

PERCEPTION MAPPING OF CUSTOMER INSIGHTS ON CHOICE OF ANTI-EPILEPTIC DRUGS & AWARENESS ABOUT BRIVARACETAM



BACKGROUND-Epilepsy is a chronic medical disorder or condition, usually resulting in unpredictable, unprovoked recurrent seizures that affect a variety of mental and physical functions. It is one of the most common neurological diseases, affecting more than 3 million people in the India and about 50 million people worldwide. Epilepsy was one of the first brain disorders to be described.

Research Methodology-

Research Design:
Exploratory study

Sample Population:
Consultants (Neurologists)

Sample Area:
Mumbai & Delhi

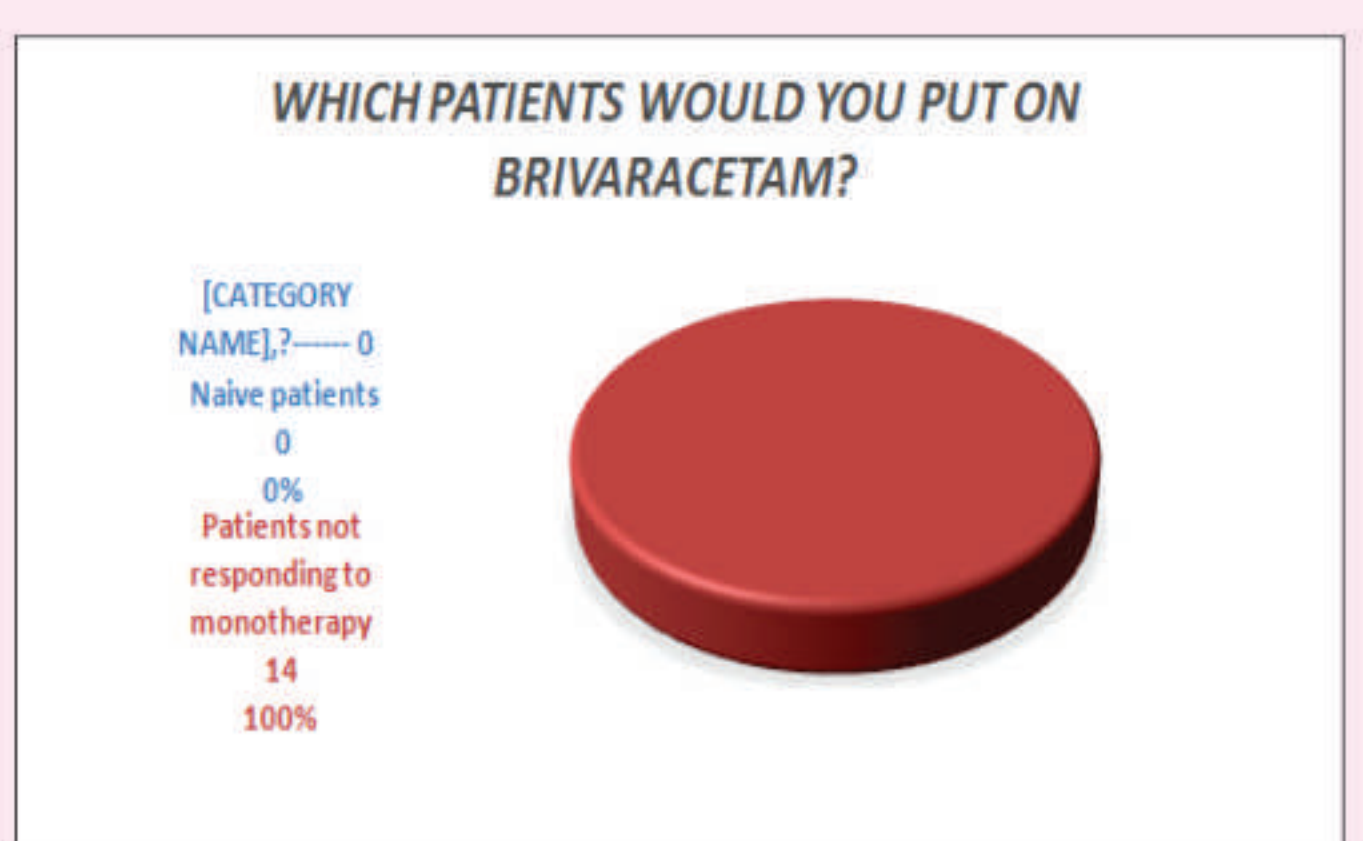
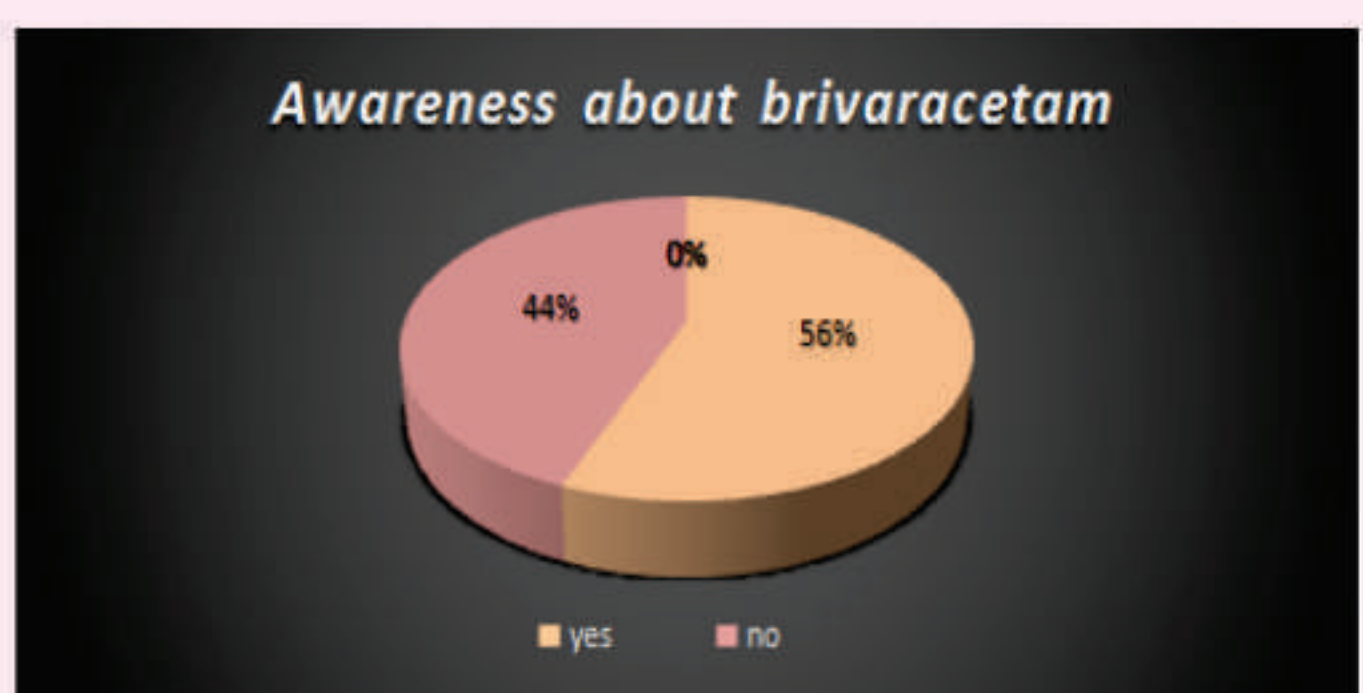
