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FACTORS ASSOCIATED WITH EMERGENCY ATTENDANCES FOR EPILEPSY

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Objectives To identify factors associated with emergency department (ED) attendance amongst patients with epilepsy.

Methods Linked electronic primary care and ED health care records were analysed between 1998 and 2012 using the Secure Anonymised Information Linkage (SAIL) databank. Adults with epilepsy were identified and categorised according to their number of ED attendances for epilepsy. Additional linked records were examined to obtain demographic, socioeconomic and psychiatric co-morbidity information.

Results 7292 patients with epilepsy were identified. ED attendance with epilepsy as the primary reason for attendance occurred on a single occasion in 790 (11%) patients, and on two or more occasions for a further 751 (10%) patients. Social deprivation and living alone were significantly associated with ED attendance ($p=0.001$ and $p=0.005$). Individuals who had attended A&E for their epilepsy were significantly more likely to suffer from psychiatric co-morbidities ($p<0.001$) and learning disabilities ($p=0.002$). Age, gender and the rate of GP annual review were not found to be significantly associated with ED attendances for epilepsy.

Conclusion Social deprivation, social isolation and the presence of psychiatric comorbidities in a patient population should be taken into account when constructing policy relating to epilepsy services.