EPILEPSY KNOWLEDGE OF MEDICAL STUDENTS OF DIFFERENT MEDICAL COLLEGES

AUTHORS:
1- DR. AMNA ZAINAB, SHEIKH ZAYED HOSPITAL
2- DR. ANOSHA ZAFAR, PAKISTAN INSTITUTE OF MEDICAL SCIENCES ISLAMABAD
3- DR. HADIA SAEED, FATIMA JINNAH MEDICAL UNIVERSITY LAHORE

ABSTRACT:
Epilepsy is a group of neurological disorders characterized by recurrent epileptic seizures. Epileptic seizures are episodes that can vary from brief and nearly undetectable periods to long periods of vigorous shaking. These episodes can result in physical injuries, including occasionally broken bones. In epilepsy, seizures have a tendency to recur and, as a rule, have no immediate underlying cause. Isolated seizures that are provoked by a specific cause such as poisoning are not deemed to represent epilepsy. People with epilepsy may be treated differently in various areas of the world and experience varying degrees of social stigma due to their condition.

KEYWORDS: EPILEPSY
INTRODUCTION:

Epilepsy is a group of neurological disorders characterized by recurrent epileptic seizures. Epileptic seizures are episodes that can vary from brief and nearly undetectable periods to long periods of vigorous shaking. These episodes can result in physical injuries, including occasionally broken bones. In epilepsy, seizures have a tendency to recur and, as a rule, have no immediate underlying cause. Isolated seizures that are provoked by a specific cause such as poisoning are not deemed to represent epilepsy. People with epilepsy may be treated differently in various areas of the world and experience varying degrees of social stigma due to their condition.

The underlying mechanism of epileptic seizures is excessive and abnormal neuronal activity in the cortex of the brain. The reason this occurs in most cases of epilepsy is unknown. Some cases occur as the result of brain injury, stroke, brain tumors, infections of the brain, or birth defects through a process known as epileptogenesis. Known genetic mutations are directly linked to a small proportion of cases. The diagnosis involves ruling out other conditions that might cause similar symptoms, such as fainting, and determining if another cause of seizures is present, such as alcohol withdrawal or electrolyte problems. This may be partly done by imaging the brain and performing blood tests. Epilepsy can often be confirmed with an electroencephalogram (EEG), but a normal test does not rule out the condition.

Epilepsy that occurs as a result of other issues may be preventable. Seizures are controllable with medication in about 70% of cases; inexpensive anti-seizure medications are often available. In those whose seizures do not respond to medication, surgery, neurostimulation or dietary changes may then be considered. Not all cases of epilepsy are lifelong, and many
people improve to the point that treatment is no longer needed. As of 2015, about 39 million people have epilepsy. Nearly 80% of cases occur in the developing world. In 2015, it resulted in 125,000 deaths, an increase from 112,000 in 1990. Epilepsy is more common in older people. In the developed world, onset of new cases occurs most frequently in babies and the elderly. In the developing world, onset is more common in older children and young adults due to differences in the frequency of the underlying causes. About 5–10% of people will have an unprovoked seizure by the age of 80, and the chance of experiencing a second seizure is between 40% and 50%. In many areas of the world, those with epilepsy either have restrictions placed on their ability to drive or are not permitted to drive until they are free of seizures for a specific length of time (1-3). The objective of this study is to see the knowledge of medical students about epilepsy.

**MATERIAL OF METHODS:**
This cross-sectional study was conducted among medical students of different medical colleges. All the students were given a predefined questionnaire. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

**RESULTS:**
There were 114 medical students included in this study. The mean age of the students was 22.23±2.12 years. There were 58(50.88%) males and 56 (49.12%) females in this study. All the students belonged to fourth and final year. All the students knew about the disease and where to refer the patient in case, anyone has this issue.

**DISCUSSION:**
The most common type (60%) of seizures are convulsive. Of these,
one-third begin as generalized seizures from the start, affecting both hemispheres of the brain. Two-thirds begin as focal seizures (which affect one hemisphere of the brain) which may then progress to generalized seizures. The remaining 40% of seizures are non-convulsive. An example of this type is the absence seizure, which presents as a decreased level of consciousness and usually lasts about 10 seconds.

Focal seizures are often preceded by certain experiences, known as auras. They include sensory (visual, hearing, or smell), psychic, autonomic, and motor phenomena. Jerking activity may start in a specific muscle group and spread to surrounding muscle groups in which case it is known as a Jacksonian march. Automatisms may occur, which are non-consciously-generated activities and mostly simple repetitive movements like smacking of the lips or more complex activities such as attempts to pick up something.

There are six main types of generalized seizures: tonic-clonic, tonic, clonic, myoclonic, absence and atonic seizures. They all involve loss of consciousness and typically happen without warning. Tonic-clonic seizures occur with a contraction of the limbs followed by their extension along with arching of the back which lasts 10–30 seconds (the tonic phase). A cry may be heard due to contraction of the chest muscles, followed by a shaking of the limbs in unison (clonic phase). Tonic seizures produce constant contractions of the muscles. A person often turns blue as breathing is stopped. In clonic seizures there is shaking of the limbs in unison. After the shaking has stopped it may take 10–30 minutes for the person to return to normal; this period is called the "postictal state" or "postictal phase." Loss of bowel or bladder control may occur during a seizure. The tongue may be bitten at either the tip or on the sides during a seizure. In tonic-clonic seizure, bites
to the sides are more common. Tongue bites are also relatively common in psychogenic non-epileptic seizures.

Myoclonic seizures involve spasms of muscles in either a few areas or all over. Absence seizures can be subtle with only a slight turn of the head or eye blinking. The person does not fall over and returns to normal right after it ends. Atonic seizures involve the loss of muscle activity for greater than one second. This typically occurs on both sides of the body (4-6).

REFERENCES: