The Refractory Epilepsy Screening Tool for Lennox-Gastaut Syndrome (REST-LGS)

The REST-LGS is a screening tool created by a group of experts in the field of epilepsy to improve the identification and treatment of patients living with Lennox-Gastaut syndrome. To evaluate a patient using the REST-LGS, answer the 8 key criteria, calculate the score, and refer to the interpretation key to determine the likelihood that the patient has LGS. If you are unsure of any answers, ask their family or caregiver for input.[1]

Select "Yes"* or "No/Unknown" for each of the 8 criteria below.[2]			
1.	Persistent seizures despite trial of 2 or more antiseizure medications (ASMs)	Yes - 1	No/Unknown - 0
2.	At least 2 seizure types	Yes - 3	No/Unknown - 0
3.	Seizure onset before 12 years of age	Yes - 3	No/Unknown - 0
4.	Uses or used a helmet or has evidence of facial/head injuries	Yes - 1	No/Unknown - 0
5.	Cognitive impairment since childhood (may include past or current learning difficulties, history of special education, intellectual disabilities, or developmental delay)	Yes - 3	No/Unknown - 0
6.	History of vagal nerve stimulator, ketogenic diet, or epilepsy surgery	Yes - 1	No/Unknown - 0
7.	History of EEG with generalized slow spike-and-wave (SSW) discharges (<2.5 Hz)	Yes - 3	No/Unknown - 0
8.	Any 1 of the following EEG findings: multifocal spikes, symptomatic generalized discharges, generalized poly-spikes, generalized periods of attenuation of background or electrodecrement, or paroxysmal fast activity	Yes - 1	No/Unknown - 0
	Total score:		
Interpretation: score >11 points is likely LGS; 8-11 points is possibly LGS; <8 is unlikely LGS.†			

EEG=electroencephalogram.

*"Yes" scores were determined by the following point system: major criteria=3 points; minor criteria=1 point.[1]

†Lower scores due to missing/unknown data do not necessarily rule out a potential LGS diagnosis.

The use of REST-LGS in clinical practice may lead to an earlier diagnosis of LGS and potentially improved clinical outcomes.[1,2]

References: **1.** Piña-Garza JE, Boyce D, Tworek DM, et al. *Epilepsy Behav*. 2019;90:148-153. **2.** Wolf SM. *Pract Neurol*. 2022;27-59.

Scan this QR code for more information on the tool from Wolf SM, et al. *Epilepsia Open*. 2024 9(4):1277-1286

Scan this QR code to access the tool for future use

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