EPILEPSY

What's the issue?

“Epilepsy is a condition that affects the brain and causes repeated seizures, which were sometimes previously referred to as "fits". Epilepsy is estimated to affect more than 500,000 people in the UK (around 1% of the population). The severity of seizures can differ from person to person. Some people simply experience an odd feeling with no loss of awareness, or may have a "trance-like" state for a few seconds or minutes, while others lose consciousness and have convulsions (uncontrollable shaking of the body). Epilepsy can start at any age, but it most often begins in childhood. It’s often not possible to identify a reason why someone develops the condition, although in some cases it can be associated with damage to the brain from strokes, brain tumours or severe head injuries. For most people, anti-epileptic drugs are effective in controlling seizures (although it can take time to find the right type and correct dose of medication). It is important to stay healthy through regular exercise, getting enough sleep, eating a balanced diet and avoiding excessive drinking. People may also need to think about their epilepsy before undertaking things such as driving, using contraception and planning a pregnancy” [289].

What’s our situation?

For 2015/16, there were 2,528 (1.08%) patients aged 18+ years who were on the epilepsy GP disease registers [93]. This was much higher than England (0.80%) and among the highest of comparator areas (range 0.94% to 1.08%).

There was a statistically significant increasing trend in the prevalence with increasing deprivation. The 11 practices with the highest mean patient deprivation scores serving the most deprived fifth of Hull’s population had a prevalence of 1.29% compared to 0.77% among the 11 practices with the lowest mean patient deprived scores [290].

For 2014/15, emergency admissions for epilepsy in Hull (262 per 100,000 population) were the highest among all 211 CCGs, and the percentage of patients remaining seizure-free in the previous year was second highest for Hull (46.5%) [268]. There was a five-fold and two-fold difference in these measures for 2012/13 and 2014/15 respectively [291]. So considerable difference among the CCGs.

During 2013-15, there were a total of 19 deaths virtually all occurring prior to the age of 75 years and the deaths occurred mainly to men [77], but this had been 30+ deaths the previous three years, and had ranged between 19 and 36 deaths over the last 12 years. For 2012-14, the under 75 standardised mortality ratio was 283 for men and 219 for women in Hull denoting mortality rates that were almost three times and almost twice as high as England respectively after adjusting for the age structure of Hull’s population. The under 75 SMR was ranked 3rd and 19th highest among 325 local authorities for men and women respectively (although not statistically significantly higher for women due to small number of deaths) [78, 290]. Over the period 2001-14, there was a statistically significant association between the percentage of deaths from epilepsy and deprivation [77, 290] with 76 epilepsy deaths over the 14 year period (representing 0.46% of all deaths) among people living in the most deprived two-fifths of areas of Hull compared to 25 (0.23%) among people living in the least deprived two-fifths of Hull, although the trend was not over all five deprived fifths with the second most deprived fifth having a higher rate compared to the most deprived fifth, and the least deprived fifth having a higher rate compared to the second least deprived fifth.

For more detailed information, see the JSNA Toolkit: Epilepsy report.

What are the strategic needs?

“A person should have regular reviews of their epilepsy and treatment, usually carried out by their GP, but sometimes by their neurologist and their team. The reviews should be at least annually, and more frequently if the epilepsy is not well controlled. It is also useful for people suffering with
epilepsy to keep diaries to note what they had been doing beforehand which may help them work out if they have anything that triggers their seizures” [292].

References