

device. This study seeks to utilize presurgical neuropsychological evaluations to explore relationships between cognitive profiles and meditative state changes, and reductions in anxiety.

Participants and Methods: This study presents a series of 10 patients who underwent RNS device implantation for the treatment of DRE at Mount Sinai Hospital. All patients had at least one contact in the basolateral amygdala. Prior to surgical implantation of the RNS device, all patients completed a comprehensive neuropsychological evaluation based on the NIH Common Data Elements Battery for Epilepsy Patients. Patients in this study completed a 17- and 22-minute meditation protocol based on loving-kindness and Focal Awareness (FA) meditation. Control points and mind-wandering phases were utilized to distinguish the meditative portion of the study during intracranial recordings. All patients completed a pre- and post-meditation questionnaire adapted from the PROMIS Anxiety Short Form as well as self-ratings on meditation depth and satisfaction.

Results: Presurgical neuropsychological evaluation of patients showed elevated levels of anxiety on the BAI ($M = 18.14$, $SD = 12.03$) and depression on the BDI-II ($M = 15.57$, $SD = 6.92$). Neuropsychological findings localized to frontal or frontotemporal deficits in 80% of the patients were captured in this study. Regarding lateralization, 50% of patients presented with bilateral weakness on neuropsychological evaluation, with the rest showing unilateral profiles. A negative correlation was observed between patient responses on pre-meditation anxiety measures and self-reported depth of engagement in meditation, $r = -0.65$, $p = .043$. When all meditation sessions were evaluated, patients displayed a reduction in anxiety levels pre- and post- meditation, $t = 2.3$, $p = .03$.

Conclusions: Present findings suggest a reduction in anxiety symptoms following completion of a meditation paradigm. Additionally, a relationship between anxiety and depth of engagement in meditation was identified. During each meditation session, electrocorticography data was collected and analyzed. Given the high comorbidities of anxiety and depression as well as cognitive symptoms common for individuals with epilepsy, a systems-based approach may enhance conceptualization of neuropsychological and neuropsychiatric evaluations, which may have a significant clinical impact. Evaluation of neuropsychological profiles, meditation effects,

and anxiety in this population may support cross-discipline understanding of cognitive and psychiatric profiles to better inform treatment recommendations.

Categories: Epilepsy/Seizures

Keyword 1: epilepsy / seizure disorders

Keyword 2: neuromodulation

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37 'A Rollercoaster of Emotions': Adults' Reflections on Epilepsy in Childhood

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Objective: Epilepsy is one of the most common neurological disorders affecting young people globally. While up to 60% of seizures experienced during childhood will resolve, childhood epilepsy can give rise to long-lasting neuropsychological effects which extend far beyond those attributed to seizure activity. While these effects have been explored extensively using quantitative methodologies, little research has examined the lived experience of epilepsy in childhood. The aim of the present study was to capture adults' retrospective insights into the impact of epilepsy throughout their schooling years.

Participants and Methods: Participants consisted of Irish adults between 18 and 35 years, who had their first seizure on or before the age of 16 years. Participants were recruited from epilepsy support agencies and social media, and self-referred to the study. A bespoke semi-structured interview protocol was developed in collaboration with a patient expert which explored learning experiences, relations with peers, and participants' understanding and support of epilepsy during childhood. The methodology adopted a fully qualitative approach to reflexive thematic analysis. Therefore, patterns across the data were examined whilst taking into consideration the wider social context in which the data were generated. Latent assumptions that may have underpinned participants' experiences were prioritised and data was interpreted using pre-

existing theories and/or concepts. Interviews were completed following the original abstract deadline, and data analysed thereafter.

Results: Thirteen adults who experienced epilepsy during childhood in Ireland were interviewed. Three primary themes and 14 subthemes were generated from the data. The primary themes were that of (1) disenfranchised grief, (2) the need to belong and (3) meeting the child where they're at. Adults reflected that, as children, the diagnosis of epilepsy evoked feelings typically associated with bereavement or loss. Although adults described childhood epilepsy as isolating, these feelings were countered by the support of friends, family and others with epilepsy, as participants recalled finding their tribe. Participants also called for developmentally appropriate practice when dealing with children and their families, across clinical and educational settings, in order to facilitate more comprehensive understandings of epilepsy and its consequences.

Conclusions: Retrospective qualitative research offers a unique opportunity to explore changes in perception those with childhood epilepsy over time. The present study highlights the need for developmentally appropriate practice, which takes the child's neuropsychological and developmental standing into consideration, when supporting for young people with epilepsy. Given the dearth of research in this field, further retrospective research is needed to fully comprehend the impact of epilepsy in childhood globally.

Categories: Epilepsy/Seizures

Keyword 1: inclusion

Keyword 2: adolescence

Keyword 3: epilepsy / seizure disorders

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38 Language and memory outcome after frontal or temporal resection for epilepsy

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Objective: The purpose of this investigation was to examine neuropsychological functioning after frontal (FL) or temporal lobectomy (ATL) in patients with localization related epilepsy. Few studies have compared cognitive changes following FL and ATL. Past research found improvement on measures of verbal and visual memory along with confrontation naming after FL (Busch et al., 2017). In contrast, a number of studies have reported verbal memory and naming decline in those undergoing left ATL. The current study examined post-operative cognitive changes in epilepsy patients who underwent either a left or right FL or ATL.

Participants and Methods: Subjects include 430 patients (204 men, 225 women, 1 gender not specified), who underwent surgical resection; Right FL = 25, Left FL = 26, Right ATL = 211, Left ATL = 168. Patients had a mean FSIQ = 90, ages ranging from 18 to 71 (mean age = 37 years), right (n=359), left (n=50), or mixed (n=18) handedness, and education ranging from 3 to 22 years (mean = 12.9 years of education). Change from pre- to post FL and ATL was examined in the following domains: learning and memory [Long Term Storage for Selective Reminding Tests (SRT), Wechsler's Memory Scale (WMS): Logical Memory Delayed Recall (LM) and Visual Reproduction Delayed Recall (VR)], and language [Boston Naming Test (BNT)].

Results: A one-way ANOVA was used to examine changes in language and memory. Our findings revealed statistically significant differences between resection groups for LM, SRT, and BNT. There were significant declines ($p < .001$) for left ATL when compared to right ATL for LM, SRT, and BNT. There were significant declines for left ATL, when compared to the gains in both left ($p < .001$; $p = .002$) and right ($p = .018$; $p = .008$) FL for LM and BNT. Left ATL also had significant declines when compared to gains in SRT ($p < .001$) for right FL. There were significant declines for left FL when compared to right ATL for SRT ($p = .007$). Lastly, there were significant gains for right FL when compared to left FL for SRT ($p = .020$).

Conclusions: The pre- to post-surgical neuropsychological change in learning, memory, and language is understudied in frontal lobe epilepsy (FLE); although several investigators reported some learning and memory impairments in FLE at either pre- or post-surgical time points (Johnson-Markve et al., 2011; Incisa Della Rocchetta et al., 1993). The current study suggests that resections of the