Guest Editorial

Epilepsy - An Update

SV Khadilkar

India is home to large numbers of individuals with epilepsy. Epidemiological studies in India have shown epilepsy to rank first or second amongst the neurological diseases seen in India.\textsuperscript{1,2} The annual incidence of epilepsy in India is approximately 40-50 per 100,000 per year.\textsuperscript{3,4} While this is lower than some other developing nations, the actual numbers of individuals suffering from epilepsy in India are very high and hence epilepsy assumes public health importance.

The dimensions of the medical, social, psychological and financial consequences of epilepsy in India are enormous.\textsuperscript{5} Several studies have reported that a large proportion of Indian patients with epilepsy do not get treatment. The causes of this significant treatment gap include high cost of treatment, non-availability of anti-epileptic drugs, faith in alternative treatments, superstitions and cultural beliefs. Drug discontinuation is common due to fear of side effects of allopathic medications and ignorance. An Indian study reported 43% discontinuation rate within one year.\textsuperscript{6} In addition to the disease related disability, the social stigma creates further difficulties in its management. The quality of life of patients with epilepsy is affected, children find it difficult to be accepted in schools, finding suitable employment and arranging marriages also become more difficult.

On this background, it is appropriate to take a review of recent happenings in the field of epilepsy. The classification of epilepsy is changing remarkably. After having gone through a phase of being voluminous as a result of ‘splitting’, it is becoming user friendly again, and the internists dealing with a variety of epilepsies will find this a welcome change. Several new anti-attack agents have recently become available for the management of epilepsy. They are considered to be safer, have less drug interactions and compare well in efficacy with older agents. While availability of newer medicines is not much of an issue in India, the costs of the newer agents are often prohibitive and go beyond the means of common Indians. Hence, scientific knowledge of when and how to use these medicines, is essential. As the plethora of agents has increased, possibilities of combinations have multiplied and the information about which combinations are pharmacologically and therapeutically sound is increasingly becoming relevant. Women with epilepsy form a very import subgroup which needs to be dealt with special care and expertise.

As neurology work force in India is very limited and distributed mainly in metropolitan cities, in many parts of India, neurological consultations are very difficult to obtain.\textsuperscript{7} Majority of people with epilepsy in India are hence diagnosed and treated by physicians. Therefore it is very important that physicians and internists are familiar with the newer developments in the field of epilepsy. This special issue on epilepsy deals with all the aforementioned areas. Epilepsy experts from various parts of India have contributed to this issue.

I do hope that the readers of JAPI will find this issue helpful in their clinical work. I thank all the contributors and compliment Dr Siddharth Shah, Editor-in-Chief, JAPI, for conceptualizing and facilitating this special issue.

References