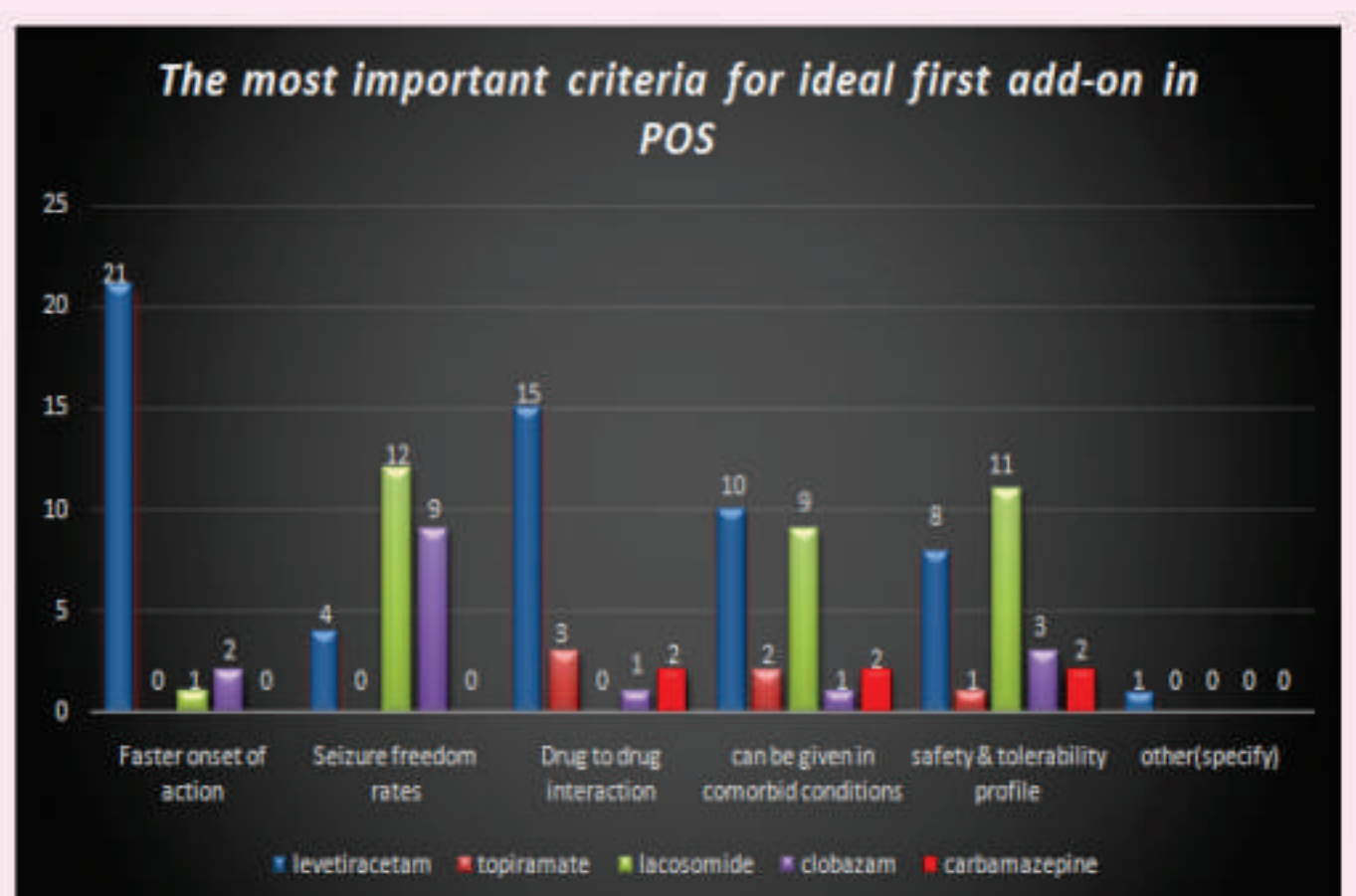
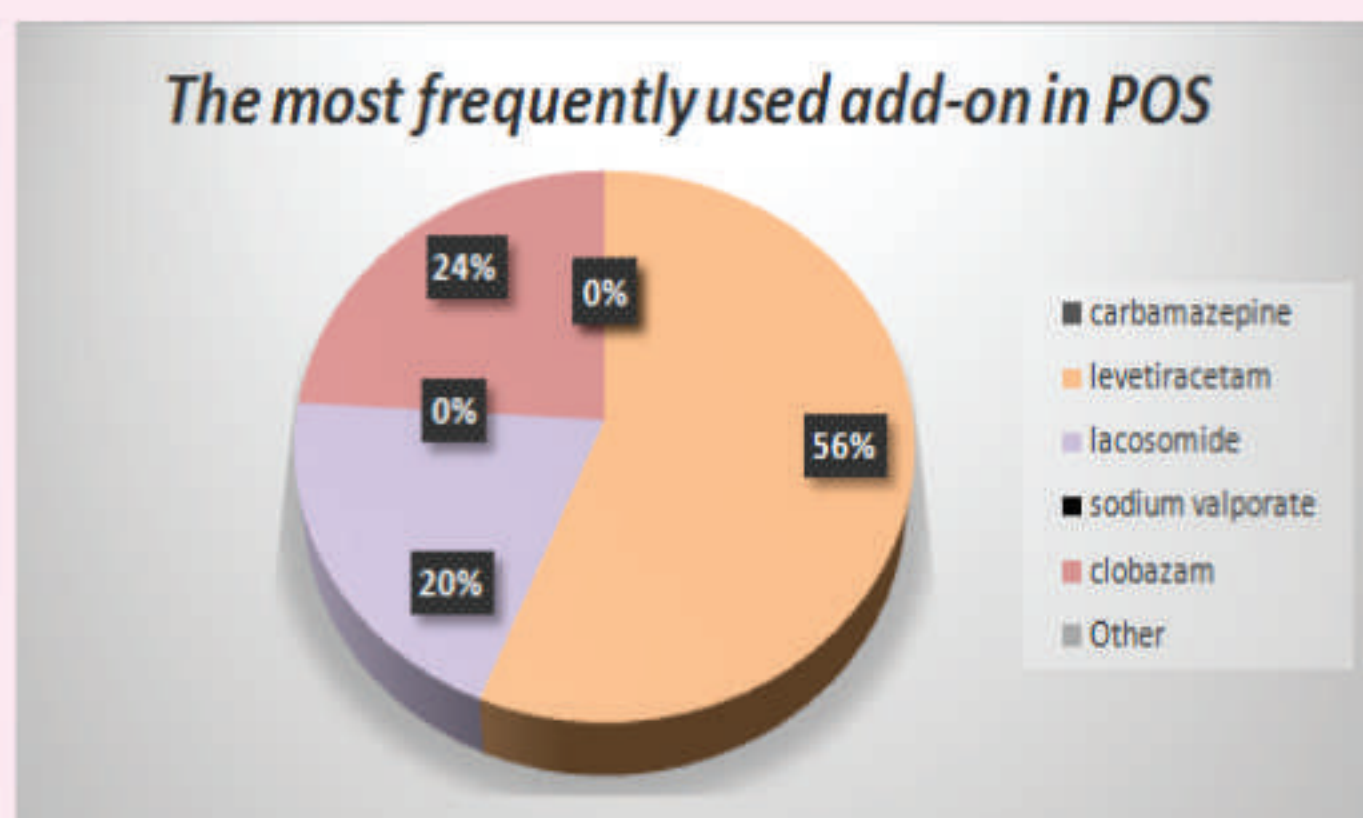
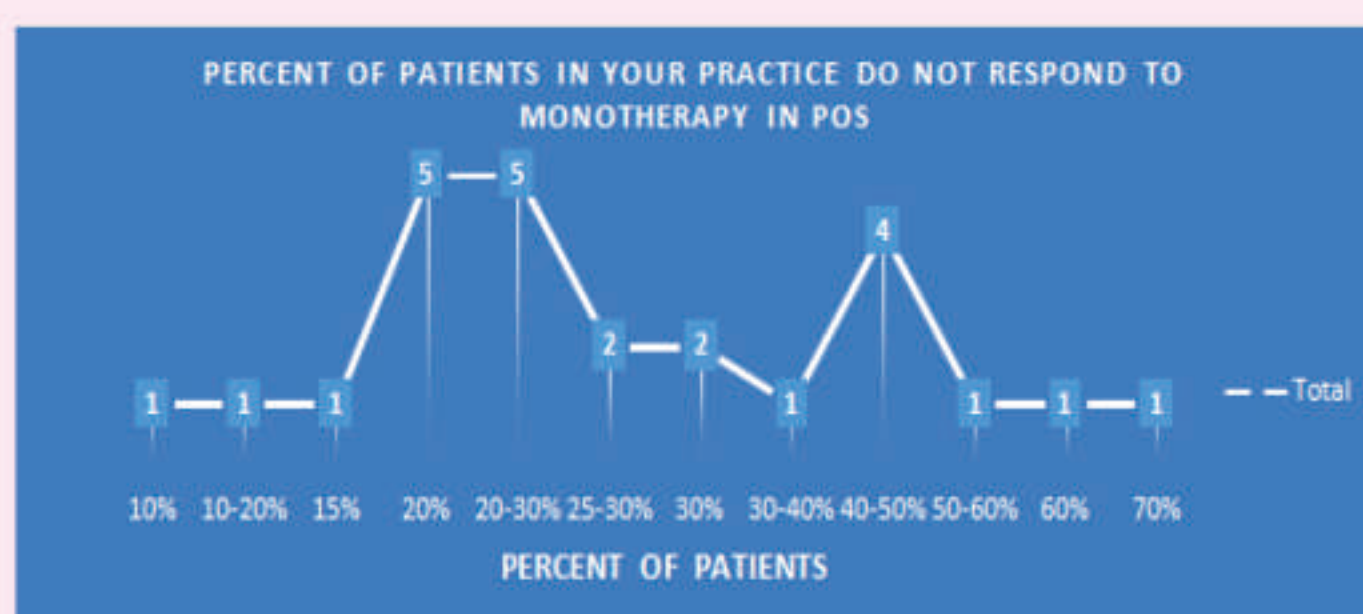
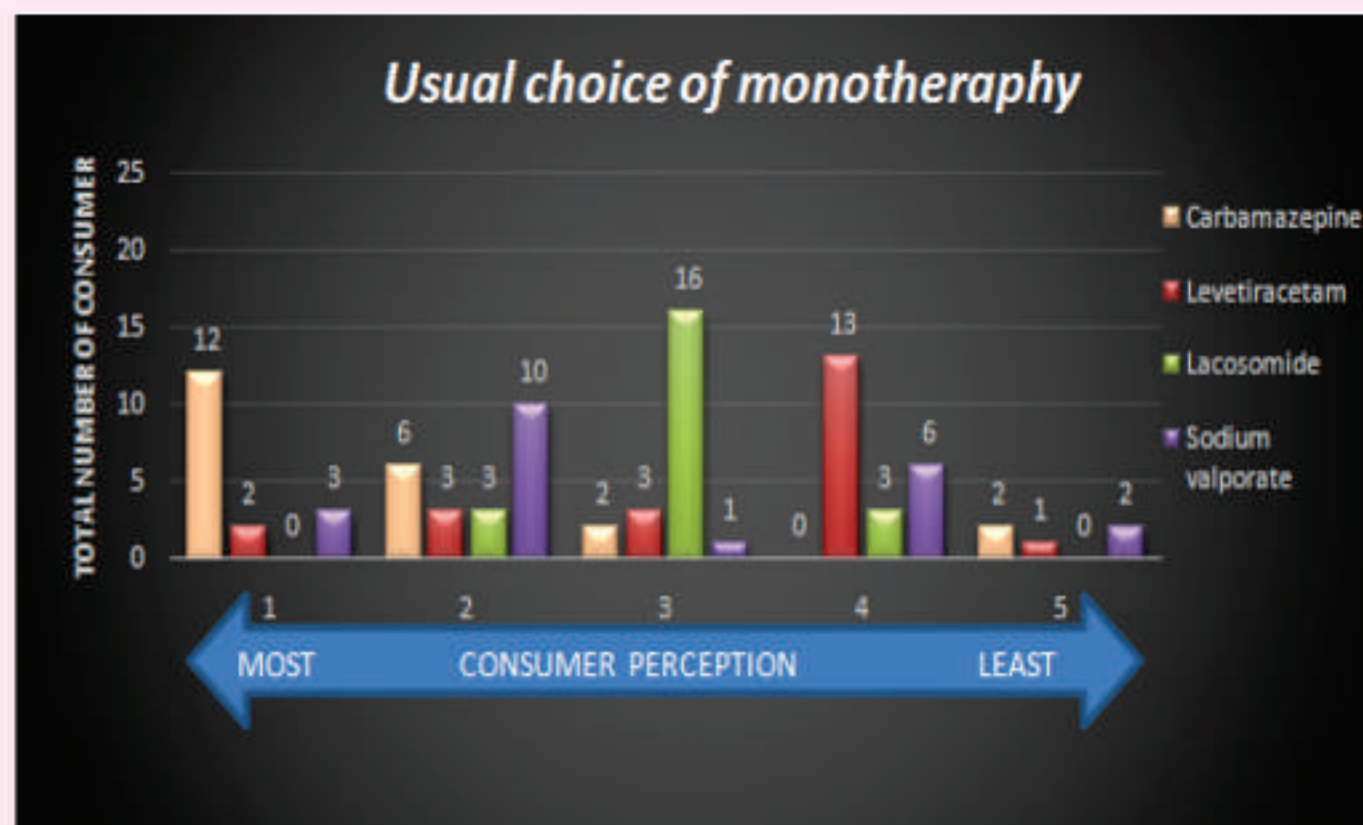
Sample Size:
Mumbai - 25 Respondents Delhi – 45 Respondents

