



ORIGINAL ARTICLE

Consensus-recommended diagnostic and therapeutic guidelines for drug-resistant epilepsy in Spain (Consenso RATE-España)[☆]

J.C. Sánchez-Álvarez^{a,*}, J.A. Mauri-Llerda^b, A. Gil-Nagel^c, C. Casas-Fernández^d, J. Salas-Puig^e, J. Lahuerta^f, J. Sancho-Rieger^g, Grupo de Estudio de Epilepsia de la Sociedad Española de Neurología[◇]

^a Unidad de Epilepsia, Servicio de Neurología, Hospital Clínico Universitario San Cecilio, Granada, Spain

^b Unidad de Epilepsia, Servicio de Neurología, Hospital Clínico Universitario Lozano Blesa, Zaragoza, Spain

^c Programa de Epilepsia, Servicio de Neurología, Hospital Ruber Internacional, Madrid, Spain

^d Servicio de Neuropediatría, Hospital Universitario Virgen de la Arrixaca, Murcia, Spain

^e Unidad Transversal de Epilepsia, Servicio de Neurología, Universidad Autónoma de Barcelona, Hospital Universitario Vall d'Hebron, Barcelona, Spain

^f Departamento Médico, GlaxoSmithKline S.A., Madrid, Spain

^g Servicio de Neurología, Consorcio Hospital General Universitario, Valencia, Spain

Received 1 September 2011; accepted 6 September 2011

Available online 1 November 2012

KEYWORDS

Epilepsy;
Delphi method;
Consensus;
Refractory epilepsy;
Drug resistant
epilepsy;
Epilepsy centre;

Abstract

Objective: To ascertain the opinions of an Epilepsy Expert Group and prepare a consensus document on the definition of drug-resistant epilepsy (DRE) according to the International League Against Epilepsy (ILAE) and the different healthcare levels for the patient with epilepsy in Spain.

Materials and methods: The study was conducted using the Delphi method, by means of successive rounds of questionnaires. A scientific committee prepared a preliminary document and fourteen associated questions, which were sent by e-mail to the panel of experts. They included items related to the concept of DRE, health care levels and the route between these levels for patients with DRE.

[☆] Please cite this article as: Sánchez-Álvarez JC, et al. Consenso de las Recomendaciones de Actuación diagnóstica y Terapéutica sobre Epilepsia resistente a fármacos antiepilépticos en España (Consenso RATE-España). Neurología. 2012;27:481–90.

* Corresponding author.

E-mail address: jucasan9@gmail.com (J.C. Sánchez-Álvarez).

◇ Representing the group of experts who participated in Consenso RATE-España: Alarcón Martínez E., Asensio Asensio M., Cabeza Álvarez C., Camino León R., Campos Blanco D., Cañadillas Hidalgo F., Casas Fernández C., García Barragán N., García Peñas J.J., Gil-Nagel Rein A., Gómez Alonso J., Gómez Caicoya A., Gómez Díaz Castroverde A., Herranz Fernández J.L., Ibáñez Mora V., López González J., Macarrón Vicente J., Marinas Alejo A., Martínez Bermejo A., Martínez Quesada C., Martínez Salcedo E., Mauri Llerda J.A., Parra Gómez J., Peña Mayor P., Pérez Jiménez M.A., Poza Aldea J.J., Quílez Martínez A., Ramos Lizana J., Rodríguez Uranga J., Ruiz Giménez J., Sáiz Díaz R.A., Salas Puig J., Sánchez Álvarez J.C., Sánchez Carpintero R., Sancho Rieger J., Sanmartí Vilaplana F., Serrano Castro P.J., Soplana Garay D., Toledano Delgado R., Toledo Argany M., Villalobos Chávez F.

Epilepsy specialty care;
Video-EEG monitoring;
Epilepsy monitoring unit;
Epilepsy surgery

PALABRAS CLAVE

Epilepsia;
Método Delphi;
Consenso;
Epilepsia refractaria;
Epilepsia resistente a fármacos antiepilépticos;
Centros de epilepsia;
Consulta específica de epilepsia;
Monitorización vídeo-EEG;
Monitorización de la epilepsia;
Cirugía de epilepsia

Results: A total of 41 experts answered the questionnaire. They agreed regarding the necessity and applicability of the DRE definition according to the ILAE, the need for an expert panel on epilepsy, specialist epilepsy clinics, and clinical epilepsy units stratified depending on the level of activities they carried out. There was moderate consensus on the resources and activity of the clinical units of reference and there was no consensus on the referral of patients who have suffered an epileptic seizure to an epilepsy clinic.

