

Poor children with epilepsy may face social hurdles

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In a population-based Canadian study of children with epilepsy, each of whom had access to universal health care, those from poor families had the same medical course and remission rate as their wealthier counterparts, but they had a less favorable social outcome as adults.

There were 421 children with new onset epilepsy diagnosed in Nova Scotia, Canada between 1977 and 1985. Parental income, education and home ownership were noted at the time of epilepsy onset, and patients were followed for an average of 26 years. Remission of epilepsy occurred in 65% of the poor, 61% of the adequate, and 61% of the well-off patients. Intractable epilepsy, number of antiepileptic drugs used, and the number of seizures were similar in all groups. Poor children had significantly more adverse social outcomes, including failure to graduate from high school, unemployment, personal poverty, inadvertent pregnancy, and psychiatric diagnoses.

"In Nova Scotia, with access to universal health care, children with epilepsy who come from either a poor or more affluent family have a similar clinical course and long-term seizure outcome of childhood [epilepsy](#). Unfortunately, children who come from poor families are less likely to have a good social outcome, and they often experience significant social difficulties in later adulthood," said Dr. Carol Camfield, lead author of the Epilepsia study.

More information: Carol Camfield et al. Poor versus rich children with epilepsy have the same clinical course and remission rates but a less

favorable social outcome: A population-based study with 25 years of follow-up, *Epilepsia* (2016). [DOI: 10.1111/epi.13576](https://doi.org/10.1111/epi.13576)

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