

**Treating epilepsy in community
from south to north**

Experience from Southern part, Songkhla Hospital
Dr.kanokrat suwanlaong,MD

Who We Are ?

- โรงพยาบาลสงขลา เป็นโรงพยาบาลทั่วไป ขนาด 480 เตียง สังกัด กรม
สำนักงานงานปลัดกระทรวง กระทรวงสาธารณสุข
- องค์กรแพทย์: แพทย์ประจำ 83 คน(1:8000), แพทย์ใช้ทุน, Intern, extern

- Medicine department	- 6 General medicine staffs
- Infectious staff	- Nephrologist
- Cardiologist	- Two neurologists
- Dermatologist	

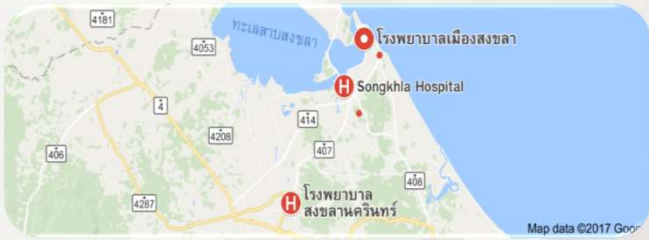
Who We Are ?








Who We Are ?



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เปิดให้บริการสองสาขา

- โรงพยาบาลสงขลา ถนนสงขลา - ระโนด มีพื้นที่ 80 ไร่



- ศูนย์สุขภาพชุมชน เมืองสงขลา

What We Do?

- Health Service
- Referral center
- Education center

Medical Education Center Songkhla



MEC SONGKHLA
ศูนย์แพทยศาสตรศึกษาชั้นคลินิก โรงพยาบาลสงขลา
Medical Education Center Songkhla Hospital
www.mecsongkhla.com

UpToDate
PROVIDING ANSWERS TO
CLINICAL QUESTIONS

อาจารย์แพทย์ นักศึกษาแพทย์ พยาบาล และผู้ที่สนใจ
สามารถเข้าใช้งาน UpToDate
ผ่านสัญญาณ WIFI ของโรงพยาบาลสงขลา
โดยไม่ต้อง login

Health Service

- Take care of patient from amphoe muang Songkhla
- Referral center of the hospitals of 7 amphoe of Songkhla province
- 2,431 out patients per day



Education Center



Conventional Antiepileptic Drugs

- Phenytoin
- Valproate Na
- Carbamazepine
- Clonazepam
- Phenobarbital
- Other IV (Diazepam, Mg)

What We Have ?

- Neurological clinic /PD clinic
- Two neurologist
- Three physical therapist
- Three psychiatrist
- No neurosurgery
- Investigation: CT /MRI/no EEG
- Medication


Newer Antiepileptic Drugs

- Topiramate
- Oxcarbamazepine
- Lamotrigine
- Levetiracetam
- Zonisamide

What We Face ?


- Epilepsy
- Third most common neurologic disorder
- First seizure incidence: 20-70 / 100,000
- Epilepsy incidence: 30-50 / 100, 000
- Prevalence: 5-10 / 1000

- Reported higher in some developing countries



Neurological disease in neurological clinic Songkhla hospital (one year review)

Disease	ปี 57	ปี 58	ปี 59	ปี 60(ถึง มิ.ย.60)
1. Dementia	97	87	88	106
2. Alzheimer disease	10	17	17	29
3. Ischemic stroke	1,253	1,488	1,351	1,137
4. epilepsy	362	390	408	427
5. Parkinson	241	233	205	231

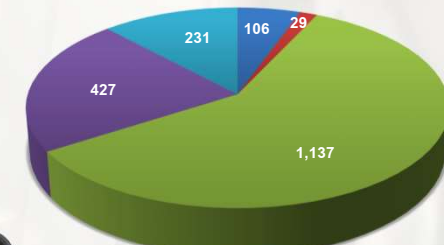


What We Face ?

