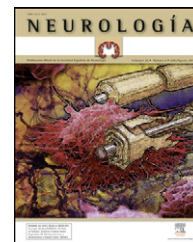




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REVIEW ARTICLE

FEEN report on epilepsy in Spain[☆]

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KEYWORDS

Epilepsy;
Cost;
Disability;
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Abstract

Introduction: Epilepsy is a very common disease in Spain. There is a great lack of information on real epidemiological data and the patient impact of this disease. The objective of the Spanish Foundation for Neurological Diseases (FEEN) report is to collect epidemiological data, morbidity, mortality and costs of this disease in Spain.

Development: A search was carried out in Medline on publications up to 2010, as well as a review of data published by the Spanish National Statistics Institute (INE). There are about 400,000 patients with epilepsy in Spain. Approximately 5–10% of the population will experience a seizure in their lifetime, and up to 20% of these will have recurrent seizures. Using hospital discharge report data, hospital admissions for epilepsy are around 35 patients per 100,000 patients. Mortality risk in epileptic patients is two or three times higher than in non-epileptics. The mean total annual cost of drug-resistant epilepsy patient in Spain is 6935 euros. The total cost of epilepsy according to data from the year 2000 could be around 5% of the total health budget.

Conclusions: It is very important to maintain disease registers. This initiative should be encouraged by the patient associations and scientific societies. This report confirms that epilepsy has a great social and health impact on the population.

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PALABRAS CLAVE

Epilepsia;
Coste;
Discapacidad;
Epidemiología;

FEEN: Informe sociosanitario FEEN sobre la epilepsia en España

Introducción La epilepsia es una enfermedad muy prevalente en España. Existe un gran vacío de información sobre los datos epidemiológicos reales de

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esta enfermedad así como la repercusión que esta enfermedad produce sobre el paciente. El objetivo de la Fundación Española de Enfermedades Neurológicas con este informe es recoger los datos epidemiológicos, de morbi-mortalidad y coste que de esta enfermedad existen en nuestro país.

Desarrollo: Se ha realizado una búsqueda en Medline sobre lo publicado hasta 2010 y una revisión de los datos publicados por el Instituto Nacional de Estadística. En España hay alrededor de 400.000 pacientes con epilepsia. Aproximadamente el 5–10% de la población experimentará una crisis a lo largo de su vida y hasta un 20% de éstos tendrán crisis recurrentes. Los ingresos hospitalarios por epilepsia suponen 35 pacientes por cada 100.000 enfermos dados de alta en un hospital. Un paciente epiléptico tiene dos o tres veces más riesgo de morir que un no epiléptico. El total del coste medio de recursos anual de un paciente farmacorresistente en España es de 6.935 euros. El coste total de la epilepsia prevalente según datos del 2000 puede suponer alrededor del 5% del presupuesto total de Sanidad.

Conclusiones: La epilepsia supone un gran impacto socio-sanitario en la población española. La promoción de registros sobre enfermedades y su repercusión sobre los pacientes debe ser una iniciativa que debe propulsarse desde las sociedades científicas y de pacientes.

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Introduction

Epilepsy was one of the first conditions described in the history of neurology. It was first reported in ancient Babylon over 3000 years ago. It was not until 400 BC that Hippocrates postulated that epilepsy was a brain disorder. Of Greek origin, the word epilepsy means "attack". The strange behaviour caused by certain types of crises has generated many superstitions and prejudices throughout history. Many important people in history have suffered epilepsy; the best known are the Russian writer Dostoyevsky, the philosopher Socrates, general Napoleon and the inventor of dynamite, Alfred Nobel. Even some Olympic medallists and other athletes have also suffered epilepsy.¹

An epileptic crisis is a sudden and temporary disruption caused by abnormal neuronal activity that can cause strange sensations, emotions and behaviour, as well as muscle spasms and loss of consciousness. Epilepsy is a predisposition towards repeated epileptic crises. A person is considered to have epilepsy when he/she has suffered two or more epileptic crises. There are two basic types of crises: generalised crises and partial or focal crises. In generalised crises, the epileptic discharge affects the whole surface of the brain at the same time, whereas the epileptic discharge starts in one part of the brain in partial or focal crises.²

The stigma that exists about epilepsy is often mentioned, but thanks to a better-informed society, the attitude about this disease is changing.

This report has been prepared by the Spanish Foundation of Neurological Diseases in order to provide more data on the epidemiology and disability produced by this disease. Its aim is not only to publicise the existing published data, but also the lack of information available, particularly regarding the disability created by the disease.

Development

Epidemiology of epilepsy

The prevalence of active epilepsy varies widely (between 2.7 and 40 cases per 1000 inhabitants), although most

studies put it at around 8/1000 population (this represents approximately 360,000 cases in Spain).

The annual incidence of epilepsy is 31–57/100,000 (between 12,400 and 22,000 new cases each year in Spain), with this incidence being higher in children aged between 6 and 14 years (incidence of 3.7/1000), adolescents and the elderly (the incidence at ages above 60 years is of 134/100,000 inhabitants). The cumulative incidence of epilepsy until age 80 is 3%. Approximately 5–10% of the population will experience a crisis during their lives and up to 20% of these will suffer recurrent crises.³

It is estimated that there are about 400,000 patients with epilepsy in Spain. Slightly over 50% of cases are partial (57%) and over 60% of epileptic syndromes (according to ILAE) are focal syndromes. Around 75–80% of patients with epilepsy are well controlled with medication during the first 2 years after diagnosis. Around 10–15% of these cases are controlled by the association of several antiepileptic drugs and recently introduced drugs achieve control in less than an additional 10% of patients. Overall, it is estimated that between 8% and 33% of epilepsies are uncontrollable through medical treatment. This means that roughly one-third of the approximately 400,000 epileptics in Spain have seizures that cannot be controlled with medication. This represents over 100,000 patients in whom alternative therapies should be considered, included among which is surgery for epilepsy.⁴

Many studies have found a relatively higher incidence and prevalence in males. Some studies justify this finding by the higher incidence in males of the risk factors for epilepsy (traumatism, cerebrovascular disease, central nervous system infections).

Studies on the aetiology of epilepsy have found that the proportion of epilepsy with known aetiology is consistent, ranging between 23% and 39%, with congenital aetiology being the most frequent in children and cerebrovascular disease in adults.

We have collected the following published data from the numerous studies conducted in various areas of Spain (assuming methodological variability): in 1997, a prevalence of 4.7/1000 population was found in the north of Madrid for

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