



10th Latin American Congress on Epilepsy

San José - Costa Rica 29 Sept - 2 Oct 2018



In association with:



Content Rules

1. The abstract should be submitted in its final version. Changes are not permitted.
2. Information regarding institutions must appear for all authors. Please include the institution full name, city and country. Do not include department, division or laboratory.
3. Please include your abstract in the appropriate category:

- I. Acceptance of the person with epilepsy
- II. Social aspects
- III. Physical activity of the Task Force on Sports and Epilepsy
- IV. Basic Science
- V. Surgery
- VI. Classification
- VII. Cognition
- VIII. Comorbidity
- IX. Diagnostics (EEG / Neuroimaging)
- X. The Strategic Plan
- XI. Antiepileptic drug choice
- XII. Women and epilepsy
- XIII. Translational epilepsy
- XIV. Status epilepticus
- XV. Antiepileptic drugs
- XVI. Tropical medicine
- XVII. Neuropediatric
- XVIII. Epilepsy prevention
- XIX. Psychiatry
- XX. Transition from adolescence to adulthood

4. Abstracts should be divided into 4 sections:

- Purpose
- Methodology
- Results
- Conclusion

The "Purpose" section should explain the objective of the investigation.

The "Methodology" section should describe the study subjects (number and type of patients) and the research technique applied.

The "Results" section should summarise the results. To the extent possible try to add numeric



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values, including averages with standard deviation or standard error of the mean and statistical significance or confidence intervals.

The "Conclusion" should briefly explain the conclusions deduced. Do not include graphs, tables, or illustrations of any kind.

5. The financial support from private organizations or any other institution should be mentioned at the end of the abstract.

6. Abstracts with different aspects from the same research will not be accepted. Try to include all aspects relating to the same research in one abstract.

7. In general, summaries showing clinical cases will not be accepted, unless they stand out for their scientific quality, or are of special interest in offering extraordinary results.

8. Abstracts will not be accepted without results.

9. Choose a concise title which reflects the content of the summary. The title should not exceed 250 characters. Avoid using abbreviations in the title.

10. In intervention studies (e.g. clinical trials), the applied design (prospective or retrospective, controlled or uncontrolled, random or observational, open, single blind, double blind), the dose, evaluation method and follow-up duration must be specified.

11. Use the generic name for the drug. If the results are specific to a product (for example, in the case of bioequivalence studies) first include the generic name, followed by the name of the patented product with the manufacturer in brackets.

12. Avoid using abbreviations. If you use them, use the whole word in the first appearance, followed by the standard abbreviation in parentheses. For antiepileptic drugs, the standard abbreviations are those published in the journal *Epilepsia* 1993; 34: 1151.

13. Avoid quoting textually. Text citations should appear in parentheses. When citing a journal, write the name of the first author followed by "et al" and then the abbreviated name of the journal, the year, edition, and page numbers (eg Hardus P et al *Epilepsia* 2001; 42: 262-267). For abbreviations of journals use the Index Medicus. When quoting chapters of a book, enter the first author followed by "et al" and then the editor, title, publisher, place of publication, year and pages (eg. Levy et al in RH: RH Levy et al, *Antiepileptic. Drugs* Lippincott-Raven, 1996; 13-30).

14. Submitting an abstract involves the implicit assumption that the submitted work has been carried out taking into account ethical considerations in force and the rules on recognition biomedical research. Any work that does not comply with these principles will not be accepted.