

Status epilepticus

Status epilepticus is a serious medical emergency

Sudden stoppage of antiepileptic drugs can lead to status epilepticus. This can be life-threatening.

If a seizure is allowed to continue for a long duration, there is a great risk of permanent brain damage. It is not uncommon to find patients with seizures lasting for more than 24–48 hours in the emergency wards of hospitals in SEAR Member Countries. There are several reasons for this: ignorance among the general public, who usually practise locally available methods such as native medicines or tattooing, before reaching the hospital; lack of proper hospital facilities, and distant location of major hospitals and poor modes of transport in rural areas.

The most common causes of status epilepticus in developing countries are poor drug compliance and abrupt drug withdrawal. The latter could be caused by the nonavailability of drugs, poverty or ignorance among patients or their caregivers.

Other causes could be: (a) brain infections such as viral encephalitis, which is still common in Bangladesh, India, Indonesia, Sri Lanka and Thailand; (b) clotting of blood in the veins of the brain due to restricting fluids to women just after delivery of a baby. This is practised among the rural folk in some SEAR Member Countries.

It is essential that local physicians, paediatricians or family physicians be educated about the principles of management of status epilepticus. This expertise should be available at least in all district hospitals, so that delay in the proper institution of drug treatment can be prevented. More often than not, guidelines provided by the International League Against Epilepsy cannot be practised in these countries as patients reach hospitals very late. In SEAR Member Countries, future community programmes for epilepsy should emphasize the management of status epilepticus.