

A Multidisciplinary Approach to Epilepsy

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Background

- Epilepsy affects around 1 in 200 persons at any one time
- Can have a profound effect on physical, psychological and social well being.
- Associated with SUDEP
- Potential for 70% to be seizure free. Yet a UK survey showed that only 50% are seizure free. ? Malta data
- Inadequacies of service have been reported in UK and other countries – fragmentation and poor co-ordination

Multidisciplinary - Definition

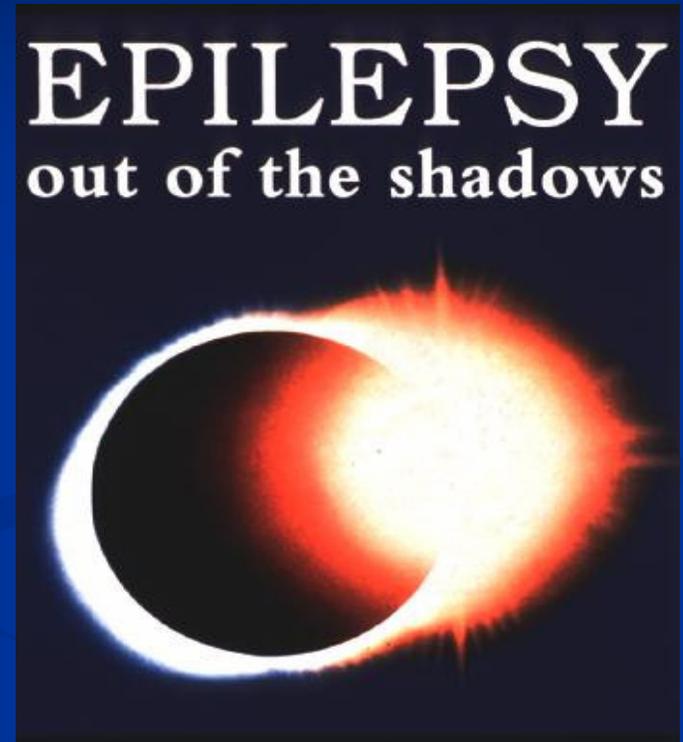
- A treatment planning approach or team that includes a number of doctors and other health care professionals from many different specialties.
 - Team work
 - Education
 - Common goal
 - Several branches of medicine, science, or other professions working together toward common goals.
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Main Aim

- Maximize quality of life of children and adults with epilepsy
 - Minimize seizures
 - Minimize side effects

‘match modern drug and surgical therapy with socio psychology therapy’

‘concerned not only with turbulent brain waves but with disturbed emotions’ *Lennox*



Successful team Building

- Commitment
- A common goal
- Clarity of roles and communication
- Institutional support
- Adequate logistics
- Positive attitudes
- Training

The Need

- Management of epilepsy requires attention to more than seizure control
- Often associated co-morbidities
 - Learning difficulties
 - Behavioural / psychiatric problems
 - Psychosocial difficulties
- Effect of medication
 - Effect of AEDs on behaviour, learning, mood etc
 - Effect of other drugs to treat co morbidities on epilepsy

Special Populations

- All ages have different needs. Some age groups need appropriate targeting:
 - Children
 - Adolescents
 - Women of child-bearing age
 - Elderly
 - Learning disabilities

