

EPILEPSY AMONG HEALTH INSURED WORKERS
IN ALEXANDRIA:
PART II: MULTIVARIATE ANALYSIS FOR FACTORS
AFFECTING PROGNOSIS OF EPILEPTIC CASES

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INTRODUCTION

Epilepsy may be idiopathic in nature, with unknown cause, or it may be secondary or symptomatic (Plum and Posner, 1986). The later may be due to local causes including head trauma, or intracranial diseases as infections (meningitis and encephalitis), parasites (cerebral cystocercosis or schistosomiasis), brain tumors (primary or metastatic), and cerebrovascular diseases. Also, it may result from several general causes as hypoglycaemia, uraemia, heart block, and ingestion or sudden withdrawal of alcohol or drugs (Mawdsley and Simpson, 1977; Robb, 1981; Walton, 1982; Jawahar *et al.*, 1985; Dichter, 1987; and Foster, 1978). The frequency of seizures is an important characteristic of the disease and it usually shows great variability between cases. Cases with frequent seizures are not considered only as severe ones, but also as being at a higher degree of social disability (Goodglass *et al.*, 1963; Nussbaum and O'Connor, 1977; Janz, 1988; and Shorvon and Farmer, 1988). The prognosis of epilepsy is influenced by many factors. Adult onset epilepsy, cases with positive family history, high frequency of seizures, neurological manifestations, and those with additional psychiatric or social handicap are usually having less favorable prognosis. On the other hand, cases with idiopathic seizures and those with generalized onset seizures diagnosed before 10 days of age have better prospects for remission (Annegers *et al.*, 1979; and Reynolds, 1987).

The study was conducted with the aim of determination of the features of epileptic cases among health insured population in Alexandria, as well as, detection of the factors influencing the seizure free interval among these cases.