Epilepsy: a global issue

Epilepsy affects over 60 million people worldwide, with the majority living in low and middle income countries where access to medical treatment may be limited. Professor Ley Sander works with the World Health Organisation’s (WHO) global campaign against epilepsy to improve the way epilepsy is managed in resource-poor countries including China, Brazil, Ecuador, Georgia, Bulgaria, Kenya and Senegal.

Research suggests that globally the number of people with active epilepsy seeking treatment would increase by 11 per cent if they believed anti-epileptic drugs (AEDs) were effective; by 12 per cent if health facilities providing AEDs were less than 20km from their homes; and by 40 per cent if AEDs were free. Our epilepsy group is recognised as a WHO Centre of Excellence.

Brazil

The epilepsy group has been looking at the best ways to deliver primary care in rural areas. Our project has provided the embryo for National Epilepsy Programmes in both Brazil and China (see right). In Brazil, epilepsy management has now been incorporated into the family medicine programme and has reached a third of Brazilian municipalities. Similar projects are now being devised for Ghana, Cameroon, Vietnam and Myanmar.

China

There are an estimated nine million people in China with epilepsy. A new model of primary care (see left) has reached over 30,000 people in 15 provinces, with epilepsy becoming a national health priority. The Chinese government has committed to establishing a network of epilepsy centres across the country. The epilepsy group has also been investigating the causes of death and premature mortality risk in people with epilepsy. The highest risk factors were cerebrovascular disease, drowning, self-inflicted injury, status epilepticus and Sudden Unexpected Death in Epilepsy. The risk of drowning was higher for those with epilepsy living in a rural waterside area.

Africa

Ten million people in Africa are affected by epilepsy and 80 per cent of those are not treated with modern medication. The prevalence of epilepsy in sub-Saharan Africa seems to be higher than in other parts of the world and possibly caused by risk factors including parasitic diseases and poor antenatal and perinatal care. The epilepsy group has been working with the University College London Institute of Child Health to carry out a large project focusing on the patterns, causes and effects of epilepsy, as well as the delivery of healthcare. Our aim is to characterise and understand epilepsy in each of the regions of Africa.

Georgia

The epilepsy group has been looking at the knowledge, attitudes and stigma towards epilepsy in different social groups in Tbilisi, Georgia. We surveyed over 1,000 people divided into three groups: medical, non-medical professional, and unskilled or unemployed. We found that medics had a better knowledge of the condition but their attitudes towards epilepsy were the same as or worse than other groups. Of those questioned, 14 per cent would not let their children play with anyone with epilepsy and 75 per cent would not allow their children to marry someone with epilepsy. Nearly one third of teachers thought epilepsy was a psychiatric disorder. This underlines the need for greater public awareness.

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