Assessing Needs - Children

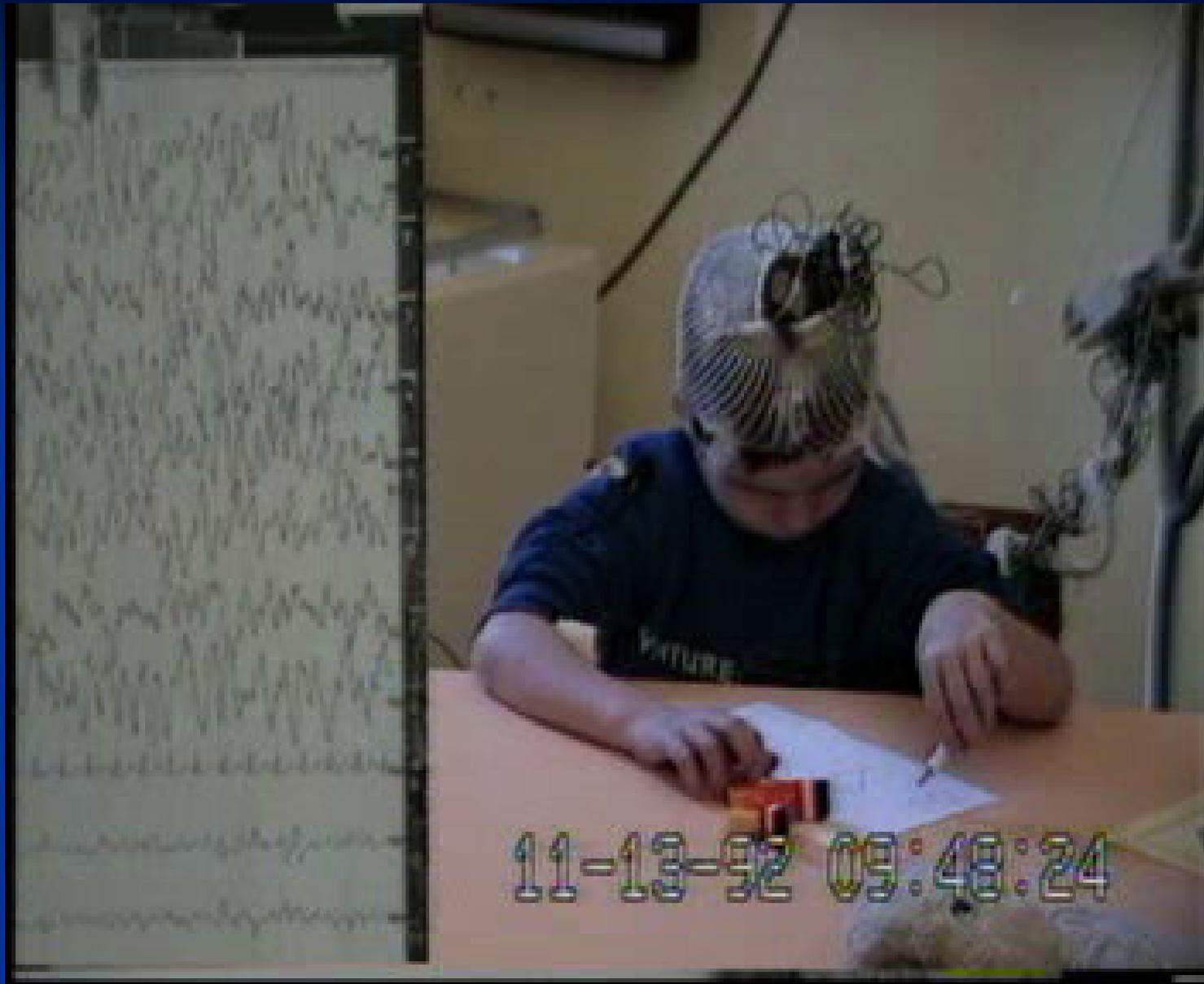
- Affects 1% of all children
- Wide range of different epilepsy syndromes
 - Effect of severe epilepsies on learning, cognition, language and behaviour
 - Around 75% are controlled, 25% intractable
 - Some are age-related, others persistent into adulthood
- Psychosocial issues -school performance, interaction with peers, effect on self-esteem, overprotection
- Effect on quality of life of the whole family
- Team approach to medical and surgical treatment
- Need to educate family and carers



