

Induced hypothermia futile in convulsive status epilepticus

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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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(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

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