

Multifactorial Management of Epilepsy. An Perentory Need

Juan Enrique Bender del Busto*

Philosopher Doctor, Second Degree Specialist in Neurology, Full Professor and Researcher, International Center of Neurological Restoration (CIREN), Havana, Cuba

***Corresponding Author:** Juan Enrique Bender del Busto, Philosopher Doctor, Second Degree Specialist in Neurology, Full Professor and Researcher, International Center of Neurological Restoration (CIREN), Havana, Cuba.

Received: February 07, 2024; **Published:** August 16, 2024

Epilepsy is considered by most authors to be the second largest neurological disease, affecting between 50 and 69 million people of all ages, races, social classes and regions of the world [1-4].

In addition to the recurrence of epileptic seizures, the underlying cause and the adverse effects of treatment have neurological, cognitive, psychological and social consequences that significantly affect the quality of life of those affected and make this disease a complex entity and, therefore [1], we are facing a global public health problem that requires adequate attention [5].

In this regard, the World Health Organization (WHO) considers it necessary for the Ministries of Public Health to take into consideration the education of the people and the preparation of all health professionals in the management of epilepsy [6].

Thus, in May 2022, the member states of said organization approved the Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders at the 75th World Health Assembly in Geneva, Switzerland.

It establishes the necessary actions to improve access to care and treatment for people living with neurological disorders, including epilepsy, through a comprehensive and coordinated response between sectors [7,8].

There are many aspects to consider in this disease that must be taken into account, which imply a need to be taken into account, if one takes into account that it affects 1 - 2% of the world population [9].

It is estimated that between 68% - 84% of people with epilepsy could live seizure-free if appropriately diagnosed and treated [6,10,11].

The worrying thing is that about 80% of patients live in low- and middle-income countries and that most of them do not have access to treatment [6].

The high incidence, prevalence and mortality of epilepsy in the lowest socioeconomic classes is significant [5,12].

According to data from the World Health Organization (WHO), $\frac{3}{4}$ of people with epilepsy living in low-income countries do not receive the proper treatment, which has been called the "treatment gap" and represents a major health problem [13].

According to estimates, around five million cases of epilepsy are diagnosed annually worldwide. In high-income countries, an estimated 49 out of every 100,000 people are diagnosed with epilepsy each year. In low- and middle-income countries, the number can be as high as 139 per 100,000 people [5].

This is related to the risk of endemic diseases such as malaria or neurocysticercosis, the increased incidence of injuries caused by traffic accidents, trauma related to childbirth, variations in medical infrastructure, the availability of preventive health programs and the accessibility of care [5,9].

Recent studies report prevalence rates of 4 - 8 per 1000 inhabitants in developed countries [14] making it one of the most prevalent neurological diseases [15].

However, the prevalence of epilepsy in Latin America and Africa is among the highest reported in the world. In South America it is 18 per 1,000 inhabitants, in Sub-Saharan Africa it is 15 per 1,000; while in Europe it is 4.5 to 5.0 in children and 6 to 7 in adults per 1,000 and in Asia it is 6 per 1,000 inhabitants. All of this denotes the difference in the prevalence of the disease in different ethnic groups and the need to take action in this regard [14].

This disease, in turn, can lead to death, a danger that is not taken into account and could be avoidable [16].

Most authors consider that patients with epilepsy have a risk of mortality three times greater than the general population; A key element that explains this risk, among others, is the lack of control of epileptic seizures, since patients who present lack of seizure control are at risk of suffering trauma, fractures, burns and psychosocial morbidities, such as depression, anxiety and even death. possibility of suicide [2,17].

In addition to the risk of premature death in people with epilepsy, their lives are often affected by stigmatization, discrimination and violation of human rights, in some countries [6,18].

It is estimated that around 125,000 people worldwide succumb to epilepsy each year. Standardized mortality rates are 1.6 to 3.0 times higher than those of the general population in high-income countries, and up to 7.2 times higher in low- and middle-income countries [19,20].

The causes of death in epilepsy, therefore, must be identified and actions must be taken, including treatment and education, to avoid preventable deaths [16].

Deaths associated with epilepsy can be classified into three categories: those caused directly by epileptic seizures, those associated indirectly or in part with epilepsy, such as suicide, which is associated with 5 percent of all deaths from epilepsy, and those that are due to other factors, for example, the causes of the disease or its complications [18].

There is, however, an increased risk of sudden unexplained death (SUDEP), with an estimated incidence of 1.8 per 1000 patient years. This is the greatest cause of premature mortality in patients with epilepsy and even more so if it is difficult to control. The most important risk factor is a history of a generalized onset seizure (tonic-clonic). The risk has been estimated 24 times higher in young people than in people of the same age [21].

An increase in mortality has also been reported in patients with intellectual disabilities, with long-term use of antiseizure medication (ASM) and in post-stroke epilepsy in young patients [22].

However, most authors agree that sudden unexplained death in epilepsy (SUDEP) and status epilepticus are the most important causes of mortality related to this disease [23,24].

Drug resistance in these patients deserves special mention.

Between 70 - 80% of all patients with epilepsy are controlled with medical treatment and 20 - 30% are chronically refractory, being considered drug-resistant epilepsy [25].

Drug resistance represents a significant problem for the patient, with devastating consequences, leading to a poor prognosis, with an increased risk of sudden death and a mortality rate of 1/200 inhabitants/year as a direct consequence of the crises [26], which is why these patients must be appropriately managed and decided behaviorally [26].

For all the above, it is essential to comprehensively manage the patient with this disease and the need to take into account possible prevention measures, thus avoiding the possibility of complications. Lifestyle changes, appropriate use of antiseizure medication, and targeting surgery to patients with criteria should be considered [25].

We consider that it is essential to take into consideration the aspects concerning a patient with suspected epilepsy and it is in primary care where we need to insist emphatically, since there are multiple questions, but the most important is the definition of whether we are facing to a patient with epileptic seizures or in whom we can define the criteria for epilepsy [27].

Only with adequate chronopathogram is a positive diagnosis achieved, although it can be supported by the necessary diagnostic means. But if time is not spent investigating the patient's history, we will never achieve adequate diagnostic criteria. For this, you do not need to go directly to the specialist. That is why we believe that, in primary care, we should insist on the diagnosis and follow-up of patients with epilepsy and, therefore, the control of preventable deaths. In our opinion, the use of the clinical method in patients with epilepsy is imperative [28,29].

It is no less true that it is important to classify epileptic seizures, as well as the epilepsy that the patient is carrying [30] and the etiology [31], but the therapeutic conduct to be followed is essential, since they are taken into account. the aspects of prophylaxis and prevention, what is related to the pharmacopoeia to be instituted in the patient, the use of alternative methods, including surgery and, no less important, psychological and psychiatric management [29,32].

In our opinion, awareness that we are facing a health problem that needs an adequate response would imply adequate control of the disease and avoiding preventable deaths due to this concept.

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Volume 16 Issue 8 August 2024

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