

PATIENT SUMMARY OF INFORMATION



KEPPRA® (pronounced KEPP-ruh) (levetiracetam)
250 mg, 500 mg, 750 mg, and 1000 mg tablets and 100 mg/mL oral solution

Read the Patient Information that comes with KEPPRA® before you start using it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your healthcare provider about your condition or your treatment.

Before taking your medicine, make sure you have received the correct medicine. Compare the name above with the name on your bottle and the appearance of your medicine with the description of KEPPRA® provided below. Contact your pharmacist immediately if you believe a dispensing error may have occurred.

250 mg KEPPRA® tablets are blue, oblong-shaped, scored, film-coated tablets marked with "ucb 250" on one side.

500 mg KEPPRA® tablets are yellow, oblong-shaped, scored, film-coated tablets marked with "ucb 500" on one side.

750 mg KEPPRA® tablets are orange, oblong-shaped, scored, film-coated tablets marked with "ucb 750" on one side.

1000 mg KEPPRA® tablets are white, oblong-shaped, scored, film-coated tablets marked with "ucb 1000" on one side.

KEPPRA® oral solution is a clear, colorless, grape-flavored liquid.

What is KEPPRA®?

KEPPRA® is a medicine taken by mouth that is used with other medicines to treat:

- partial onset seizures in patients 4 years of age and older with epilepsy
- myoclonic seizures in patients 12 years of age and older with juvenile myoclonic epilepsy
- primary generalized tonic-clonic seizures in adults and children 6 years of age and older with idiopathic generalized epilepsy.

Who should not take KEPPRA®?

Do not take KEPPRA® if you are allergic to any of its ingredients. The active ingredient is levetiracetam. See the prescribing information on www.Keppra.com for a list of all the ingredients in KEPPRA®.

What should I tell my healthcare provider before starting KEPPRA®?

Tell your healthcare provider about all of your medical conditions, including if you:

- **have kidney disease.** You may need a lower dose of KEPPRA®.
- **are pregnant or planning to become pregnant.** It is not known if KEPPRA® can harm your unborn baby. If you use KEPPRA® while you are pregnant, ask your healthcare provider about being in the KEPPRA® Pregnancy Registry. You can join this registry by calling (888) 537-7734 (toll free).
- **are breast feeding.** KEPPRA® can pass into your milk and may harm your baby. You should choose to either take KEPPRA® or breast feed, but not both.

Tell your healthcare provider about all the medicines you take, including prescription, nonprescription, vitamins, and herbal supplements.

What should I avoid while taking KEPPRA®?

Do not drive, operate machinery or do other dangerous activities until you know how KEPPRA® affects you. KEPPRA® may make you dizzy or sleepy.

What are the possible side effects of KEPPRA®?

Adults

KEPPRA® may cause the following serious problems in adults. Call your healthcare provider right away if you get any of the following symptoms:

- extreme sleepiness, tiredness, and weakness
- problems with muscle coordination (problems walking and moving)
- mood and behavior changes such as aggression, agitation, anger, anxiety, apathy, mood swings, depression, hostility, and irritability. A few people may get psychotic symptoms such as hallucinations (seeing or hearing things that are really not there), delusions (false or strange thoughts or beliefs) and unusual behavior. A few people may get thoughts of suicide (thoughts of killing yourself).

The most common side effects with KEPPRA® in adults are:

- sleepiness
- weakness
- dizziness
- infection

These side effects could happen at any time but happen most often within the first four weeks of treatment except for infection.

Children

KEPPRA® may cause the following serious problems in children. Call your child's healthcare provider right away if they get any of the following symptoms:

- extreme sleepiness, tiredness, and weakness
- mood and behavior changes such as aggression, agitation, anger, anxiety, apathy, depression, hostility, and irritability

The most common side effects with KEPPRA® in children, in addition to those seen in adults are:

- sleepiness
- accidental injury
- hostility
- irritability
- weakness

These side effects could happen at any time.

