalopathy.

Case A 65-year-old man presented following two witnessed generalised tonic-clonic seizures. He had a significant background of small cell lung cancer which was managed with chemotherapy and local radiotherapy five months prior. On admission he was initially considered to be delirious. Detailed examination revealed a profound mixed aphasia for spoken language with preservation of reading and writing. In retrospect he was also able to appreciate music and environmental sounds. An MRI demonstrated a left temporal pole metastatic lesion with left temporal leptomeningeal disease. His EEG showed bilateral centrotemporal epileptiform discharges. Following treatment with levetiracetam and clobazam his language deficits improved within five days with a concomitant normalisation of his EEG. He was able to recount his experience of hearing speech 'flow together' making individual words indistinguishable.

Conclusions This case demonstrates an atypical aetiology of a rare condition. It emphasises the need for detailed language assessments, and that common conceptualisation of language dysfunction (e.g., receptive and expressive aphasia) do not completely describe spoken language processing; dual-stream models of language function may be more useful paradigms. Additionally, there are clinical and electrophysiological parallels