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Quality of life in patients with refractory epilepsy

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Refractory epilepsies (RE) are the biggest therapeutical problem, first because of the poor answer on the antiepileptic drugs (AED) therapy, better on surgical treatment, and secondary because they affect younger population. What is most important for this type of epilepsy is the early diagnosis and early treatment to prevent psychosocial disabilities. The highly sensitive diagnostic methods are magnetic resonance (MRI) of the brain, and also electroencephalography (EEG), to diagnosed and localized epileptogenic focus and also for presurgical evaluation of these patients. Most of the patients had detectable structural lesions like tumors, infections, vascular malformation and hippocampal sclerosis. MRI is mandatory neuroimaging method in defining the syndrome, precise localization of epileptogenic focus and presurgical evaluation. The hippocampal sclerosis is detected in 40-80% of surgical correctable syndromes. Conventional and video EEG are the main neurophysiological methods for determination of epileptogenic focus. Epilepsy reduces quality of life (QOL) of patients (Baker et al., 1997). It is very important to evaluate these patients before and after surgical treatment. The Patients with refractory epilepsy most commonly had low scores on the subscales "health perceptions" (83%), "emotional well-being" (72%), "memory" (63%) and "health discouragement" (63%). The behavioral statement in this patients is very low, especially because of the depression is a factor which worsens significantly all aspects of quality of life of patients with refractory epilepsy. That's why is important early diagnosis and treatment of the disease.

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