


Poor Seizure Control Among Children Attending a Tertiary Hospital in South Western Uganda – A Retrospective Study [Letter]

Selvi A Mangundap 

Department of Nursing, Poltekkes Kemenkes Palu, Palu, Indonesia

Correspondence: Selvi A Mangundap, Faculty of Nursing, Poltekkes Kemenkes Palu, Thalua Konchi Street Number 09, North Palu, Palu, Center Sulawesi, Indonesia, Email selvi.541.am@gmail.com

Dear editor

We have read the paper by Jane Namusisi et al on Poor Seizure Control Among Children Attending a Tertiary Hospital in South Western Uganda.¹ This study helps us to assess the factors that cause seizure control in children with epilepsy, including the medication given. We would like to share our views about this study because mismanagement of epilepsy can have a negative impact on the quality of life of children who suffer from it. In addition, the cost of treating epilepsy is also an economic burden that needs to be considered.²

The study conducted by Jane Namusisi et al aimed to determine seizure control status and factors related to control among Children with Epilepsy (CWE) who received Anti-Seizure Medications (ASM).¹ The results found that three-quarters of the correspondents had generalized onset seizures and the remainder had unrecognized focal and motor seizures. However, because the data obtained using medical records, it is difficult for researchers to determine matters related to the seizure onset, nature, and duration of the seizure when the patient comes to the hospital.³ In addition, in this study we did not find any risk factors underlying the evaluation of epilepsy patients such as neurological examination, cerebral imaging, electroencephalographic findings, and laboratory tests including complete blood count and biochemical profile, all of which were assessed by a team of neurologists, pediatricians and emergency doctors.³

The study conducted by Jane Namusisi et al was a retrospective review of charts, socio-demographic and clinical data obtained from medical records. Physical or telephone interviews were conducted with the patient's direct caregiver.¹ This method was quite effective although the researcher acknowledged that some telephone contacts were not available online at the time of data collection. We suggest that researchers also complete data on recurrence factors in patients such as the number of antiepileptic drugs (AED), electroencephalogram (EEG) data and seizure-free time, because all of these data will help in assessing factors that cause seizure control in children with epilepsy.⁴

In conclusion we agree that seizure control in Children with Epilepsy (CWE) receiving Anti-Seizure Medications (ASM) at MRRH is still poor.¹ However, the hospital has been trying to overcome seizure control and optimize the drug needed. We recommend that future studies can provide genetic analysis data representing detailed individual phenotypes to assist in the interdisciplinary treatment and prognosis of patients who have complicated neurodevelopmental disorders. This will also help the doctor who gives the therapy to determine the right pharmacotherapy.⁵ In addition, a public health plan is needed to co-manage epilepsy with traditional medicine because people in remote rural areas play an important role for patients in their local communities.²

Disclosure

The author reports no conflict of interest in this communication.

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