

## EPILEPSY IN PAKISTAN

As in any country of the world, epilepsy is the commonest paroxysmal neurological disorder in Pakistan. Amongst developing countries, Pakistan has the distinction of being prominent on the world map of epilepsy for the last twenty years. Most international publications quote data from population-based prevalence studies and 'knowledge, attitude and practice' surveys, most of which have been carried out from one of the country's premier institutes.

Studies show that one percent of the approximately 160 million population of Pakistan has epilepsy. Two decades ago, 78% of people with epilepsy in Pakistan would go untreated. Wrong perceptions of illness and deeply rooted cultural and religious beliefs have led to stigmatization, marginalization, and negative treatment-seeking behavior and attitudes. The suffering is multiplied by problems in employment, marriage, education, and other social issues. Adding to all this is the negative role of faith healers, spiritual heads, exorcists, quacks and the like who, under the guise of "therapy", are compounding the misery of affected persons and their families. With infectious diseases rampant and the national health budget equivalent to a drop in the ocean, epilepsy has never been a priority for local health authorities. It is up to the professionals to take charge and lessen the despair of this huge population.

Most developed countries have successfully adopted a holistic approach towards the management of epilepsy, collectively addressing medical, surgical, psychosocial, rehabilitative and other aspects of the disease. This has led to the evolution of comprehensive epilepsy care as a strategy and a philosophy. In the last two decades, epilepsy management in Pakistan has evolved significantly, mainly through the help of volunteers. However, much remains to be done.

A change in the treatment-seeking behavior of patients is of prime importance. A large population of the country remains unaware that this disorder is treatable. They are still shrouded in ideas of being possessed, or being the victims of a curse or the "evil eye." To combat this, the medical community must aim concerted efforts towards increasing public awareness. Mobilization of people with epilepsy through field tasks is perhaps the most effective way of decreasing the treatment gap. Any and every possible means for public education should be utilized. One should identify segments of the population who can be influential in spreading the message. School teachers and school children, opinionated, educated individuals and policy makers, local heads of society, local doctors and healthcare workers, and other similar population segments with strong influence on the society should be targeted. All means of communication - print, broadcast, and Internet and others - should be used.

To be sustainable, it is extremely important that quality epilepsy care be provided nearer to patients' homes. Local primary care physicians should be well trained to treat most cases of epilepsy, referring only refractory or problematic cases to tertiary centers. There should be an easy communication linkage between tertiary care centers and referring physicians. Most epilepsy cases can be adequately managed with antiepileptic drugs that are freely available in Pakistan. However, it is important to look into the socio-economic status of the care-

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seeker, a must for ensuring good compliance. All medical and psychosocial aspects need to be addressed for achievement of better management and improvement of the patient's quality of life.

Tertiary care institutes have an important role to play in the field of epilepsy through diagnostic services, treatment, and research. A number of developing countries have evolved to providing surgical management of epilepsy. Although lesional epilepsy surgeries are being done in some hospitals in Pakistan, there is no designated 'centre of epilepsy surgery' in the country. Institutions where human and technical resources are available must be encouraged to formulate a well-coordinated system and comprehensive team required to offer quality lesional and non-lesional epilepsy surgery.

Mass awareness and provision of near-home epilepsy care has been attempted in the last five years by a group of volunteers in Pakistan and has shown some success. The initiation of this unique approach in developing countries that are facing severe financial and technological constraints is a substantial achievement by Pakistan, a distinction acknowledged by the World Federation of Neurology.<sup>1</sup>

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## **REFERENCES**

1. World Neurology (Newsletter of the World Federation of Neurology). June 2006.