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Rwiza, Henry Tinka

University of Dar es Salaam

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Epilepsy in adults: a clinical and epidemiological study of 207 outpatients

Henry Tinka Rwiza

Master of Science in neurology

University of Dar es Salaam, College of Natural and Applied Science, 1988.

The hundred and seven patients with epilepsy were randomly selected from a population of 590 epileptic patients for a general clinical study of the various factors related to epilepsy. They attended the neurology outpatient clinic between January 1st 1980 and June 30th 1985, at the St. Radboud Academic Hospital of the Catholic University of Nijmegen. The mean age of the patients was 37.4 years (range 15-76), with a male to female ratio of 1.46. The majority of the patients had chronic epilepsy with a mean seizure duration of 8.8 years (range 0-45.2 years). The time of the study, 56.8% of the patients were still on follow up, 20.9% had not attended the clinic for one year or more, while 4.4% had died of brain tumors which were also the underlying cause of the seizures. 7.8% of the patients had been referred or transferred to other hospitals. The seizures experienced by the patients were partial in 69.6% and primary generalized. Seizures were mixed in 6.3% and unclassified in 1.9%. The seizure manifestations in patients with partial seizures included focal motor phenomena (4.1%), special sensory (41.7%), visceral (33.3%), psychic-emotional (29.2%) and somatosensory (20.1%). During a period of 2 years before the date of the last clinic control, the severity of the seizures had remained unchanged in 56.7%, improved in 27.8% and worsened in 15.5% of the patients. There was a positive family history of epilepsy in 24.6% of the cases. Other aetiological factors were present in 62.8% of the cases and included; febrile convulsions (8.7%), neonatal and intrapartum conditions (15.5%), head trauma (24.6%), CNS inflammatory conditions (13.5%), neoplasms (5.3%) and cerebrovascular disease (6.3%). In 34.8% of the patients there were other diseases not directly related to epilepsy. Seizure precipitating factors (psychological, emotional or physical stress, menstruation, alcohol etc.) were present in 64.75% of the cases. Neurological and psychosocial handicaps were present in 37.7% and 52.7% of the cases, respectively, and were associated with difficult control of the seizures and tendency to polytherapy. The mean of EEG's per patient was 3.4 (range 1-21). 85% of the patients had at least some evidence of irritative abnormality in one or more of their EEG records. Epileptiform activity was found in 48.9% of the patients. A focal theta or delta focus without evidence of irritative activity was recorded in 6.3% of the patients. The EEG was entirely normal in only 7.7% of the patients. The CT- was the most frequently performed technical investigation and was done mostly in patients with EEG-abnormalities, associated factors and partial seizures. Atrophies were the commonest abnormalities detected (48.9%). Space occupying lesions were detected in 7.2% of the cases. The combination of EEG and neurological signs for screening patients needing CT-scan examination was found to be sensitive but non-specific with many false positives. On the other hand, a number of patients with local signs on both EEG and clinical examination unless a definite aetiology e.g. previous head injury is established young patients with normal neurological findings and no focal EEG abnormality

may be started on medical therapy and remain under close observation for the development of neurological and/ or focal EEG signs needing further evaluation with the CT-scan. Review of the current prescription practices revealed CBZ to be the most favoured drug for all partial seizures, followed by PHT. VPA was the most frequently prescribed drug for all primary generalized seizures. There was more tendency to use monotherapy or as few drugs as possible per patient, compared to previous practice. This is in agreement with the current therapy recommendations. The average number of AED's serum level determination per patient per year was 0.8 (range 0-10). The indications were: routine control (42.5%), suspicion of subtherapeutic levels (31.1%), suspicion of toxicity (8.5%) and others (4.7%). No indication was mentioned in 12.3% of the cases. The clinical impression of toxicity or subtherapy did not agree with the actual serum levels in more than 40% of the cases. AED's serum levels are useful for optimal control of seizures.