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Stan Grossman

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Single Seizure Clinic Model Effective in Evaluating Epilepsy

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WASHINGTON — In addition to reducing wait times, a single seizure clinic (SSC) model was shown to be effective for evaluating patients with epilepsy when compared with usual care.

The aim of the prospective study was to determine the effectiveness of an integrated SSC, which served as point of access for patient referral, organization of relevant investigations and subsequent stratification of care.

“In Canada, the SSC model is new and probably becoming the standard of care,” study researcher Jose Tellez-Zenteno, MD, PhD, FRCPC, of the University of Saskatchewan in Canada told *Neurology Advisor*. “Three years ago we published a study where we calculated the waiting times for patients who had a single unprovoked seizure and found that without an SSC, the times were very prolonged.”

Single Seizure Clinic Shortens Wait Time to First Assessment for Epilepsy

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For the present study, Syed Rizvi, a senior neurology resident, Tellez-Zenteno, and colleagues assigned 200 patients (mean age, 42.1 ± 18.6 years) to an SSC and compared the results with 51 patients (mean age, 42.1 ± 18.6 years) who received usual care. Rizvi presented the findings at the [2015 American Academy of Neurology Annual Meeting](#).



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Referral physicians included 105 emergency room doctors (52.5%); 73 family physicians (36.5%); 14 neurologists (7%); two cardiologists (1%); five internists (2.5%); and one physiatrist (0.5%).

Researchers made the diagnosis during the first visit in 161 patients (80.9%); second visit in 32 patients (16.1%); and third visit in one patient (0.5%). They were unable to discern diagnosis in five patients (2.5%).

The SSC determined that 41% of the cohort had epilepsy. Compared with patients in the usual care group, those in the SSC group had a significantly shorter waiting time for first assessment (23.6 days vs. 80.1 days; $P<0.0001$), and for magnetic resonance imaging (MRI; 44.9 days vs. 81.33 days; $P<0.0001$) and computed tomography (CT; 4.6 days vs. 25.14 days; $P=0.0028$) after the referral.

Waiting time for an electroencephalogram (EEG) did not significantly differ between groups ($P=0.57$).

Results of a binary regression model indicated several key predictors of epilepsy, including:

- Referral physician assessment of medium (OR=3.57; 95% CI, 1.60-7.94; $P=0.002$) or high (OR=4.29; 95% CI, 1.70-10.84; $P=0.002$) risk for seizure recurrence
- EEG abnormalities, such as generalized spike waves (OR=12.75; 95% CI, 5.32-30.67; $P=0.000$) and focal spike waves (OR=6.75; 95% CI, 1.94-23.62; $P=0.003$)
- Clinical descriptors, such as loss of consciousness (OR=3.75; 95% CI, 1.02-13.73; $P=0.046$), confusion (OR=3.31; 95% CI, 1.58-6.91; $P=0.001$) and a memory loss event (OR=3.11; 95% CI, 1.37-7.02; $P=0.006$)
- Predictors against epilepsy were light headedness (OR=0.17; 95% CI, 0.06-0.54; $P=0.002$), psychosis (OR=0.45; 95% CI, 0.09-2.35; $P=0.45$) and a precipitating factor (OR=0.65; 95% CI, 0.32-1.32; $P=0.233$).

"SSC is a model that works very well for patients after a single unprovoked seizure," Zenteno said.

"Compared with the standard model, we can reduce [waiting] times for assessment by approximately 70%. We can also reduce time to get an EEG, which in our clinic is done the same time as the assessment, and reduce the time to do an MRI, which can take several weeks, but in our clinic is done in 2 to 4 weeks, which is fast, especially in Canada."

Reference

1. Rizvi SAA et al. Abstract S6.005. Presented at: American Academy of Neurology Annual Meeting 2015; April 18-25, 2015: Washington, D.C.

Video Editor: Brianne Aiken; Videographer/Producer: Nicole Blazek.

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