Research Objective-

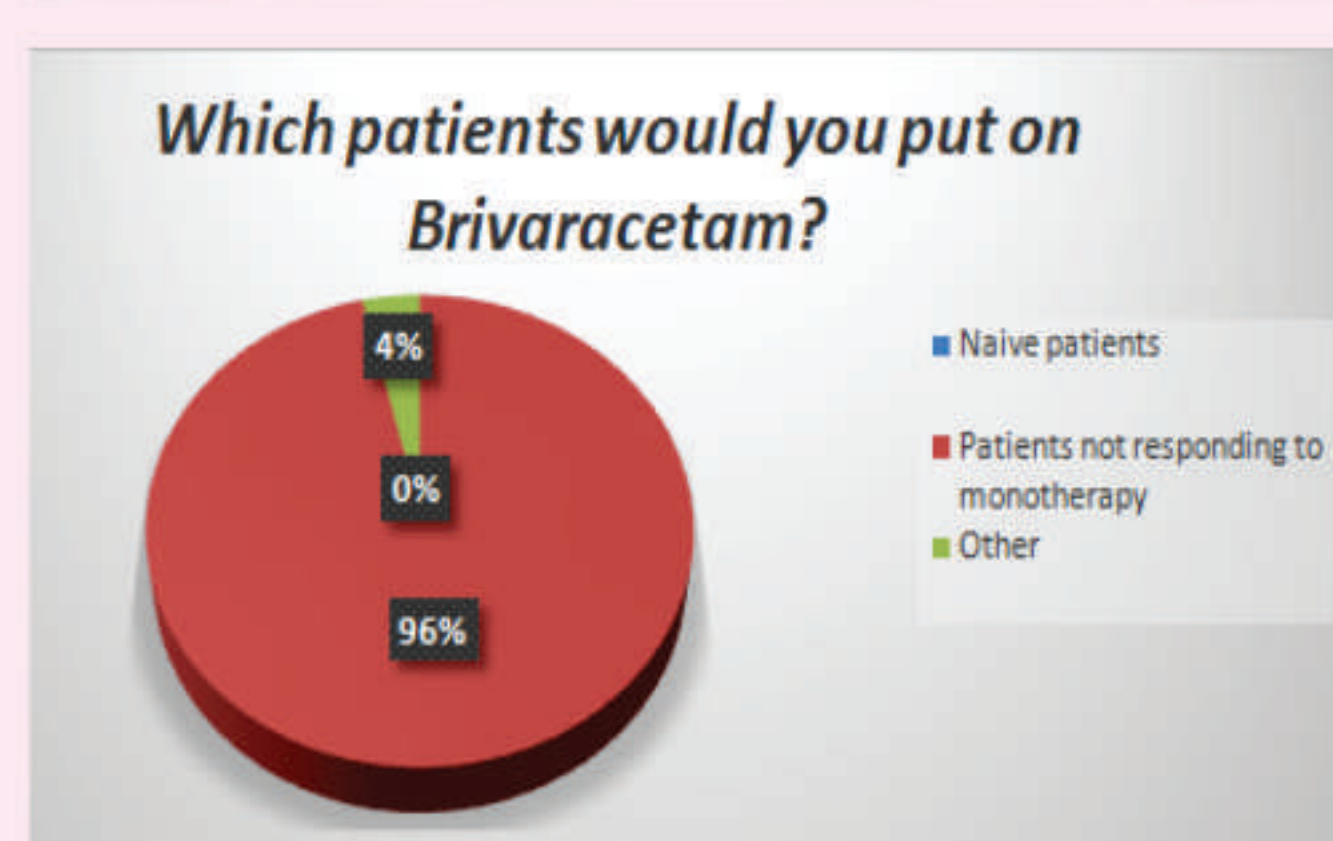
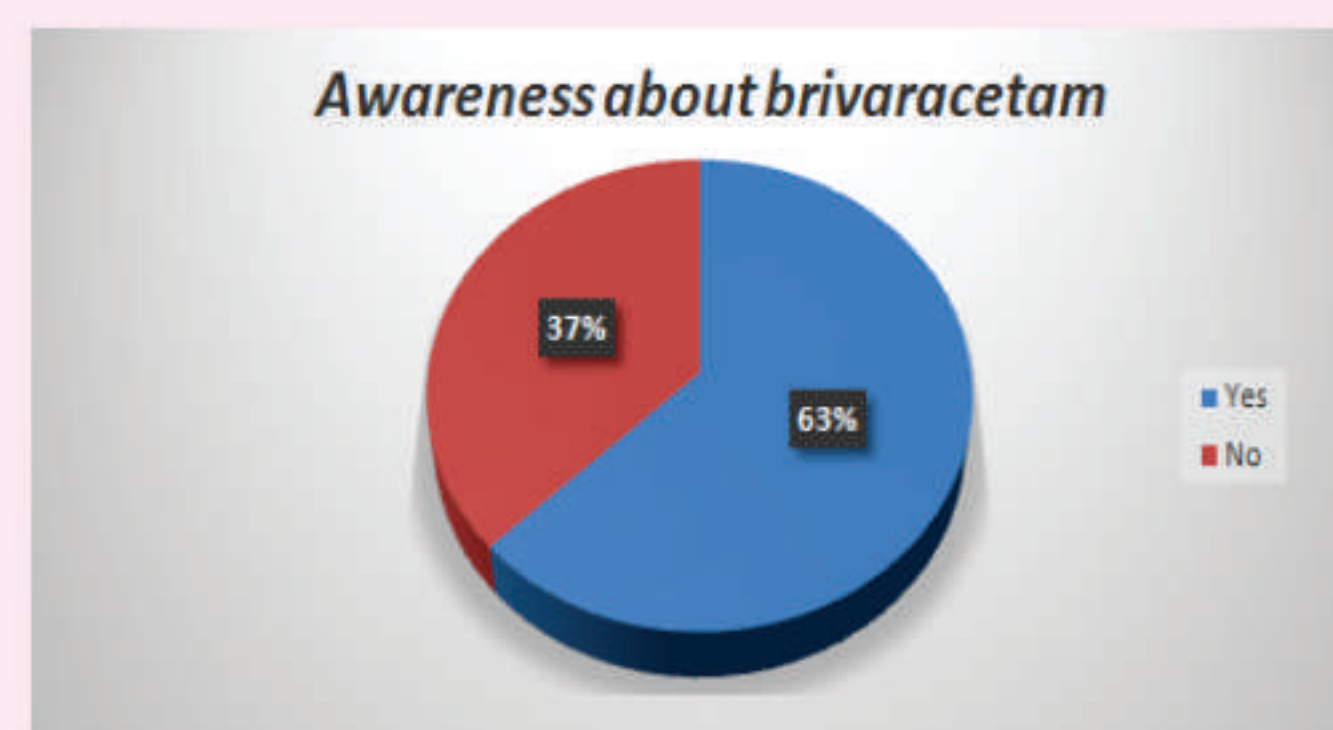
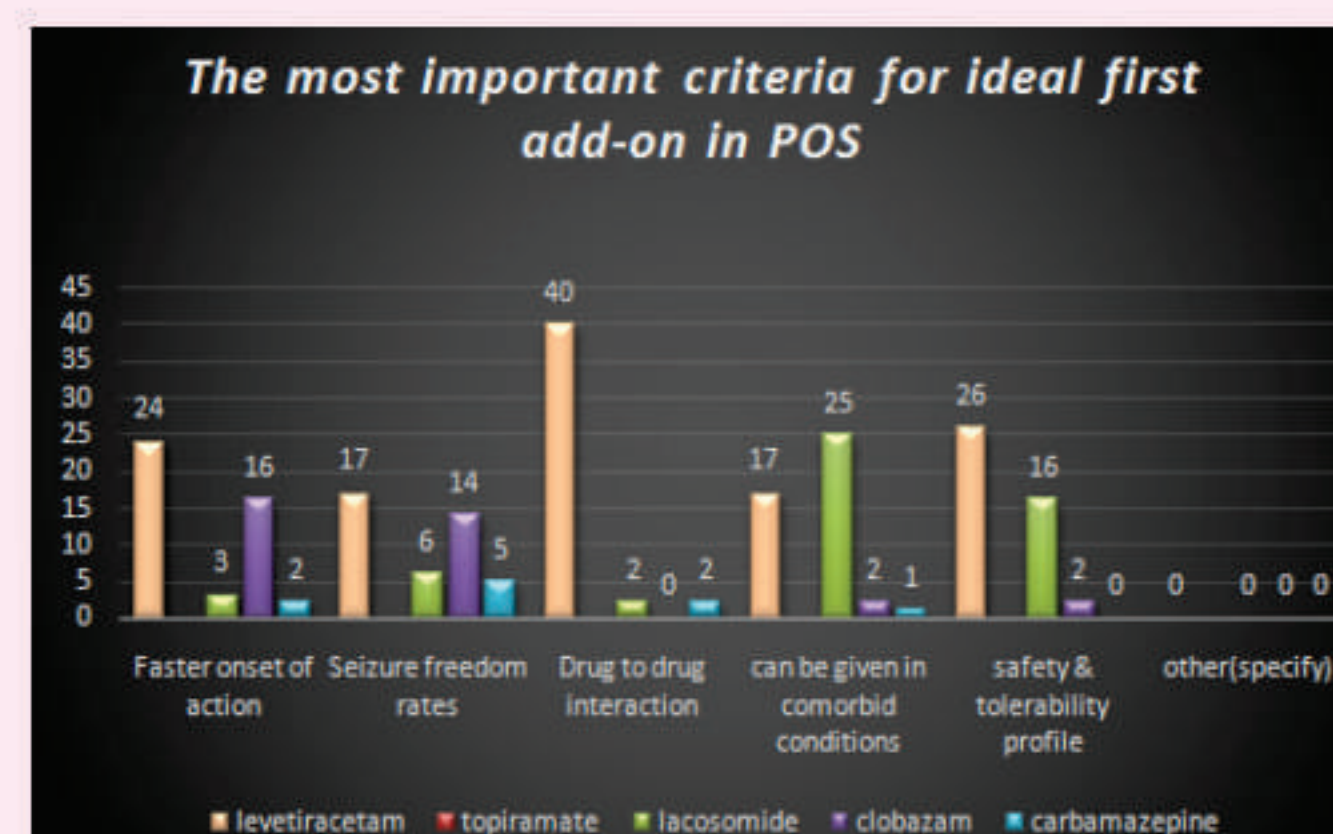
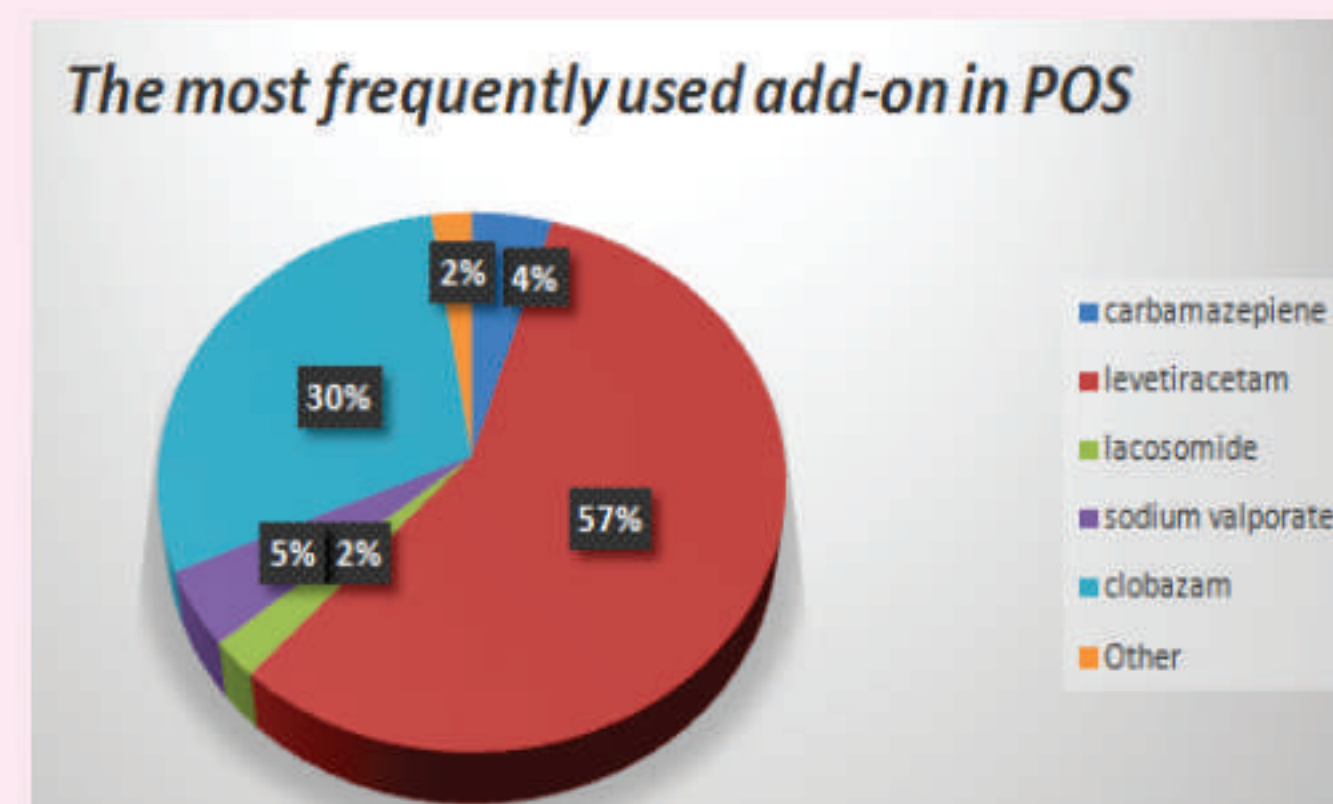
