

002 STATUS EPILEPTICUS INCIDENCE AND PROGNOSIS 1995–2013

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Methods To assess effects of treatment patterns on epilepsy outcome, we obtained clinical details of patients admitted to hospitals in Greater Glasgow with Status Epilepticus (SE) from mid-1990s to present day. This allowed collection of data on aetiology, morbidity, mortality, and treatment.

Results 132 cases have been reviewed so far. Of those with prior diagnosis of epilepsy (n=24), 83% recovered without any new neurological deficit. Death occurred in ITU in one patient, and in one further patient in the subsequent 3 years.

After De Novo Status Epilepticus (DNSE – those with no previous history of epilepsy–n=62) 61% recovered with no neurological deficit. 41 DNSE patients (66%) had a history of preceding alcohol or drug-related problems. Three deaths (5%) occurred in ITU, but in the year following admission, 8 further deaths brought 1-year mortality of DNSE to 18%.

Only 9% (2/22) of patients with super-refractory epilepsy (Admission to ITU>7 days), recovered without neurological deficit. Three patients (14%) died in the year following admission.

Conclusion SE has a significant mortality risk beyond discharge from ITU especially as a De Novo presentation. Further work may highlight role of baseline AEDs and demographic factors in influencing mortality and morbidity of SE.