

# Health care disparities seen in epilepsy patients with low socioeconomic status

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A newly published report reveals patients with epilepsy and low socioeconomic status (SES) are more likely to have uncontrolled seizures, drug-related side effects, and a lower overall quality of life. The study also indicates that low SES patients used the hospital emergency room more often and had more visits to a general practitioner than epileptic patients at higher socioeconomic levels. Full findings are now available in *Epilepsia*, a journal published by Wiley-Blackwell on behalf of the International League Against Epilepsy.

The [Centers for Disease Control and Prevention](#) (CDC) estimates that two million Americans have epilepsy and roughly 140,000 new cases are diagnosed each year. Prior studies in epilepsy literature provide evidence of disparities in healthcare use between individuals of different SES. One study found that epileptic patients with incomes below the poverty level in California were 50% less likely than those with higher income (not in poverty) to report taking epilepsy medication (Elliott et al., 2009).

"Current medical evidence is based on point-in-time comparisons across population and suggests that disparities in healthcare may be due to access difficulties," explains lead study author Dr. Charles E. Begley, Professor of Management & Health Sciences at the University of Texas Health Science Center in Houston. "Our study investigates disparities in healthcare over time, examining the impact of SES in patients with epilepsy who have access to regular care."

Researchers enrolled 566 adult patients with epilepsy from three clinics in Houston and New York City serving a low-SES population, and one in Houston serving high-SES patients. Participants were interviewed at baseline regarding healthcare use, seizure frequency and type, anti-epileptic drug (AED) side effects, and outcomes during the prior three-month and one-year periods. The survey was repeated several times during the year-long study period.

Indicators of SES—income, education, employment, and insurance coverage—were significantly lower for patients at low-SES sites compared to the higher-SES site. Patients at the low-SES sites had consistently higher [emergency room](#) use and visits to the [general practitioner](#). Throughout the one-year study period low-SES patients had significantly higher likelihoods of poor outcomes—2.2 to 3.9 times more likely to have uncontrolled seizures and 4.9 to 16.3 times more likely to have AED side effects—compared with higher-SES patients.

The authors determined that significant disparities in patterns of care and outcomes of low and high-SES [patients](#) receiving regular care for epilepsy were persistent over the one-year study period. "Future research needs to examine specific site-related factors that may be associated with these disparities in care for individuals with [epilepsy](#)," concluded Dr. Begley.

**More information:** "Socioeconomic status, healthcare use, and outcomes: Persistence of disparities over time." Charles Begley, Rituparna Basu, David Lairson, Thomas Reynolds, Stephanie Dubinsky, Michael Newmark, Forbes Barnwell, Allen Hauser and Dale Hesdorffer. *Epilepsia*; Published Online: February 14, 2010 ([DOI: 10.1111/j.1528-1167.2010.02968.x](#)).

Provided by Wiley

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