Conclusions: The expert panel agreed with the definition of DRE according to the ILAE and on referring patients with DRE for a detailed study in an epilepsy clinic or epilepsy clinical unit. They highlighted the need for video-EEG monitoring in the study of patients with DRE and the need to propose other forms of treatment in selected patients.

© 2011 Sociedad Española de Neurología. Published by Elsevier España, S.L. All rights reserved.

Consenso de las Recomendaciones de Actuación diagnóstica y Terapéutica sobre Epilepsia resistente a fármacos antiepilépticos en España (Consenso RATE-España)

Resumen

Objetivo: Conocer la opinión de un colectivo de expertos en epilepsia y elaborar un consenso sobre la definición de epilepsia resistente a fármacos (ERF) según la Liga Internacional Contra la Epilepsia (ILAE) y los distintos niveles asistenciales al paciente con ERF en España.

Material y métodos: El estudio fue realizado utilizando el método Delphi, mediante dos rondas sucesivas de cuestionarios. Un comité científico confeccionó un documento preliminar y catorce preguntas relacionadas y fueron remitidos por correo electrónico al panel de expertos. Se incluían ítems relacionados con el concepto de ERF, niveles asistenciales e itinerario entre dichos niveles de los pacientes con ERF.

Resultados: Contestaron el cuestionario 41 expertos. Se alcanzó acuerdo sobre la necesidad y aplicabilidad de la definición de ERF según la ILAE, necesidad de la existencia del experto en epilepsia, consulta específica de epilepsia y unidades clínicas de epilepsia con diversa estratificación, según la graduación de actividades que se realicen. Existió moderado consenso con la dotación y actividad de las unidades clínicas de referencia y no hubo consenso sobre la remisión de pacientes que han presentado una crisis epiléptica a una consulta de epilepsia.

Conclusiones: El panel de expertos estuvo de acuerdo con la definición de ERF según la ILAE y en remitir a todo paciente con ERF a un estudio pormenorizado a una consulta de epilepsia o unidad clínica de epilepsia. Se resalta la necesidad de la monitorización vídeo-EEG en el estudio del paciente con ERF y el proponer otras formas terapéuticas en pacientes seleccionados.

© 2011 Sociedad Española de Neurología. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Introduction

Epilepsy is one of the most frequent neurological diseases, with a prevalence of 5–7 cases per 1000 inhabitants, depending on the age group.¹ It is estimated that there are between 240 000 and 340 000 epilepsy sufferers in Spain. Some of these patients have seizures which cannot be controlled through pharmacological treatment; this is known as difficult-to-control, refractory, or drug-resistant epilepsy (DRE).² Population-based prevalence studies on DRE in subjects aged 16 and older found between 0.94 and 1.36 cases per 1000 inhabitants,³ depending on the DRE concept applied. Figures were similar in the paediatric population.⁴ Extrapolation of these figures shows that between 45 000 and 65 000 people suffer from this condition in Spain. Patients generally experience lower quality of life, several associated morbidities, and a higher probability of early death compared to patients presenting controlled epilepsy. As a result, patients with DRE must receive rapid and personalised attention so as to provide the correct diagnosis, treatment, and support in a timely fashion.⁵

The International League Against Epilepsy (ILAE) has recently reached a consensus on its definition of DRE, describing it as epilepsy in which seizures of any type remain uncontrolled after treatment with two well-tolerated drugs, properly selected and assiduously taken, either in monotherapy or combination therapy. Epilepsy is considered to be uncontrolled when seizures occur within 1 year of beginning treatment or when the seizure-free interval increases, but does not reach 3 times the interseizure interval before beginning treatment. According to this consensus, all DRE patients should be rapidly and thoroughly evaluated in an epilepsy centre or unit in order to obtain a clear diagnosis and provide the best pharmacological treatment, or consider alternative treatment, the prime example being surgery.⁶

An opinion article published in the current issue of *Neurología*⁷ provides a detailed analysis of the ILAE's definition of DRE and proposes stratified and integrated healthcare networks including different clinical epilepsy units (CEU); some such units have already been constituted in Spain. Establishing a consensus to stratify levels of care

Download English Version:

<https://daneshyari.com/en/article/3077521>

Download Persian Version:

<https://daneshyari.com/article/3077521>

[Daneshyari.com](https://daneshyari.com)