- One year review at Songkhla Hospital
- October 2016- June 2017
- Total neuro-clinic patients : 1890
- More than 400 epilepsy patients from 7 Amphoe of Songkhla province
- Second most common neurological disorder in Songkhla hospital neuro-clinic




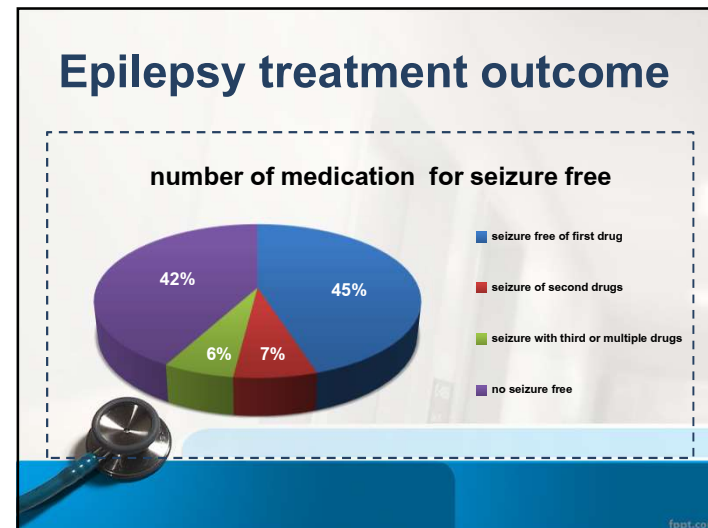
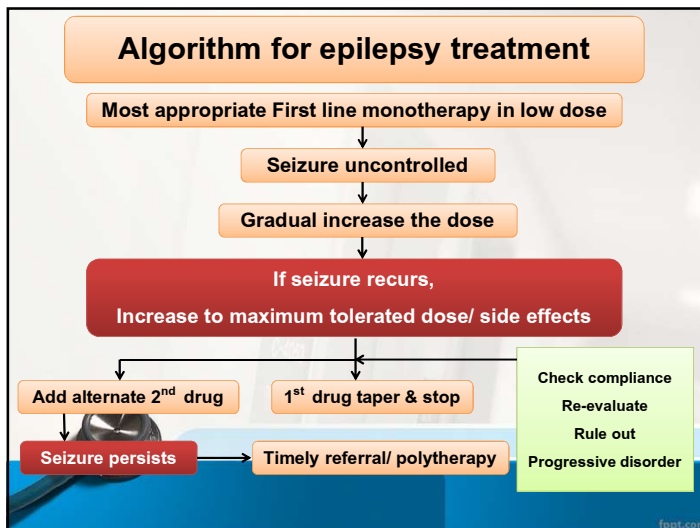
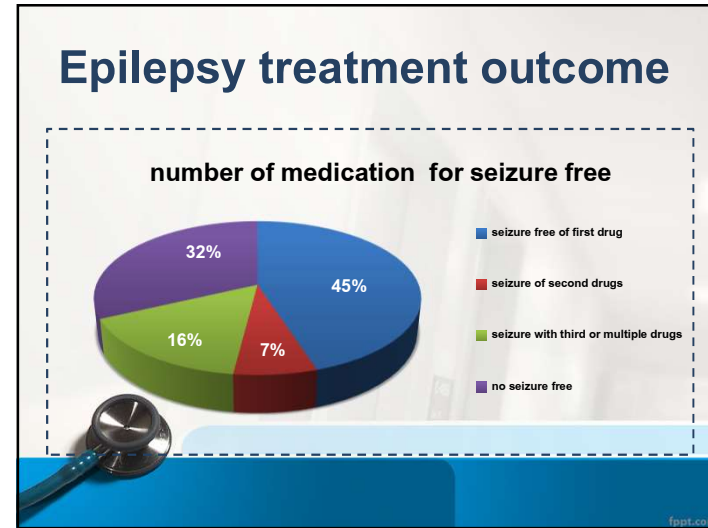
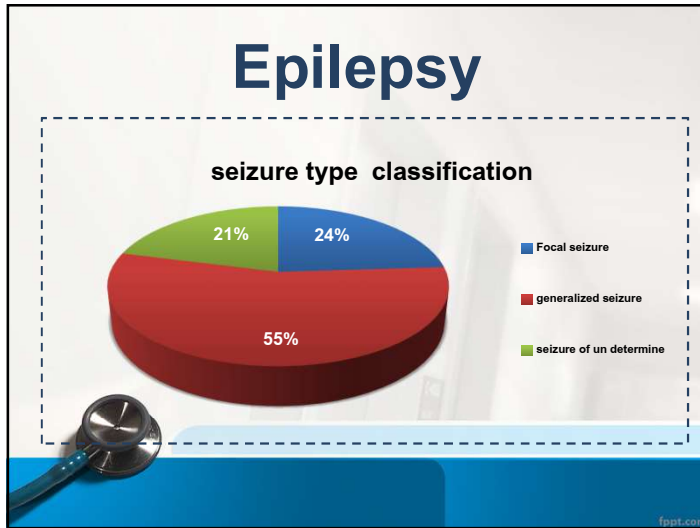
Neurological disease in neurological clinic Songkhla hospital (one year review)