MARY CASSATT
NATIONAL GALLERY OF ART

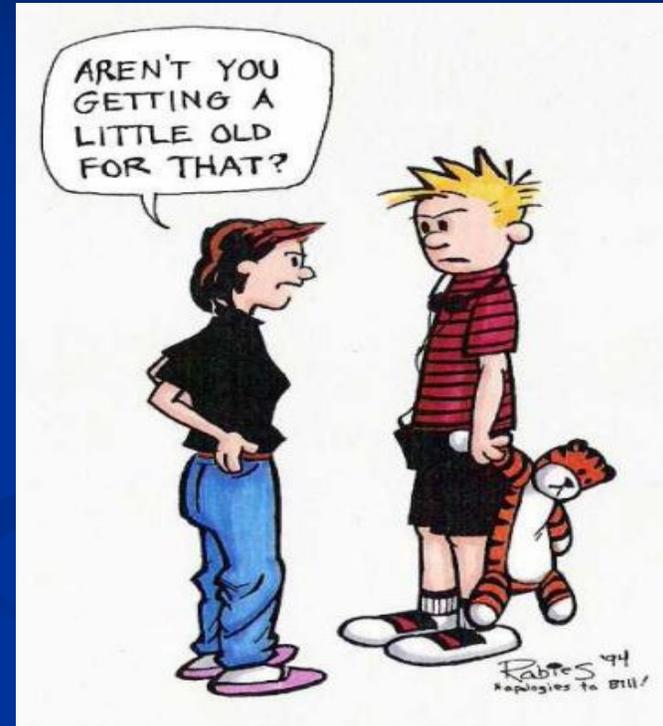


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Assessing Needs - Adolescents

- Some types of epilepsy are commoner: JME, generalized TC seizures on awakening
- Sleep deprivation, photosensitivity, school stress: major triggers
- Effects of pubertal changes on the pharmacokinetics of AEDs – adjust drug dosage
- Counseling for contraception
- Driving, social interactions and career advice



Assessing Needs – Women of child-bearing age

- Effect on puberty: may be delayed
- Effect on contraception: enzyme inducing AEDs may ↓ effectiveness of oral contraception
- Fertility: high risk of ovulatory failure and Polycystic ovaries associated with valproate.
- Risks in pregnancy: preconception folate, control seizures to minimize risk to foetus.
- Risk to fetus: higher risk of SFD, SB, microcephaly, 3-4 % chance of congenital malformations – CHD, NTDs genitourinary malformations, facial dysmorphism
- Risk to newborn: higher risk of learning difficulties



Assessing needs- Elderly

- Epilepsy is most prevalent at this age
- Less likely to be recognized early: live alone / limited social interaction
- Mostly symptomatic to CVS, dementia tumours, hemorrhage, neurodegenerative disease.
- Higher risk of physical injury: confusion in the postictal or effect of medication.
- Consider interaction with other drugs
- Higher risk of associated depression, loss of self confidence
- Management is challenging: compliance, reduce risk of SE and controlling seizures