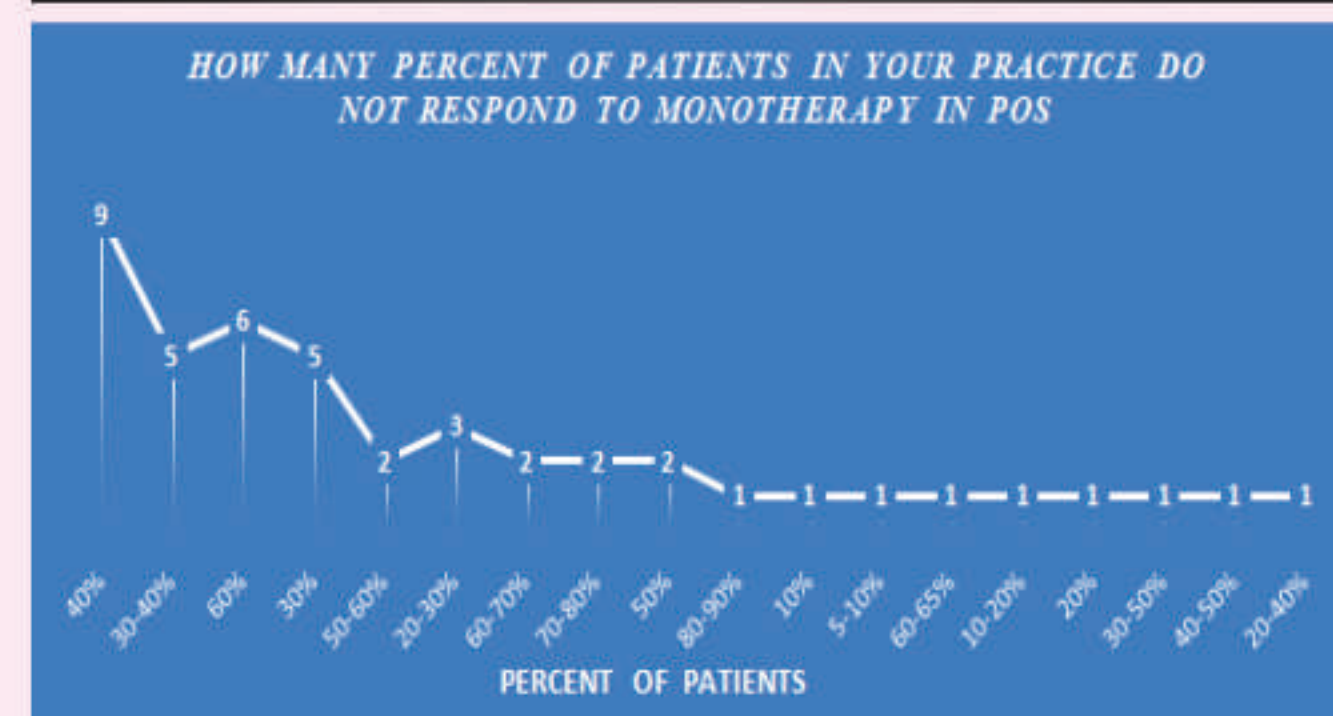
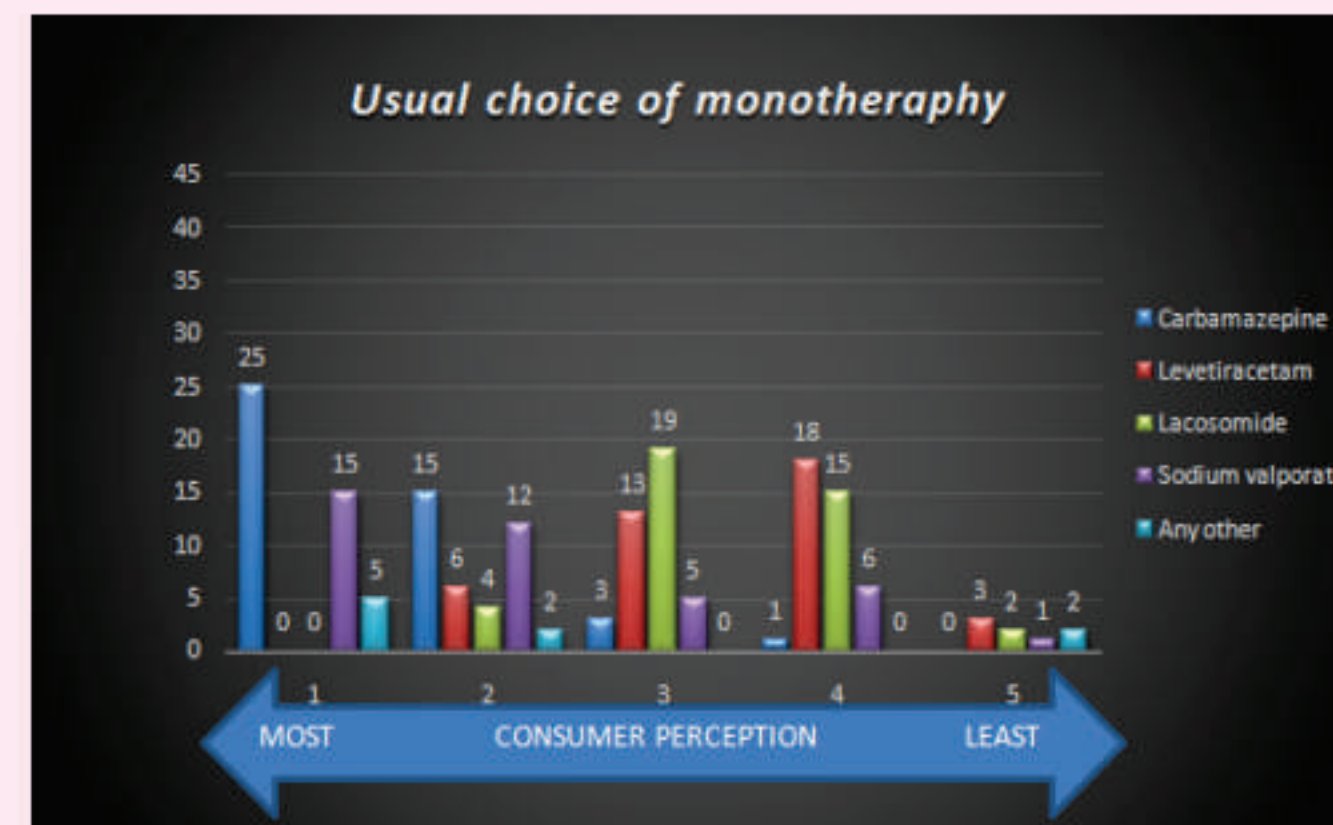
- To identify and assess the usual Choice of Monotherapy in Partial Onset Seizures.
- To understand the Most Frequently Used Add-On in Partial Onset Seizures.
- To identify the Important Criteria for First Add-On in Partial Onset Seizures.
- To find the Awareness About Brivaracetam (new launch product) among Neurologist.

