

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

Overview

The **REST-LGS** was developed and evaluated by a team of epilepsy experts to help healthcare providers better identify patients with LGS.^{1,2}

How to Use the REST-LGS¹

1. Answer "Yes" or "No/Unknown" to the criteria below relating to the patient's medical history.
2. Add up the total number of points to calculate the score.
3. Use the Score Interpretation Key to assess the likelihood that the patient may have LGS.

This tool provides major and minor criteria to support your diagnosis of LGS in patients, helping lead to appropriate treatment.¹

Patient Information*

Name _____ Age _____
Date of birth _____ Weight _____
Date of REST-LGS evaluation _____ Name of evaluator _____
Gender (male/female) _____ ICD-10 LGS diagnosis codes (select code at diagnosis):
 G40.811 G40.812 G40.813 G40.814

Treatment history
 Cannabidiol Carbamazepine Clobazam Felbamate Fenfluramine Lamotrigine Levetiracetam Rufinamide
 Topiramate Valproate Other treatments (surgeries, diet, other ASMs) _____

*Diagnosis must be confirmed by the healthcare provider.

REST-LGS Tool¹

This tool includes major and minor criteria, each with specific response options and corresponding points. Depending on the patient's history, include the number of points in the appropriate box next to each statement to get the total score. Use the Score Interpretation Key to categorize the likelihood of LGS as likely, possible, or unlikely.

Major Criteria

At least 2 seizure types

Seizure onset before 12 years of age

History of EEG with generalized slow spike-and-wave discharges (<2.5 Hz)

Cognitive impairment since childhood (may include past or current learning difficulties, history of special education, autism, intellectual disabilities or developmental delay)

Yes (3 points)

No/Unknown (0 points)

Yes (3 points)	No/Unknown (0 points)

Minor Criteria

Persistent seizures despite trial of 2 or more ASMs

Evidence of seizure-related helmet use or facial/head injuries

History of vagal nerve stimulation, ketogenic diet, or epilepsy surgery

One of the following EEG abnormalities: multifocal spikes, symptomatic generalized discharges, generalized periods of attenuation of background or electrodecrement, or paroxysmal fast activity

Yes (1 point)

No/Unknown (0 points)

Yes (1 point)	No/Unknown (0 points)

Total Score[†]

--

Score Interpretation Key¹

>11 points: LGS likely, 8-11 points: LGS possible, <8 points: LGS unlikely

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



The REST-LGS screening tool can support the diagnosis and appropriate treatment of LGS. Learn more about a treatment option for seizures associated with LGS at www.ATreatmentForLGS.com or scan the QR code.

ASM, antiseizure medication.

References: 1. Wolf SM, Boyce D, Peña P, et al. Real-world use of the updated refractory epilepsy screening tool for Lennox-Gastaut syndrome. *Epilepsia Open*. 2024;9(4):1277-1286. doi:10.1002/epi4.12952; 2. Piña-Garza JE, Boyce D, Tworek DM, et al. The refractory epilepsy screening tool for Lennox-Gastaut syndrome (REST-LGS). *Epilepsy Behav*. 2019;90:148-153. doi: 10.1016/j.yebeh.2018.11.016

 Inspired by patients.
Driven by science.

©2025 UCB, Inc., Smyrna, GA 30080.
All rights reserved.
US-DA-2500617