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]

Patient ID #/DOB: _____ **Date of chart review:** _____/_____/_____ **Patient's age at last visit:** _____

Gender: ___Male ___Female **Weight:** _____ lbs

ICD-10 LGS diagnosis codes (select 1): G40.811 G40.812 G40.813 G40.814

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)	
2.	At least 2 seizure types	
3.	Seizure onset before 12 years of age	
4.	Uses or used a helmet or has evidence of facial/head injuries	
5.	Cognitive impairment since childhood (may include past or current learning difficulties, history of special education, intellectual disabilities, or developmental delay)	
6.	History of vagal nerve stimulator, ketogenic diet, or epilepsy surgery	
7.	History of EEG with generalized slow spike-and-wave (SSW) discharges (<2.5 Hz)	
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	
Total score (sum of each value above)		0
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 following considerations highlight the importance of a timely LGS diagnosis[2]:

- Many epilepsy syndromes such as LGS do not have a specific or individual biomarker but instead are diagnosed by recognizing a constellation of symptoms
- The LGS Foundation estimates diagnosis can take 12 to 15 years, with some people not diagnosed until their early 30s
- A specific diagnosis and label can be extremely meaningful for the family of a person with LGS, allowing them to access specific resources and join in advocacy efforts

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.

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