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, Vigabitrin, 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

www.scn2a.org