

SCN2A TREATMENTS & THERAPIES

ANTI-EPILEPTIC DRUGS (AEDS)

Considerations for use of AEDs for SCN2A Disorders:

- Monitor closely for drug-efficacy and toxicity
- Treat aggressively to achieve seizure freedom
- Seizure control may be related to prognosis
- Efficacy of medications may vary based upon phenotype (presentation)

Gain of Function Phenotype

- Non-selective sodium channel blockers are recommended:
 - **Phenytoin, Lacosamide, Oxcarbazepine, Carbamazepine, Lamotrigine, Zonisamide**
- Use early and may require higher than standard doses
- Less mainstream medications (with limited data) to consider:
 - **Cannabidiol, Lidocaine, Topiramate**

Loss of Function Phenotype

- Avoid sodium channel blockers
- Medications to consider include:
 - **Benzodiazepines (Clobazam, Clonazepam), Levetiracetam, Valproate, Vigabatrin, Topiramate, Stiripentol, Rufinamide**
- Less mainstream medications (with limited data) to consider:
 - **Ethosuximide, Felbamate, Acetazolamide (for episodic ataxia)**

Additional Treatment Options

- Dietary Therapies: **Ketogenic Diet, Modified Atkins Diet, Low Glycemic Index Treatment**
- Surgical Options: **Vagal Nerve Stimulator, Neurosurgery**
- **Steroid Treatments** for Infantile Spasms
- **Intravenous Immunoglobulin (IVIG)**- limited data with minimal effect

Visit our website to learn more about current research and the development of SCN2A-specific treatments: www.scn2a.org

THERAPEUTIC INTERVENTIONS

- Occupational Therapy
- Physical Therapy
- Vision Therapy
- Hippotherapy
- Hydrotherapy
- Music Therapy
- Applied Behavior Analysis (ABA)
- Sensory Integration Therapy
- Assistive Augmentative Communication (AAC) Therapy