These are not all the side effects of KEPPRA®. For more information, ask your healthcare provider or pharmacist. If you get any side effects that concern you, call your healthcare provider.



WORKPLACE PROTECTIONS

Know Your Rights

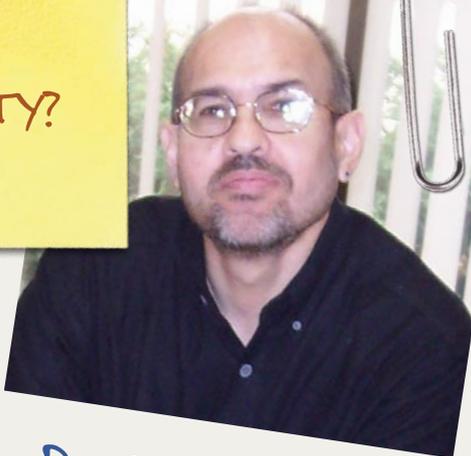
Neurological conditions make employment challenging. Here are seven tips from medical and legal experts on how to protect yourself from workplace discrimination.

BY ORLY AVITZUR, M.D.

When David Keer was 39 years old, he began to experience disabling fatigue and worsening vision due to his multiple sclerosis (MS). Keer had a fully equipped home office and asked his employer, a government agency, to permit him to telecommute part of the day and to provide him with a large screen monitor for his desk at work. While he awaited a response, he exhausted all his vacation, sick, and leave time. Keer had received consistently outstanding performance evaluations, and his ability to get the job done had never been questioned; still, his appeal for accommodations was ignored. The emotional and physical stress took a toll on his health, and by the time his ordeal had dragged on for over a year, he was at the end of his rope.

Catherine List was diagnosed with early-onset Parkinson's disease at age 46. During the past five years, she has developed difficulty writing and typing, and this interferes with her ability to complete the record keeping she needs to submit as a school speech and language therapist. List requested voice-to-text software and extra time for paper-

LIABILITY?



David Keer: MS

JOB STATUS?



Catherine List: PD

work during the day so that she could continue to do the work she loves, but she has yet to be given these accommodations.

What recourse do you have if you, too, become disabled and find challenges in the workplace?

1 KNOW THE DISABILITY LAWS

Title I of the Americans with Disabilities Act (ADA) prohibits employment discrimination against qualified individuals with disabilities and applies to state and local governmental employers and private employers with 15 or more employees.

“The main hurdle that individuals with disabilities face is showing that they are protected by the ADA,” says George Rutherglen, John Barbee Minor Distinguished Professor of Law, University of Virginia School of Law. “To be covered under the law you must show that you are suffering from a condition—mental or physical—that substantially limits you from a major life activity such as walking, seeing, hearing, or caring for yourself,” Rutherglen says.

However, if a patient has a disability covered by the ADA, he still must demonstrate that he is qualified for the job—with or without reasonable accommodations. “It’s a fine line for workers with disabilities to declare that they are impaired, but not so impaired that they cannot perform the duties of their job,” Rutherglen explains.

“Controlled epilepsy poses an especially difficult problem,” says Gary Gross, director of the Epilepsy Foundation’s Jeanne A. Carpenter Epilepsy Legal Defense Fund. The application of the ADA was narrowed greatly when the Supreme Court determined in a series of cases in 1999 that condi-

tions which are controlled by medication (such as epilepsy, diabetes, mental illness, and even cancer) will not be considered covered disabilities under the ADA unless they result in a substantial limitation in major life activities despite the treatment.

“Ever since, patients with epilepsy whose seizures are fairly well controlled with medication have had great difficulty getting protection under the ADA,” Gross says. “They are nevertheless denied job opportunities due to ignorance and stereotyped views about risks for seizures in the workplace.”