SURVEY, ANALYSIS & INTERPRETATION

A.MUMBAI



B. DELHI



Findings :-

- In partial onset seizures, neurologist's usual choice of monotherapy were found that -
 1. Carbamazepine
 2. Sodium valproate.
- Mostly 30-60% of patients in their practice do not respond to monotherapy.
- According to neurologist, in partial onset seizure frequently used add-on were found that-
 1. Levetiracetam
 2. Lacosomide
 3. Clobazam
- The neurologist's most important criteria for ideal first add-on in POS were found that –
 1. Levetiracetam– Faster onset action, less drug to drug interaction & high safety & tolerability profile
 2. Lacosomide– High Seizure freedom rates & can safely given in comorbid conditions.
 3. Clobazam - Faster onset action & High Seizure freedom rates.
- In Mumbai & Delhi, total 75 neurologists were surveyed, among them more than 50% of neurologists is aware about recently new launch Anti-epileptic drug i.e. Brivaracetam.

Conclusion :

- Generally, first line AED's used for the monotherapy while newer AED's used as a add-on therapy.
- Monotherapy is the first step to try for all patients with newly diagnosed epilepsy. Following an ineffective or intolerable initial monotherapy, the next step is to add or switch to another AED. Evidence has indicated that add-on therapy might be more effective when started immediately after the first drug failure rather than after a second drug has also failed.

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