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**THE EFFECTIVENESS OF SHARED CARE FOR PATIENTS WITH  
EPILEPSY  
IN NAKHON RATCHASIMA PROVINCE**

**Mr. Thanin Asawavichienjinda**

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By Thanin Asawavichienjinda


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Thesis Advisor Professor Chitr Sitthi-amorn, M.D., Ph.D.

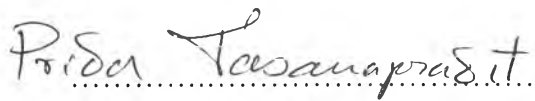
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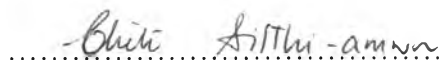
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Fulfillment of the Requirements for the doctoral Degree


 ..... Acting Dean of the College of Public Health  
(Associate Professor Prida Tasanapradit, M.D., M.Sc.)

#### DOCTORAL COMMITTEE

 ..... , Chair person  
(Associate Professor Prida Tasanapradit, M.D., M.Sc.)

 ..... , Thesis Advisor  
(Professor Chitr Sitthi-amorn, M.D., Ph.D.)

 ..... , Thesis Co-advisor  
(Professor Edgar J. Love, M.D., Ph.D.)

 ..... , Member  
(Professor Kammant Phanthumchinda, M.D., M.Sc.)

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**Objective:** To assess the effectiveness of shared care for epilepsy in terms of regularity of follow-up, seizure control, quality of life, patient satisfaction, and reduction of general practitioner's inappropriate practices.

**Methods:** This one-year study was a randomized controlled trial using cluster randomization. All eligible community hospitals were invited to participate in this study. All participating hospitals were stratified into three strata, and each stratum was randomized into control and shared care groups. Epileptics at the participating hospitals were invited to join this study.

**Results:** There were 401 (control group, 179; intervention group, 222) eligible epileptics for this study. All of the baseline characteristics, except number of patients with monotherapy and with concomitant treatments, were not significantly different between the two groups. After stratification and covariate analysis of the different baseline characteristics, patients with monotherapy in shared care had significantly better rates of regular follow-up than the control (p-value < 0.05). However, in seizure reduction, quality of life, and patient-satisfaction, there was no difference between the control and shared care groups.

Patients and general practitioners rated shared care interventions highly useful. Patients applied most of the knowledge to self-care. General practitioners greatly improved their knowledge of epilepsy treatments.

**Conclusion:** shared care is effective in terms of regularity of follow-up for epileptics with non-serious conditions and very useful for patients and primary health care teams. It is expected that it would be beneficial for seizure reduction, quality of life, and patient-satisfaction, if the study period were prolonged to two to five years.

Field of study Health Systems Development Student's signature.....  
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ธนินทร์ อัสวีเชียรจินดา : ประสิทธิภาพของการดูแลร่วมกันสำหรับผู้ป่วยโรคลมชักในจังหวัดนครราชสีมา. (THE EFFECTIVENESS OF SHARED CARE FOR PATIENTS WITH EPILEPSY IN NAKHONRATCHASIMA PROVINCE).  
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วัตถุประสงค์ของการศึกษา : เพื่อที่จะประเมินประสิทธิภาพของระบบการดูแลร่วมกัน (Shared Care) สำหรับผู้ป่วยโรคลมชักในแง่ของการติดตามการรักษา การควบคุมอาการชัก คุณภาพชีวิต ความพึงพอใจของผู้ป่วย และการลดการดูแลรักษาที่ไม่เหมาะสม

วิธีการวิจัย : การศึกษานี้เป็นการศึกษาเปรียบเทียบแบบสุ่มตัวอย่าง โดยสุ่มตัวอย่างโรงพยาบาลชุมชน การศึกษานี้ใช้เวลา 1 ปี โดยโรงพยาบาลชุมชนที่มีคุณสมบัติตามที่กำหนดจะถูกเชิญให้เข้าร่วมโครงการ โรงพยาบาลที่ยินดีเข้าร่วมโครงการจะถูกแบ่งกลุ่มออกเป็น 3 กลุ่ม จากนั้นในแต่ละกลุ่ม โรงพยาบาลจะถูกสุ่มให้เป็นโรงพยาบาลควบคุมและโรงพยาบาลที่มีการสอดแทรก จากนั้นผู้ป่วยในแต่ละโรงพยาบาลจะถูกเชิญให้เข้าร่วมโครงการ ผู้ป่วยที่มีคุณสมบัติตามที่กำหนดจะได้เข้าร่วมโครงการศึกษา