2 ASK FOR REASONABLE ACCOMODATIONS

While safety concerns are a legitimate interest for employers, employees may ask for reasonable accommodations if they constitute cost-effective adjustments to the workplace environment. Examples of accommodations for people with epilepsy might include: allowing breaks to take medication or leave to seek treatment; providing a private area to rest after having a seizure; installing a rubber mat or carpet to cushion a fall; and making adjustments to work schedules.

An employer must make reasonable accommodations unless doing so would impose an undue hardship (taking into consideration the overall size of the company, number of employees, number of facilities, and budget size). While an individual with a disability may request an accommodation, the specific modification granted need not be the one that is requested, but rather one that is effective.

Initially, the employer decides what will be an effective accommodation. If the employee disagrees or the accommodation proves not to be effective,

Many employers are not sure of their responsibilities and need to be educated.

WORKPLACE PROTECTIONS

he is free to discuss it with the employer or file a charge with his local or state anti-discrimination/civil rights agency or the United States Equal Employment Opportunity Commission.

To find out what basic changes are considered necessary, the employee should contact the Job Accommodation Network, a free service of the U.S. Department of Labor (1-800-526-7234; jan@jan.wvu.edu) and consult with local or national disability groups related to his condition, such as the National Multiple Sclerosis Society.

3 WORK WITH YOUR DOCTOR

"It's critical for patients to work together with their doctors in advocating for employment rights," advises Charles D. Goldman, Esq., who was David Keer's attorney. "Make sure that your physician is supportive and wants to help."

Goldman, an experienced attorney in Washington, D.C. who has worked extensively on these issues, counsels employees to tell their physicians about their jobs and to provide them with a job description so that they understand the requirements. "Help your doctor to help you," he advises.

Tell your doctor exactly what you do during the day and how your job duties are affected by your neurological condition, such as fatigue, cognitive difficulties, or problems taking notes or keyboarding.

4 DISCLOSE YOUR DISABILITY AT THE RIGHT TIME

"Persons with disabilities struggle to figure out when to inform their employers about their conditions," Goldman says. "It's usually a turn-off at an interview, but if you walk in wearing a brace, for example, it's best to be frank," he advises.

Employers cannot ask if you have a disability, but if the disability is obvious or the employee discloses it, the employer can ask if you need accommodation to do the job. Goldman refers his clients to local disability groups who offer to help people practice the interview process.

5 EDUCATE YOUR EMPLOYER

Many employers are not sure of their responsibilities and need to be educated. Rutherglen suggests that you inform them of your rights. If they insist on neglecting them, tell them

that they will be held liable.

"If you encounter a recalcitrant supervisor or manager who refuses to acknowledge your rights, get her response in writing and take it to a higher level—such actions constitute discrimination and are barred by a federal statute," Rutherglen says. "Document your condition, document your actions, and establish that you are still contributing to the employer's business."

6 TRY TO NEGOTIATE

However, Rutherglen suggests, keep trying to work things out with your employer before looking for another job or going to court. If you have a good track record with your current employer, it's much easier to negotiate with him than to look elsewhere for work.

Keep in mind that negotiation requires flexibility: claimants tend to lose when they ask for too much, Rutherglen says. If you ask for the basic, necessary changes and show that you are willing to compromise, you are more likely to reach a satisfactory agreement.

"And if you don't reach an agreement, you've strengthened your position for filing a claim," Rutherglen says.

Goldman also points out that mediation is faster, and it's voluntary. "If you don't like the deal, you don't have to take it," he says. Mediation is the most popular form of Alternative Dispute Resolution (ADR). It is a confidential problem-solving discussion facilitated by a neutral third party to identify interests and issues and reach resolution. ADR is encouraged by the Americans with Disabilities Act and utilized by virtually every state and local equal employment/civil rights agency.

7 IF ALL ELSE FAILS, FILE CHARGES

People who feel that they have been discriminated against by an employer may file charges with the Equal Employment Opportunity Commission (EEOC) alleging a violation to the ADA. The EEOC will investigate the charge, and if it finds reasonable cause to believe an ADA violation has occurred, it will attempt to resolve the situation through conciliation—negotiation with both parties to reach an agreement. If conciliation fails, the EEOC will issue a "right-to-sue" letter authorizing the injured party to file a lawsuit within 90 days.

