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National Audit of Seizure Management in Hospitals (NASH): The role of sodium valproate in women of a childbearing age

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Introduction: NASH (National Audit of Seizure Management in Hospitals) is a comprehensive audit surveying those who had attended ED due to seizure. This could be patients with known Epilepsy, known Epilepsy with blackouts or no known Epilepsy. 4544 patients were audited, across over 150 national trusts. We analysed data relevant to the question being posed- are women of a childbearing age being treated appropriately and managed according to guidelines. These state Sodium Valproate (VPA) to be highly teratogenic, either as a monotherapy or polytherapy. The audit allowed us to see the proportions of women of a childbearing age currently on VPA.

Methods: Data was collected using a simple web based answering scheme. This allowed for multiple trusts to be involved in the audit and allowed a large population to be asked various key points about their management and treatment. We focused on results from questions relevant to the usage of VPA such as monotherapy, polytherapy, care plans, specialist referrals etc. From these analyses we have made observations and drawn conclusions for future work/amendments in clinical practice that need to be made.

Results: 4544 patients recruited, 43% female, 25% of these were of a childbearing age (1117/4544). Of these only 14% of women 15-49 were on VPA. Alarmingly, 60% were on VPA and polytherapy with only 20% not taking any AED prior to attending ED. There were lower figures for those on polytherapy as opposed to monotherapy for women of this age group (37% polytherapy and 42% monotherapy). In the ED senior reviews were common for all patients over 15- approximately 57% of patients had a senior review. Furthermore, Neurologists were the most sought after specialists for advice; however, only 20% of women on VPA were seen by the Neurologist during their admission, with on-ly approximately 1/3 of these patients having a care plan in place. Rates of GP referrals were significantly higher for those 15-49- 48% in comparison to 33% for those over 49. In regards to investigations whilst in ED, those over 49 were much more likely to have more investigations (Plantars, ECG, EEG, and CT) than those 15-49.

Conclusions: Good patient care for women 15-49 is evident. Guidelines are specific and thorough when it comes to how to treat women of a childbearing age with regards to their Epilepsy. Vital to know the patients plans for the future and to have pre-conception counselling. Seizure freedom and as lower AED usage as possible is desirable. Certain AED's and AED combinations need to be avoided- eg VPA throughout the pregnancy, and various combinations (VPA and Lamotrigine is highly teratogenic). The results found show clinicians have been treating women of a childbearing age according to the guidelines; however, more can be done to avoid polytherapy, more specialist input into their care in the ED whilst more should have a care plan in place. Importantly these results are not necessarily reflective of the overall general Epilepsy population as these are values of just those attending ED with seizures- i.e. those whose Epileptic control is not necessarily as stable as others.