

# ONE YEAR STATUS EPILEPTICUS SURVEY IN A GENERAL HOSPITAL BEFORE NEW 2016 TREATMENT GUIDELINES

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## Introduction and Objectives:

**Status Epilepticus (SE)** is an heterogeneous disorder with varied definitions and presentations, but is quite always associated with high health-care cost, high morbidity and mortality. Its definition is continually changing: it is broadly defined as a condition characterized by an epileptic seizure that is prolonged or repeated at sufficiently brief intervals, so as to produce an unvarying and enduring epileptic condition. Current knowledge regarding the pathophysiology of status epilepticus is far from being complete.

SE presents in several clinical forms: 1) convulsive status epilepticus; 2) non convulsive status epilepticus, where seizures produce a continuous or fluctuating "epileptic twilight" state; 3) repeated partial seizures, without altered awareness.

The aim of this survey is to assess efficacy of treatment protocol for SE, adhesion to treatment guidelines and outcome of patients.

## Patients and Methods:

During 2015 year, 25 adults (16 males and 9 females, mean age: 72.2) received a diagnosis of SE in our hospital; according to classification: 9 patients with convulsive SE, 7 patients with non convulsive SE, 9 patients with repeated partial seizures.

**Etiology:** 8 patients had acute stroke, 2 sepsis; 5 dementia, 2 with sepsis; 4 intracranial neoplasms; 2 acute renal failure; 1 multiple sclerosis; 1 heart failure; 1 subdural hemorrhage; 2 epilepsia, 1 with sepsis; 1 only with sepsis.

In the phase one of therapy, all patients were treated with benzodiazepines. All patients went to phase two of therapy; in this phase 16 patients were treated with 1 drugs (7 died within some 3 weeks); 7 with two drugs (1 died) 2 with 3 drugs (1 died, 1 in hospice).