Gregg McGlasson, a deputy sheriff in corrections in Riverside County, CA, was terminated in

Some organizations representing people with neurological conditions offer legal assistance.

March 2003 after he had a seizure, despite being cleared medically to return to full duty. The Sheriff's department decided—without relying on expert medical advice—that McGasson's continued employment in the position would pose an unacceptable safety risk. When the County refused to cooperate with the EEOC investigation, a right-to-sue letter was issued and a legal battle ensued. It took three years, but McGasson was finally reinstated and credited with back pay, and his benefits and retirement plan were restored. He also received additional compensation for all that the County had put him through.

Some organizations representing people with neurological conditions offer assistance or guidance in legal matters. The Epilepsy Foundation, which advocates on behalf of people with epilepsy, assisted McGlasson through the Jeanne A. Carpenter Epilepsy Legal Defense Fund. Despite support for expert legal assistance, the financial burden on the McGlasson family due to loss of employment was catastrophic.

"It was very difficult," said McGlasson, who had to take a home equity loan and borrow money from family and friends. "Although justice was served and I now work in a very supportive environment, the scars left from this experience remain."

"Litigation is very stressful and winds up taking a huge toll on people's lives," Goldman says. Not surprisingly, stress compromises many neurological conditions. Goldman suggests that people considering litigation consult with an attorney who specializes in disability law. Health insurance is the top item to be considered. "Health insurance must be discussed in litigation or mediation, and coverage must be arranged, unless the employee is covered by a group or a spouse," Goldman adds.

Catherine List recently went out on health leave and is trying to figure out what to do. With the help of his attorney, David Keer was eventually able to negotiate a settlement that would allow him to go back to work in a comparable position in another division of the agency. He advises individuals in similar situations to get a good attorney. "I waited too long," Keer says. "There has to be a point at which you acknowledge that trying to resolve matters on your own isn't working out." **NN**

Orly Avitzur, M.D., is a neurologist in private practice who holds academic appointments at Yale University School of Medicine and New York Medical College. She is a frequent contributor to Neurology Now.

What Counts As a Disability?

Deciding what counts as a disability—and whether a disability can disqualify someone for a job—can be tricky. "It's not the cause of a condition that is usually controversial, but its consequences—that is, whether it substantially impairs a major life activity," says George Rutherglen, co-author (with John J. Donohue III) of *Employment Discrimination: Law, Theory, and Evidence* (Foundation Press, 2005). For example:

If an individual has poor eyesight that cannot be corrected with eyeglasses, the vision impairment would constitute a covered disability.

If an employee has carpal tunnel syndrome [pain, numbness, or tingling in the hand and wrist due to a nerve in the wrist getting pressed or squeezed] but can perform all the functions of daily living, she would not be considered disabled.

If an employee has uncontrolled epilepsy and is a bus driver or truck driver, he could be considered too disabled to be qualified for the job because he is unable to perform it safely.

FOR MORE INFORMATION

The Job Accommodations Network of the Office of Disability Employment Policy of the US Department of Labor: jan.wvu.edu

For information on how to file a charge with the Equal Employment Opportunity Commission: eeoc.gov/charge/overview_charge_filing.html

The Epilepsy Foundation epilepsyfoundation.org

Jeanne A. Carpenter Epilepsy Legal Defense Fund: epilepsylegal.org

Multiple Sclerosis: Your Legal Rights

by Lanny E. Perkins, Esq., and Sara D. Perkins, Esq. (Demos Medical Publishing, 1999)

This popular book discusses insurance, debt, taxes, working with doctors and lawyers, rights and responsibilities, family law, job discrimination, and more. You can order it by calling 800-532-8663 or going to demosmedpub.com.

