

Iraq-Afghanistan veterans with epilepsy more at risk of death

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U.S. Iraq and Afghanistan war veterans (IAVs) with epilepsy were more than twice as likely to die between 2011 and 2015 as were similar veterans without epilepsy. A study published Nov. 11 in the U.S. Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report* revealed that IAVs were found to have a higher prevalence of mental and physical comorbidity and to have substantially higher mortality than were veterans without epilepsy.

The study from investigators at The University of Texas Health Science Center at San Antonio, the South Texas Veterans Health Care System, the CDC and several other VA facilities examined records of more than 320,000 Iraq and Afghanistan war veterans receiving VA care in 2010 and 2011, and found 2,187 who met the criteria for [epilepsy](#).

Examination of [mortality](#) over the next five years revealed that approximately five times more IAVs with epilepsy died by the end of 2015 than similar IAVs without epilepsy. Because IAVs with epilepsy were also significantly more likely to have conditions such as cardiac disease, stroke, cancer and [mental health conditions](#) that may also be associated with death, a second analysis controlling for these co-occurring conditions was conducted to determine if epilepsy uniquely contributed to mortality.

"Similar to studies of civilian samples, we found that cancer, stroke and cardiac disease were strong predictors of five-year mortality. But, even after controlling for the impact of these comorbid conditions, we still found a substantial effect for epilepsy," said lead author Mary Jo Pugh,

Ph.D., RN, professor of epidemiology, biostatistics and medicine at the UT Health Science Center. "After controlling for comorbidities, IAVs with epilepsy were about 2.6 times more likely to die during the follow-up period than similar veterans without epilepsy."

Causes of death were not available from federal databases at the time the study was conducted, Dr. Pugh said. Therefore the report does not speculate on cause of death such as suicidality, car accidents, heart attack, cancer and sudden unexplained death in epilepsy.

The report makes it clear, however, that deaths and comorbidities were more frequent in the highly vulnerable group of Iraq-Afghanistan veterans with epilepsy. Epilepsy is a complex condition, and the addition of these comorbidities presents health care providers with competing demands, Dr. Pugh said.

"If you have a patient who comes in and is having seizures, that is often the focus of care because persistent seizures can be life threatening and have a substantial effect on quality of life," she said. "But chronic disease management for other conditions is also needed. We need to take a holistic approach in epilepsy care. We need to take care of epilepsy and other conditions that affect patients' health, quality of life and, ultimately, mortality."

This is the first published study to examine mortality in veterans with epilepsy, and is unique compared to studies of epilepsy-related mortality in the United States. Civilian studies in the United States have consisted of small samples in localized areas, not a national population such as the population of Iraq and Afghanistan war [veterans](#), Dr. Pugh said.

However, the growing availability of electronic [health](#) records nationally makes this type of study in civilian settings more feasible. Dr. Pugh is developing a plan to examine similar questions in large data sets such as i2b2 locally, and eventually with data from the Great Plains PCORnet

Collaborative.

Dr. Pugh, who is co-director of the Research to Advance Community Health (ReACH) Center at the UT Health Science Center San Antonio, will present the study at the American Epilepsy Society meeting that convenes Dec. 2-6 in Houston.

Provided by University of Texas Health Science Center at San Antonio

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