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Prescription of emergency antiepileptic medication after a first childhood seizure: analysis of routine administrative data

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Background

 UK guidelines indicate that emergency antiepileptic drugs should not be routinely given for febrile seizures (FS) or for single afebrile seizures (SAS).

 However, guidelines are not always adhered to.



Aim/Method

Aim:

To test the hypothesis that a high proportion of children with a febrile seizure (FS) or a single afebrile seizure (SAS) will be prescribed emergency antiepileptic drugs (AEDs)

Method:

Retrospective cross-sectional study using linkage of routine administrative hospital discharge and community prescribing records. Only children aged under five years admitted to a Scottish hospital with a first FS or SAS between April 2009 and March 2012 were included.



Results

- There were 1,978 children aged under five years admitted to hospital for a first FS, and 663 for SAS.
- Community prescriptions for AEDs within 12 months of admission were reported in 0.9% of those admitted for a first FS and 1.7% for those admitted with a first SAS.
- Total cost of emergency antiepileptic drugs following
 FS and SAS for the study period was just over £900



Conclusions

- In Scotland, there is a high level of adherence to the current guidelines. Only a small proportion of children with a first FS/SAS were routinely prescribed emergency AEDs.
- Routinely collected administrative data can be used to address clinically relevant questions.
- It would be of interest to compare and contrast results on adherence with other countries where there are nationally agreed guidelines for prescribing emergency AEDs.

