

The first issue which was discussed was when it is suggested that the person with epilepsy should change one or more of the drugs that one is taking. It was said that these people are uneasy about how long the new medication would take effect but in the meantime they are afraid of possible increased seizures especially when the person is stable.

It was stated that it is of utmost importance that there is discussion and dialogue between the doctor/neurologist and patient. Sometimes issues come up such as what is best for the patient i.e. quality of life or control over the seizures and side effects. Ultimately the patient should not be a passive bystander, but have a say in the management of his health. On the other hand to overcome the long waiting time for appointments, it was suggested that should the need arise; there are various options how to contact the consultant. This could be done either through the general practitioner, via email, via telephone or any other means.

When other conditions are present besides epilepsy, it is important that a multi disciplinary approach is taken and all doctors concerned should be able to come together to discuss what type of approach should be taken and define which medications should be given.

Once again the need for an epilepsy nurse was highlighted because he/she would be able to be a go between for the patient and the doctor. The nurse would also be able to handle issues which he/she is trained to handle.

The lack of an appropriate environment for the care of epilepsy patients (especially children) was also pinpointed since to date these are placed in wards which host patients with various sicknesses which have nothing to do with epilepsy.