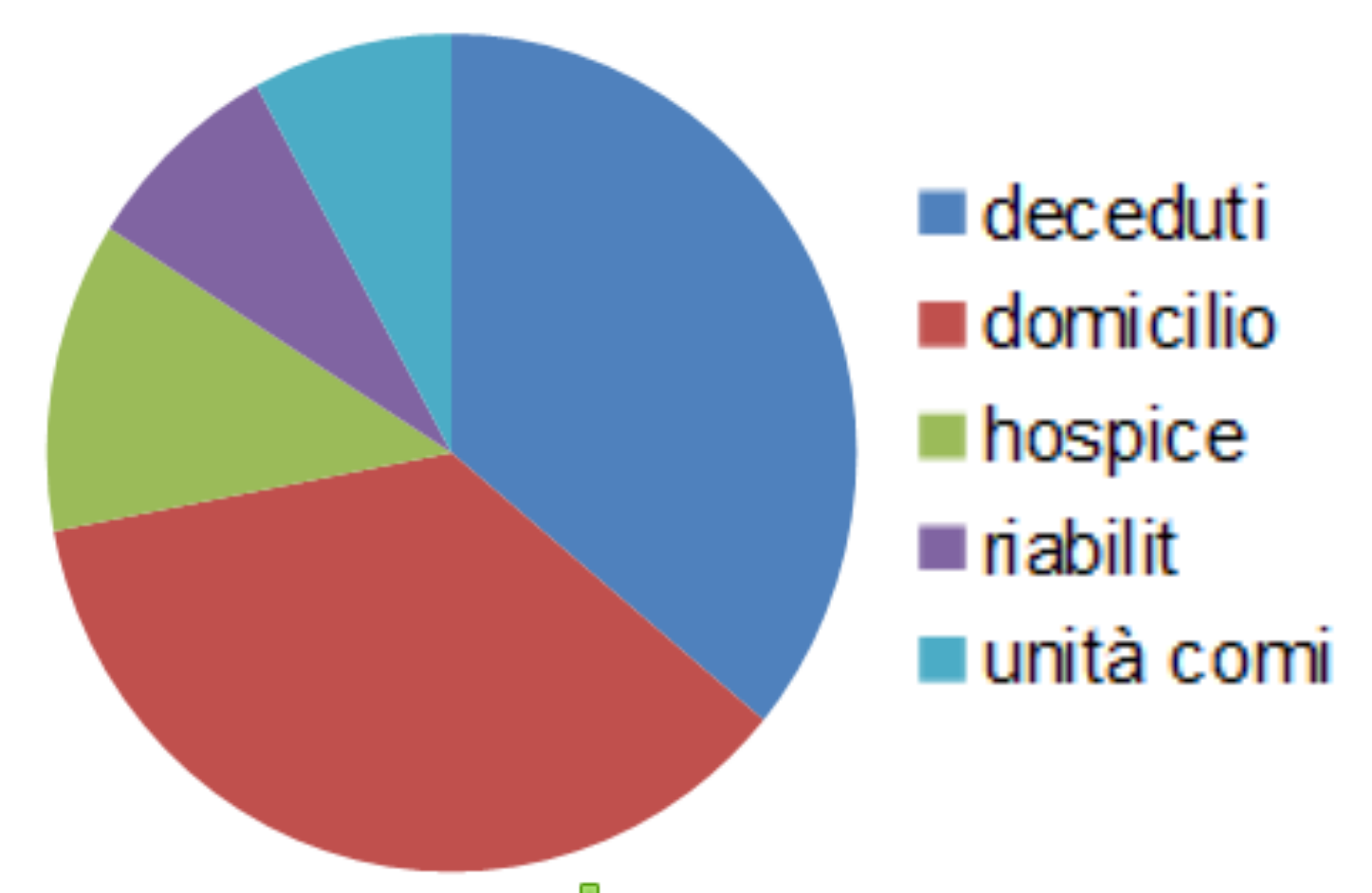
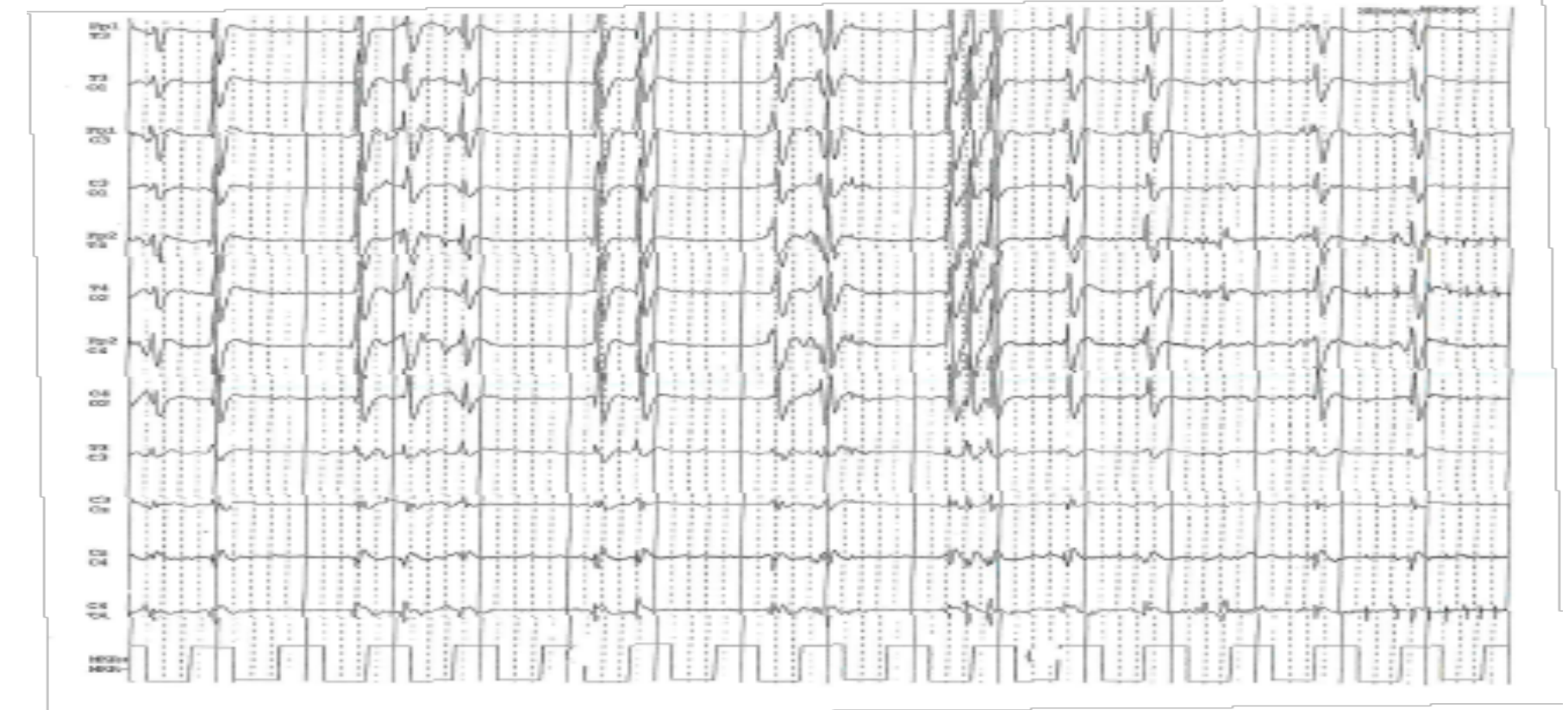
## Results:

9/25 patients died (36%): 1 CCA, 2 acute stroke with sepsis, 2 acute stroke and renal failure, 1 with renale failure and liver cancer, 2 with cerebral cancer and 1 with dementia. 9/25 went at home (36%), 5/25 to hospice and 2/25 to rehabilitation centers.

## Discussion and Conclusions:

SE is an important complication of neurological and non neurological diseases. All our patients were treated according to GL and mortality and morbidity rate was as expected, but **it is possible to improve our outcome through earlier EEG diagnosis of SE in unexplained altered state of consciousness.**

EEG in stato di male mioclonico, generalizzato, parziale



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