CHAPTER I

General Background

Introduction

Epilepsy is the third most common neurologic disease, in Thailand affecting young people in poor families who have little education and are consequently less concerned about their health. Most of the time, they are concerned with having enough to eat today, and have no opportunity to think about anything beyond today or tomorrow. Non-compliance with health care measures and lack of follow-up characterize improvised epileptic patients. In addition, poverty and little education influence epileptic patients to think more about supernatural effects particularly possession by demons. In addition to patient factors, health care providers also have influence in the successful treatment of patients' disease. Nowadays, Thailand and every developing country have too few special professional physicians to deal with such diseases and even these few are improperly distributed. Therefore, attending general physicians might not have enough knowledge of such diseases to care for their patients.

Unsuccessful treatment of epileptic patients means that they still have seizures at least once every 2 years. These patients might hurt themselves or other people and constitute to a big burden for their parents, relatives and society. Seizure occurrence can really affect not only one's physical status but also one's

psychological aspects. As with other chronic disabling diseases, such patients have no productive abilities, (inability to work and to care for themselves) and will be ignored by their parents or relatives since they are a big burden. Most of the time, their parents or relatives need to earn a living and concentrate on their work. They might not have time to bring patients to a hospital.

These burdens would diminish if seizures were detected and treated earlier. A more effective and better quality remedy might give patients and parents or relatives a higher quality of life and productivity with fewer burdens.

The Importance of the Study

A new health care scheme called Structural Shared Care claims to improve a continuity of care for patients with chronic disease by providing knowledge to patients and proficient health care providers to handle patients without duplication of treatment and with an effective recall system to minimize the drop-out rate.

This system might improve effectiveness and quality of care when compared with conventional care.

The Structure of the Study

Because of a difference of seizure type and of characteristics of the same seizure type, an equal number of different seizure type occurrences might not have the same severity. For example, a generalized tonic clonic seizure with

unconsciousness might be more severe than a simple partial seizure without unconsciousness. A generalized tonic clonic seizure with a longer period of ictal or postictal state might be more severe than the same type of seizure with shorter period of ictal or postictal state. Therefore, an evaluation of the severity of seizures might be essential to assess an outcome of any study. The inter-observer reliability test of the seizure severity questionnaire was performed.

The annotated bibliography deals with the following: the prognosis of epilepsy; the classification of compliance and how to measure; the purpose, process and advantage of Structural Shared Care; the domains and importance of measurement of quality of life.

REFERENCES

Boongird P,... [et.al.]. (1996) "Spectrum of neurological diseases in Thailand". Neurol J Southeast Asia 1 : 65-67.

Leppik IE. (1990). "How to get patients with epilepsy to take their medication". Postgraduate Medicine 88 : 253-256.

Leppik IE. (1988). "Compliance during treatment of epilepsy". Epilepsia 29 : S79-S84.

Asawavichienjinda T and Sitthi-amorn C. (1999). "Structural shared care (Long term continuity of care) for patients with chronic disease". Journal of the Medical Association of Thailand 82 : 160-166.

Hickman M, Drummond N and Grimshaw J. (1994). "The operation of shared care for chronic disease". Health Bulletin 52 : 118-126.

Orton P. (1994). "Shared care". The Lancet 344 : 1413-1415.

Baker GA,... [et al.]. (1998). "ILAE commission report, Commission on outcome measurement in epilepsy 1994-1997 final report". Epilepsia 39 : 213-231.

Donoghue MF, Duncan JS and Sander JWAS. (1996). "The national hospital seizure severity scale: A further development of the chalfont seizure severity scales". Epilepsia 37 : 563-571.