ผลการศึกษา : โรงพยาบาลที่เข้าร่วมโครงการมีทั้งหมด 12 โรงพยาบาล และมีผู้ป่วยที่เข้าร่วมโครงการทั้งสิ้น 401 ราย ลักษณะพื้นฐานทางคลินิกของผู้ป่วยทั้งสองกลุ่มไม่มีความแตกต่างกันยกเว้นจำนวนผู้ป่วยที่รับประทานยากันชักหนึ่งตัวกับรับประทานยาอื่นร่วมด้วย แต่หลังจากแยกกลุ่มวิเคราะห์ตามความแตกต่างของลักษณะพื้นฐาน พบว่า ผู้ป่วยที่รับประทานยากันชักตัวเดียวในกลุ่มสอดแทรกมีอัตราการติดตามการรักษาได้สม่ำเสมอกว่าผู้ป่วยในกลุ่มควบคุม แต่การควบคุมอาการชัก คุณภาพชีวิต และความพึงพอใจไม่มีความแตกต่างกันระหว่าง 2 กลุ่ม

สำหรับสิ่งสอดแทรก พบว่าผู้ป่วยประเมินว่า การให้ความรู้จากพยาบาลมีประโยชน์และสามารถนำไปใช้ในชีวิตประจำวันได้ และแพทย์ก็มีความรู้ในเรื่องการดูแลรักษาเพิ่มขึ้นและเป็นประโยชน์ต่อการปฏิบัติ การดูแลรักษาที่ไม่เหมาะสมก็ลดน้อยลงอย่างมีนัยสำคัญด้วย

สรุป : การดูแลร่วมกัน (Shared Care) มีประสิทธิภาพในการทำให้ผู้ป่วยติดตามการรักษาสม่ำเสมอขึ้น โดยเฉพาะผู้ป่วยที่มีอาการชักไม่รุนแรง และสิ่งสอดแทรกก็เป็นประโยชน์อย่างมากสำหรับผู้ป่วยและแพทย์ในการดูแลรักษาผู้ป่วยโรคลมชัก ถ้าการศึกษานี้ดำเนินเป็นประมาณ 2-5 ปีก็คิดว่า การควบคุมอาการชัก คุณภาพชีวิตและความพึงพอใจของผู้ป่วย น่าจะดีขึ้น

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## **DEDICATION**

**This work is dedicated to my parents: Bouyhai Sae Baie and Siemrang Sae Tang**

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## ABBREVIATION

<b>ADL</b>	Activities of Daily Living
<b>AED</b>	Antiepileptic Drug
<b>CC</b>	Conventional Care
<b>CH</b>	Community Hospital
<b>CI</b>	Confident Interval
<b>CNS</b>	Central Nervous System
<b>CVD</b>	Cerebrovascular Disease
<b>DHO</b>	District Health Office
<b>EEG</b>	Electroencephalography
<b>F/U</b>	Follow-up
<b>GP</b>	General Practitioner
<b>HRQOL</b>	Health related Quality of Life
<b>ICC</b>	Intraclass Correlation
<b>ILAE</b>	International League Against Epilepsy
<b>MOS</b>	Medical Outcomes Study
<b>OPD</b>	Out-Patient Department
<b>PBE</b>	Problem based Education
<b>PI</b>	Principal Investigator
<b>QOL</b>	Quality of Life
<b>QOLIE</b>	Quality of Life in Epilepsy
<b>RCT</b>	Randomized Controlled Trial
<b>SC</b>	Shared Care
<b>SF-36</b>	Short Form 36 Health Survey
<b>WHO</b>	World Health Organization