

Bone health advice in an adult epilepsy service: Re-audit of practice and influence of national guidance.

Presenter: Davies Danquah-Boateng, Team of Dr Hannah Cock, Consultant Neurologist, St. George's, London

Service Category : Adult Neurology

Contact(s): m1001659@sgul.ac.uk hannahrc@sgul.ac.uk

Abstract: Objectives: To determine the extent to which patients seen in the Adult Epilepsy Service at a regional neuroscience centre are receiving appropriate bone health advice as recommended by National Guidance, and compared to a prior audit in 2008.

Methods: All adult patients attending the service were prospectively identified over 5 weeks, the notes retrospectively reviewed and data analysed in Graphpad. Consultations during 2 years prior to the index appointment with any of the team (three consultants; GP with a special interest; 2 epilepsy nurses) were included. Patients not on any antiepileptic drug, or with first seizures were excluded.

Results: Overall 95 patient records were analyzed of which 77 were receiving medication for epilepsy and form the study group. 52% were male and 48% female. There has been a significant improvement in the proportion of patients now receiving appropriate bone health advice from the epilepsy service (31.6%) compared to 16.7% in the 2008 audit ($p=0.02$). Practice varied significantly between the three consultants (range 13-47% $p=0.04$ Chi²). More patients with learning disability (39%) received bone health advice (28%) than those without, but not significantly so ($p=0.61$). Neither gender, appointment frequency, being on specified drug¹ nor the presence of seizure types associated with falls, influenced practice. Patients in middle age (31-50y) were more likely to receive bone health advice than in other groups (18-30, >50; fishers exact $p=.003$). Patients of African/black ethnicity (0/9) were significantly less likely to have received any bone health advice/intervention compared to those of Caucasian (19/49) or Asian (5/12) backgrounds ($p=0.02$).

Conclusion: The proportion of patients now receiving advice compared to 2008 has almost doubled, though this does not seem to specifically relate to the 2009 guidance¹. Other factors including internal distribution of the 2008 results, staff changes, or an increase in awareness epilepsy community of bone health issues may be contributory. Advice given elsewhere, or given but not documented will not have been captured by this study, which also has relatively small numbers. However, the majority of patients appear to still not be receiving appropriate advice. Other strategies including adding to the annual check list are being considered.

1. MHRA. Drug Safety Update 2009;2:2-2.
2. NICE. The epilepsies: Pharmacological update. London, 2012 1/25/2012. Report No.: Clinical Guideline 20.