ปี 2560 (ถึง มิ.ย.60)

- Dementia
- alzheimer
- Ischaemic stroke (ไม่รวม Hemorrhage)
- epilepsy
- Parkinson





What We Face ?

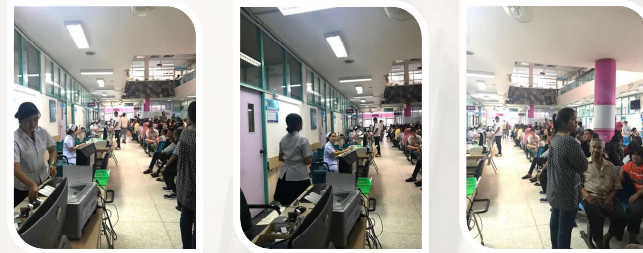
- Quality of life in epileptic patients in southern Thailand.
- To determine the risk factors for a low quality of life in Thai epileptic patients aged 15-50 years old, who had been treated with a stable dose of antiepileptic drug(s) for more than three months,
- Mood disorder and seizure frequency could be a powerful predictor for the quality of life.

Phabphal K et.al;J Med Assoc Thai 2009



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Seizure Control is the most important goal of our epilepsy treatment in community



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Importance of Seizure Control

- Without seizure control, people with epilepsy can suffer from severe psychosocial effects including:
 - social stigma associated with seizures
 - underachievement in school
 - difficulty finding employment
 - loss of driving privileges
 - cognitive deficits (e.g. memory impairments)
 - higher mortality rates, including sudden unexpected
 - death (SUDEP)

SOURCE: 2012 Ontario Health Technology Advisory Committee Recommendation: Care for Drug-Refractory Epilepsy in



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Treating Epilepsy : We have learned

Treatment is essential :

- Must ensure access to all appropriate treatment options to help control seizures and improve quality of life.
- Main treatment for epilepsy for optimum seizure control, may be prescribed alone or in combination
- About 30% of people with epilepsy do not achieve seizure-freedom with medication
- Refer for other epilepsy treatment (VNS, epilepsy surgery)



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What Can We Do?

- Secure equitable access to effective seizure control.
- 30% of people with epilepsy still experience uncontrolled seizures and timely access to all treatment options ensures people with epilepsy have the best opportunity to become seizure-free, **epilepsy surgery?**
- Setup epilepsy clinic



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And then ?



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setup epilepsy clinic : What We Need ?

- Hospital policy
- Neurologist /epileptologist
- EEG /EEG interpretation : consultation from epileptologist
- High performance MRI
- Epilepsy nurse
- One stop service clinic



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Gap Between the Burden of Epilepsy and Resources

1. Delay of investigation (EEG/MRI)
2. Quality of investigation (0.3 T MRI) !!!!
3. Limitation of AED therapy for UC patients
4. Compliance /socioeconomic status
5. Culture : traditional believe, religion, foreign workers
6. Refer back system : knowledge and medication



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