Epileptic (ES) confidence than residents (7.26 v 6.28; p= NS). 3 patients did not have the duration of an ictal recording.

RESULTS: PPV, NPV of the SV for VEM was obtained. was performed via HIPAA with a corresponding degree of certainty (0

METHODS: We sought to determine the usefulness of outpatient smartphone videos in epilepsy (OSmartViE) and report our preliminary findings of a multi

BACKGROUND: Epilepsy is a global disease that is diagnosed based upon findings of a multi

Abstract

Objective

To compare the diagnostic accuracy of patient provided SV of their habitual event. We select patients with multiple SVs as well as the diagnosis for accurate patient treatment.

Table 1

Table 2

Table 3

Table 4

References

Outpatient Smartphone Videos in Epilepsy (OSmartViE): Initial Results


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Epilepsy videos in epilepsy (OSmartViE) to identify PNEA and higher level of certainty (0.6 v 0.4) and higher level of severity (87%, 88% vs 55% by residents though 5

Table 5

Table 6

Figure

Challenges for Dx from SV

- Blinded Video Evaluation (2)

- Blinded Video Evaluation (2)

Discussion

VEM is the most specific procedure in the evaluation process of patients with suspected seizures, availability, cost and resource utilization are limited. Experts/PNEA have a subjective and social bias with current capability of high accuracy. VEM does not provide a complete diagnosis of the patient. It does provide a good initial step for diagnosis with a moderate level of confidence. It is not the final step for diagnosis with a moderate level of confidence. It is not the final step for diagnosis with a moderate level of confidence. It is not the final step for diagnosis with a moderate level of confidence.

We demonstrate the utility of VEM for the diagnosis of seizures but that it does not replace the need for routine H & P and the role of the clinician.

Conclusions

The positive and negative predictive value of VEM for seizure was good in expert hand and less predictive for nonexperts.

VEM were reviewed in 2:15 mins as opposed to 80 mins with routine H & P and 1443 minutes (3.3 days) with VEM.

Supplementing the H & P with a SV provide objective support for a clinical diagnosis of patients with recurrent seizures but does not replace the need for VEM.