Assessing needs- Learning disabilities

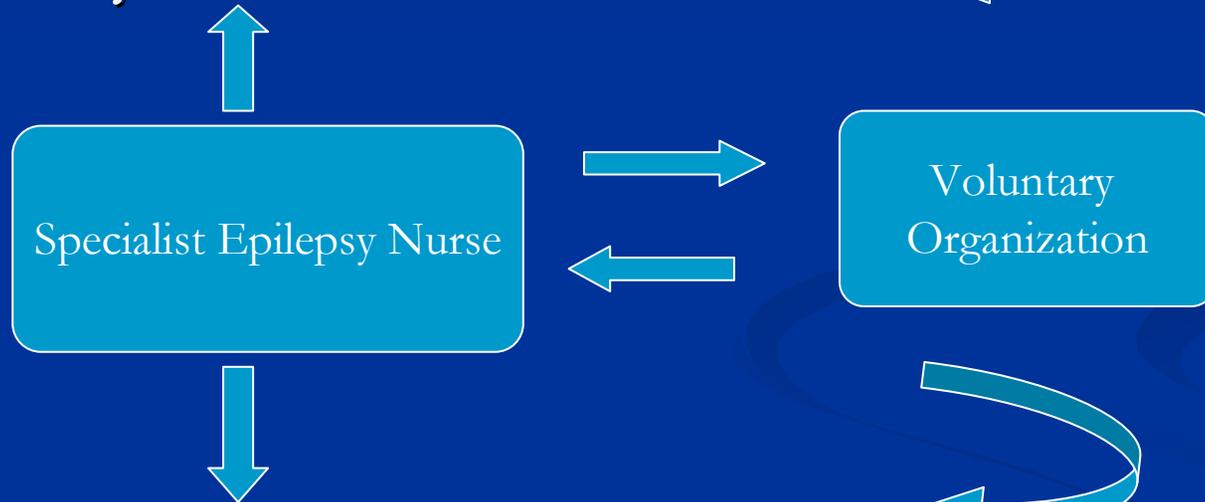
- Highest prevalence: 5% mild – 75% severe MR + CP.
- Most difficult to identify seizures may mimic abnormal behaviours
- More resistant to treatment and more sensitive to SE
- Monitor effect on behaviour, mood, appetite, communication, alertness, sleep and cooperation.
- Often need a combination of AEDs and behaviour modifying drugs



Feasible Local Team - Structure

- Community

- Primary Care Level / Schools



- Hospital Specialist Service

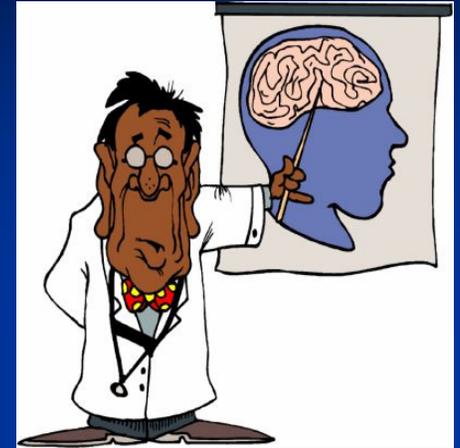
- Specialist epilepsy team: neurologists , psychologists, social worker, liaison with other specialties

Essential Competencies of the Multidisciplinary teams

- Effective monitoring of specific client groups
- Working with voluntary sector
- Education in schools and work places
- Active up to date education programme for primary care practitioners
- Active involvement of primary care physicians in the care of adults with epilepsy
- Specialist nurses to link with secondary care providers
- Timely specialist services

Education Programmes

- MOSES & F MOSES (Germany & Switzerland)
- Educational programme in the form of 6 -12 modules for adults, children with epilepsy and parents/ carers
 - Aim
 - Improve knowledge about epilepsy
 - To learn to cope with the disease
 - To participate actively in treatment process
 - To strengthen the self-help potential of parents and children
 - To reduce epilepsy-specific fears
 - To have as few limitation as possible in everyday life
- Done in a epilepsy centre/ outpatients
- This programme has become mandatory in Germany



Improving local epilepsy services

Recommendations & Challenges

- Dedicated young people and transition clinics (SIGN 2005)
- Epilepsy specialist nurse: (National Institute for Health and Clinical Excellence 2004)
- Education programmes – EUREPA & CARITAS Epilepsy Support Group
- Epilepsy course for GPs – management of adult persons with epilepsy
- Short stay residential centre with specialized medical, psychological, educational or social assessment - children with severe learning difficulties, communication difficulties, difficult-to-manage epilepsy sleep disturbance, incontinence, autism and difficult-to manage behaviour.



Conclusion

- Much has been done in the care of persons with epilepsy locally.
- Improvement in care does not only depend on the level of specialist care but on a more comprehensive approach which addresses the psychosocial issues
- This can only be achieved if we adopt a multidisciplinary approach to epilepsy

‘We make a living by what we get, we make a life by what we give’.

Sir Winston Churchill