Induced hypothermia futile in convulsive status epilepticus

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(HealthDay)—For critically ill patients with convulsive status...
epilepticus, hypothermia added to standard care is not associated with a significant improvement in good functional outcome at 90 days, according to a study published in the Dec. 22 issue of the New England Journal of Medicine.

Stephane Legriel, M.D., from the Centre Hospitalier de Versailles in France, and colleagues conducted a multicenter trial involving 268 critically ill patients with convulsive status epilepticus who were receiving mechanical ventilation. Patients were randomized to either hypothermia in addition to standard care or standard care alone. The primary outcome was a good functional outcome at 90 days, which was defined as a score of 5 on the Glasgow Outcome Scale (GOS).

The researchers found that 49 percent of the 138 patients in the hypothermia group and 43 percent of the 130 in the control group had a GOS score of 5 (adjusted common odds ratio, 1.22; 95 percent confidence interval, 0.75 to 1.99). The hypothermia group had a lower rate of progression to electroencephalographically-confirmed status epilepticus on the first day (11 versus 22 percent; odds ratio, 0.40; 95 percent confidence interval, 0.20 to 0.79). There were no significant between-group differences in other secondary outcomes. The hypothermia group had more frequent adverse events.

"Induced hypothermia added to standard care was not associated with significantly better 90-day outcomes than standard care alone in patients with convulsive status epilepticus," the authors write.

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