

## **Workshop A: Towards Multidisciplinarity**

Dr Josanne Aquilina (chair)

Dr Greg Rogers

Mr Frans Ripard

Ms Clarissa Captur (rapporteur)

Participants of this work shop included various professionals contributing to the multidisciplinary approach in the management of epileptic patients, and it was decided to take each of these professions and consider the potential contribution of each in turn.

Apart from the **Consultant Neurologist** who would assess the patient, make the diagnosis, carry out the investigations and plan management, other professionals who can contribute towards a multidisciplinary approach, would ideally include the following:

### **The General Practitioner**

The discussion in this case revolved primarily around the issue of Patient Registration. Registration of every person with a general practitioner would greatly improve primary health care in every aspect including

- continuity of care
- improved communication
- dealing with breakthrough seizures
- taking regular serum levels
- dealing with the psycho-social aspect

The benefits of patient registration has in fact already been studied and recommended by the Malta College of Family Doctors. It would definitely aid the consultant neurologist in that he/she could have a point of reference in the community, with medical responsibility for the patient.

Another issue brought up was the Family Doctor training. GP training is essential and the inclusion of a rotation in neurology in the newly set-up GP training scheme has been a step in the right direction.

### **Nurse Specialist**

The role of the nurse specialist was discussed with an attempt to clarify the nurse's responsibility. The local scenario is that the nurse responsible for the Neurology Outpatient Clinics would liaise between the consultant neurologist and the patient.

Further issues raised included:

- the training of nurses at IHC in epilepsy and dealing with an epileptic fit
- the presence nurses in schools able to deal with epileptic fits and trained and authorised to administer medication as necessary

### **The Pharmacist**

The role of the pharmacist in both hospital setting and in the community would be to ensure patient compliance, and help in identifying drug interactions especially with over the counter medications bought by the patient, as well as warning about and identifying any adverse drug reactions.

Continuing medical education for hospital and for community pharmacists (because of the newly introduced Pharmacy of Your Choice Scheme) was also discussed with particular reference to Anti-Epileptic Drugs.

A proposal for the introduction of buccal midazolam was also put forward.

### **The Psychiatrist and Psychologist**

Psychiatrists are involved in the care of epilepsy patients for various reasons, including the following:

- depression can be frequently associated with epilepsy
- non-epileptic seizures are present in 15-20 per cent

Psychologists may be required to deal especially with the psychosocial aspect of having epilepsy, and to provide the support also needed by the family.

### **The Social Worker**

The social worker can help deal especially with the social and employment implications of having epilepsy. Patients need more support with finding the appropriate employment.

It was felt that :there should be greater communication with the community based social workers.

### **Other issues**

Also present in the workshop were physiotherapists and occupational therapists who would usually deal with the co-morbidity present in epileptic patients but who need to be familiar with the condition.

Helpers working at Eden and parents of epileptic patients also contributed to the discussion with some valid points such as the need for more school nurses, more integration, and more public education/awareness about the condition.