(seizures > > 12 months), n=50. 189 patients were excluded (not proven seizure or other conditions e.g syncope etc.). Our interim analyses suggest: A) pharmacoresistance presents in highly diverse patterns and is rarer than expected in ES, B) Congenital malformations seem to have an excellent treatment prognosis in ES, C) Marijuana consumption is significantly more prevalent at initial assessment (comparison general population), D) Preceding psychiatric comorbidities associated with reduced amygdalar volume may be a predictor for seizure recurrence. *Conclusions:* The preliminary and illustrative findings of our pilot study challenge current concepts of disease evolution in epilepsy.

B.05

Potential effect of amyloid imaging on diagnosis and intended management of patients with cognitive decline: impact of appropriate use criterion

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Background: Appropriate use criteria (AUC; Johnson et al, 2013) provide guidelines for selecting patients for whom amyloid PET could be useful. This study evaluated the impact of amyloid PET on diagnosis/management in patients likely to meet AUC. *Methods:* We examined 229 cases from a completed study of florbetapir amyloid PET (FBP-PET) in patients with a cognitive decline evaluation in whom Alzheimer's Disease (AD) was suspected, but with <85% confidence in the diagnosis. All cases received a provisional diagnosis and management prior to FBP-PET. Information for 172 cases after 3-months' follow-up was also available on actual diagnosis/management post-FBP-PET. Cases were classified as likely meeting AUC (AUC-like) or not. *Results:* 125/229(55%) subjects were AUC-like. NonAUC cases included typical AD, Mild Cognitive Impairment (MCI) due to AD, Cognitive Decline without objective evidence of impairment (CD) and dementia or cognitive impairment with specific nonAD diagnosis. 59/125(47%) AUC-like cases were amyloid positive (Aβ+). Among nonAUC cases, 29% (CD), 49%(MCI due to AD), 53%(non-AD) and 73%(typical AD) were Aβ+. Of 172 cases with follow-up information, diagnosis/management changed after FBP-PET in 58%/88% and 45%/77% of AUC-like and nonAUC, respectively. *Conclusions:* FBP-PET altered diagnosis/management in patients selected according to AUC. Additionally, AUC generally excluded patients with a relatively high (typical AD) or low (CD) probability of Aβ+ scan.

B.06

Long-term outcomes in the management of painful diabetic neuropathy

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Background: Painful diabetic neuropathy (PDN) is a frequent complication of diabetes mellitus. Current treatment recommendations are based on short-term trials, generally of duration ≤3 months. Limited data are available on the long-term outcomes of this chronic disease. This study aims to determine the long-term clinical effectiveness of the management of chronic PDN at tertiary pain centres. *Methods:* From a prospective observational cohort study of patients with chronic neuropathic non-cancer pain recruited from seven Canadian tertiary pain centres, 43 patients diagnosed with PDN were identified for analysis. Data were collected according to Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) guidelines including Brief Pain Inventory (BPI). *Results:* At 12-month follow-up, 37.2% of 43 patients achieved pain reduction of ≥30%, 51.2% achieved functional improvement with a reduction of ≥1 on the Pain Interference Scale (0-10, BPI), and 30.2% (95% CI: 17.2% to 46.1%) had achieved both these measures. Symptom management included at least 2 medication classes in 55.3%, and 3 medications classes (opioids, antidepressants, anticonvulsants) in 25.5%. *Conclusions:* A sizable minority of patients being managed for PDN in a tertiary care setting achieve meaningful improvement. Polypharmacy, including analgesic antidepressants, anticonvulsants and opioids, is often necessary to attain symptom management.

B.07

Concordance rate between Wada and fMRI tests for visual memory assessment of patients with medically intractable temporal lobe epilepsy

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Background: There is not enough evidence to prove either invasive Wada or non-invasive fMRI test predicts postoperative memory changes more accurately in patients with refractory temporal lobe epilepsy (TLE). In this study, concordance between fMRI and Wada test for postoperative assessment of visual memory is investigated. *Methods:* fMRI test with a novel scene-encoding task were conducted on our cohort of patients. fMRI laterality indices (LI) were then defined as a ratio (L-R)/(L+R) between the number of activated voxels in the left and right of two regions: hippocampus+parahippocampus (Region A) and temporal lobe - (hippocampus+parahippocampus) (Region B). fMRI results were divided into the right (LI < -0.2), left (LI > 0.2) or bilateral (-0.2 < LI <0.2) hemispheric memory dominance and compared to the results of the Wada test. *Results:* 19 patients were studied (14 left TLE, 3 right TLE and 2 bilateral TLE). The concordance rate between Wada and fMRI tests was 36.8% and 42.1% for regions A and B. *Conclusions:* Based on the results, the concordance rate between the Wada test and the fMRI test is not high. As a future work, we will investigate the correlation of each test to postoperative memory outcome.