Mortality in Patients with Epilepsy: A Study of Patients in Long-Stay Residential Care. W. O. Renier, W. J. Hardon, and "J. C. Doelman (University Hospital Nijmegen, and *Epilepsy Centre Kempenaeghe, Heeze, The Netherlands).

We studied 37 patients (8 females, 29 males) from a long-stay department of an epilepsy center. In 12 cases, autopsy was performed. The mean age at death was 52.8 years (range 16-86). Life expectancy increased when mental retardation was less severe. The most important causes of death were cardiovascular diseases (32.4%), tumors (17.6%), epilepsy (149%), bronchopneumonia (11.7%), and sudden unexplained death (8.6%). In contrast to results in the literature, this Dutch study showed fewer bronchial causes of death, perhaps due to better medical care, but more tumors and cardiovascular diseases, approaching the mean of the general population. Autopsy confirmed in all patients the presumed diagnosis and cause of death.

Mortality Among Swedish Epileptic Patients on Disability Pension, 1971-1985. M. Olivecrona, H. Silfvenius, and S. V. Thomas (Department of Neurosurgery, University Hospital, Umeå, Sweden).

From 1971 to 1985, 9,358 persons with epilepsy received a disability pension. Of these, 1,696 died. The mean death age was 51.1 years for males (73%) and 49.9 years for females (27%). The maximum death age was 101.0. The Smooth Mortality Rate was 7.1. Survival curves show a significantly decreased survival as compared with that of the general population.

In 61% of cases, autopsies were performed. Only 18% of the death certificates (DC), noted epilepsy. The most common types of epilepsy recognized were: epilepsy NEC (71%), epilepsy grand mal (15%), and status epilepticus (12%).

Most frequent underlying causes of death (UCD), by broad disease class (BDC) were diseases of the circulatory system; neoplasms; and accidents, poisoning, and violence. By BDC, diseases of the circulatory system, mental disorders, and diseases of the respiratory system were the most common contributory causes of death.

In 11% of the deceased, epilepsy was the UCD. Among these, 14% had had a traumatic death caused by a seizure. In 15%, the UCD suggested a traumatic death. Suicide was reported in 3.3%. More cases were reported in males (73%) and 49.8 cases for females (27%). The annual mortality rate was 2,210/100,000. The Standard Mortality Rate was 7.1. Survival curves show a significantly decreased survival as compared with that of the general population.

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A 5-year follow-up caused substantial changes in the initial syndromic classification of these 477 unprovoked seizures. However, changes were highly syndrome dependent. Two groups did not change: idiopathic partial and symptomatic generalized epilepsies. At 5 years, the initial idiopathic generalized epilepsy group remained, but was 30% larger, because of shifts from the last group. The group of symptomatic/cryptogenic localization-related epilepsies was also larger, but to a lesser extent: 7%. Only 37% of the last group remained under the heading of isolated seizures.

Study of Epilepsy in General Practice: Analysis of 185 Patients. Ehsan Ul Haq (Ehsan Clinic, Faisalabad, Pakistan).

A practice-based study of 185 patients examined in the last 6 years is reported. The patients were of urban or rural background in roughly equal proportion, and their age ranged from a few months to 80 years. Forty (29%) infants had recurrent convulsions; 53 patients (28%) were aged 2-12 years, 34 (18%) patients were aged 12-18 years, and 94 patients (50.8%) were aged >18 years of age. Sex distribution was 132 males (71%) and 53 females (29%).

The most common seizure type was grand mal (160 patients, 86%), 17 of these had multiple-type seizures. Other kinds of seizures were, partial complex in 7, simple partial in 5, petit mal in 4, myoclonic in 3, and akinetic in 1; 5 patients were unclassified. Sleep was the commonest precipitant (17 patients); TV, insomnia, and anger were other precipitants. The seizures were associated with infantile hemi­plegia in 3, head injury in 3, and mental retardation in 9. Treatment status was poor.


A common database is essential for the correct study of all factors in relation to epileptic patients. We use DBASE IV divided into three groups: 1, social data; II, clinical data; and III, genetic, epidemiological and treatment data. Social data include personal and food data (to determine ethanol consumption, which is common in Spain), housing information to determine the independence of the life of the patients, and clinical data (genetic, epidemiological, and treatment data). A card is enclosed with 50 chapters.

The best method for the study of the evolution of epilepsy is discussed. We believe that the database plus an expert system is a good method to be considered. Preliminary results of 2,000 protocols show disparity between drug doses and results. The level of education is as follows: primary, n = 1,400; secondary, to age 14 years, n = 500 and to age 18 years, n = 20; and university studies, n = 80. There were 600 males and 1,400 females. None of the patients live alone. This database allows input of new information.

CATE (Care and Treatment of Epilepsy): An Advanced Computer Program for Managing an Epilepsy Clinic. Kate Smith, Tim Betts, and David Smith (University of Birmingham and AVC Multimedi­na, Hingham, Norfolk, U.K.).

The smooth running of a dedicated epilepsy clinic is a complex task: Retrieving information quickly and accurately about either an individual patient or a group of patients or auditing clinic function can be daunting. We present CATE, a computer program (suitable for any IBM-based system with appropriate memory) that is user-friendly and not only takes over many routine secretarial tasks such as making appointments and constructing standard letters, but also stores information about individual patients in a unique open-field system (based on the successful