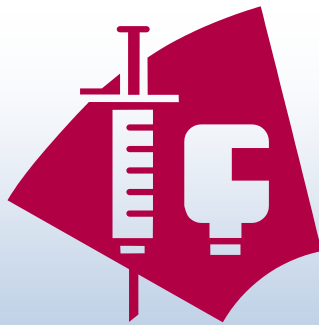




Diagnosis



Treatment



Care

Epilepsy is a prescribed minimum benefit

This issue of CMScript, our e-newsletter dedicated to prescribed minimum benefits (PMBs), addresses epilepsy and how this condition is covered by PMB legislation.

What is epilepsy?

Epilepsy is a disorder of the brain where normal nerve cell activity becomes disturbed. This causes strange sensations, emotions, and behaviour, as well as convulsions, muscle spasms, and even loss of consciousness. Epilepsy can affect anybody and is not limited to a specific age group or gender.

How you are covered?

PMBs are defined in Regulation 7 of the Medical Schemes Act. They cover the diagnosis, treatment, and care of the following:

1. any emergency medical condition;
2. 270 specific diseases or the Diagnosis and Treatments Pairs (DTPs); and
3. 25 chronic conditions on the Chronic Diseases List or CDL.

PMBs cover epilepsy under the Diagnosis and Treatment Pairs; the disorder is also one of the chronic diseases on the Chronic Diseases List. The DTPs specifically include Status Epilepticus and the initial diagnosis of epilepsy, and define candidates for neurosurgery. Status Epilepticus is a life-threatening condition defined as generalised convulsions that involves either a tonic-clonic seizure lasting 5-10 minutes, or two or more seizures between which the person does not regain full consciousness. The previous definition of Status Epilepticus – that of an unbroken seizure lasting longer than 30 minutes, or repeated seizures without the person regaining consciousness between the seizures for longer than 30 minutes – has been revised to ensure early detection and treatment.

PMB regulations provide a detailed algorithm (guideline) for the medicinal management of the condition. Your medical scheme must fund in full the diagnostic tests and treatment provided in their protocols regardless of the scheme option you belong to and the healthcare setting in which the tests are done, as discussed below.

Diagnosing epilepsy

Epilepsy occurs when two or more epileptic seizures occur unprovoked by any immediately identifiable cause. The seizures must take place more than 24 hours apart.

The doctor will need an account of the seizure. Eyewitness information is very helpful. Provide him/her with a detailed family history, social history, and your past medical history. Inform the doctor about all the medication that you are using, be it prescribed or over-the-counter medicine. A neurological examination that includes tests for strength and reflexes will be carried out.

The doctor may request specific blood tests. The tests usually performed include:

- blood tests for glucose, sodium, potassium, calcium, phosphorus, magnesium, blood urea nitrogen, and ammonia;
- tests for anticonvulsant levels if you are already on treatment because an inadequate level of anticonvulsant medication is the most common cause of recurrent seizures;
- drug and toxic screens (including alcohol); and
- a complete blood count (which may be helpful in evaluating infection).

The results from the blood serum tests may be normal even if you suffer from the disorder.

Special tests – such as a Magnetic Resonance Imaging (MRI) scan, Computerised Tomography (CT) scans or an EEG (Electroencephalogram to check brain wave patterns) – may be performed. The results from the special tests may be normal even if the condition is present.

Treating epilepsy

The Diagnosis and Treatment Pairs provide for medical management, ventilation, and neurosurgery. The CDL algorithm covers the medicine management of the condition.

Depending on the type of seizures you experience, different treatments may be prescribed. But they often include anticonvulsant medication that either prevents or stops seizures. The medicine algorithm follows a stepped approach based on the effectiveness and toleration of the medicine.

Neurosurgery for epilepsy is available in the public sector and therefore included in PMB cover. There are specific

**"Having a convulsion
or seizure
does not
necessarily
mean that
you have epilepsy."**

reasons for considering surgical intervention that must be adhered to as not all persons with epilepsy qualify for surgical treatment.

Types of epilepsy?

Various types of epilepsy have been identified. The most common types include generalised absence (previously named Petit Mal), which is a brief disturbance of brain

function due to abnormal electrical activity in the brain; generalised tonic-clonic (previously named Grand Mal), which features loss of consciousness and violent muscle contractions; and complex partial, which affects a specific area of the brain.

What causes epilepsy?

Epilepsy can be caused by many things, e.g. medical disorders like strokes, a brain injury, abnormal brain development, and medication that lowers your seizure threshold. In many cases, however, there is no specific cause. Any disturbance of the normal pattern of nerve cell activity can lead to seizures.

When should you consult a doctor?

Once you are diagnosed with epilepsy it is not necessary to see the doctor every time you have a seizure. But visit the doctor in specific instances, including:

- You have a seizure for the first time and you have not been diagnosed with epilepsy yet.
- Your seizure patterns change.
- Your seizures become more frequent.
- Your seizure continues for more than five minutes.
- You find it difficult to breathe.
- You are often confused.
- You are often unconscious.
- You injure yourself during a seizure.

Note: All medical scheme protocols must be based on evidence-based principles taking into consideration cost effectiveness, affordability, and the prevailing public sector practices.

Some of the sources consulted researching this article are:

1. National Institution of Neurological Disorders and Strokes
(<http://www.ninds.nih.gov/disorders/epilepsy/epilepsy.htm>)
2. United Kingdom's National Health Services
(<http://www.nhs.uk/epilepsy/diagnosis.aspx>)

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