

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE guidelines

Equality and health inequalities assessment (EHIA)

**Epilepsies in children, young people and adults (NG217)
Section 6.4 SeLECTS**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

The update of the recommendations regarding treatment for childhood onset epilepsies section 6.4 Self-limited epilepsy with centrotemporal spikes.

STAGE 4. Development of guideline or topic area for update

(to be completed by the topic team before consultation on the draft guideline or update)

Epilepsies in children, young people and adults

Date of completion: May 2026

Focus of guideline or update: treatment for childhood onset epilepsies (section 6.4)

Self-limited epilepsy with centrotemporal spikes.

<p>4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any further potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?</p>
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Taken from the EHIA completed for NG217 Epilepsies in children, young people and adults (2022):

1. Accessibility of services for people within black and Asian and minority ethnic groups

No evidence was found on inequalities relating to people within black, Asian and minority groups. However, the committee identified that carbamazepine can have side effects for people of Japanese family background, and made a recommendation to highlight to healthcare professionals that these ASMs should be avoided if possible.

2. Women and girls who are of childbearing potential, are pregnant, or breastfeeding

The MHRA guidance on the safety of lamotrigine in this population (interactions with hormonal contraception, the risk of major congenital malformations, neurodevelopmental disorders and delay, and other effects on the baby) should be considered.

3. People living in more deprived areas who may have difficulties accessing services

No evidence was found on inequalities relating to people living in more deprived areas who may have difficulties accessing services. However, a number of recommendations were made to support people to access to specialist services, and give people the opportunity to contact an Epilepsy Nurse Specialist about their care which should improve engagement and access.

New points from update to recommendations on treating self-limited epilepsy with centrotemporal spikes:

1. Access to specialist care

People from disadvantaged socioeconomic or minority backgrounds may experience reduced access to specialist care and reduced engagement with neurology services. This may also impact children and young people.

2. Inequities in medicine availability and prescribing

People from lower socioeconomic backgrounds may struggle when medicines require frequent appointments, titration, or monitoring (for example, lamotrigine and carbamazepine).

Less commonly used medicines (zonisamide and sultiame) may not be equally accessible across regions or services.

Disadvantaged families may be less able to navigate prescription shortages or alternative dispensing routes.

3. Cultural, ethnic, and linguistic inequities

Systemic racism, communication barriers, and cultural differences could contribute to unequal health outcomes, particularly affecting children. Communication difficulties may lead to misunderstandings about medication risks, benefits, titration schedules, or side-effect monitoring.

Behavioural side effects (for example, with levetiracetam) may be harder to interpret without culturally sensitive guidance.

4. Intersectionality and Compounded Vulnerabilities

Adults with multiple vulnerabilities may have limited ability to attend blood monitoring appointments (carbamazepine and oxcarbazepine) or adhere to complex regimens.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

Amended recommendation:

6.4.3 If first-line treatments for self-limited epilepsy with centrotemporal spikes are unsuccessful, consider any of the following as second-line monotherapy treatment options:

- carbamazepine
- oxcarbazepine
- sultiame
- zonisamide.

If the first choice is unsuccessful, consider any of the other second-line monotherapy options.

Sultiame should only be prescribed by, or on the advice of, a paediatric epilepsy specialist.

In May 2026, these were off-label uses for oxcarbazepine in children under 6 years, and zonisamide in children. See [NICE's information on prescribing medicines](#).

The expert working group (EWG) discussed the manufacturer's licensing requirement that treatment with sultiame should only be initiated by a paediatric neurologist with sufficient experience in epilepsy management. The group noted that this wording reflects practice in other countries, where paediatric neurologists are routinely involved in patient care. However, this does not align with current UK practice, where paediatricians with expertise in epilepsy typically serve as the primary clinicians.

The EWG agreed that restricting treatment to paediatric neurologists would unnecessarily limit access, particularly in areas without large specialist hospitals. Therefore, the group supported amending this to say that sultiame should only be prescribed by, or on the advice of, a paediatric epilepsy specialist ensuring it reflects the UK's existing model of care.

4.3 Could any draft recommendations potentially increase inequalities?

It is unlikely that the draft recommendations will lead to any inequalities.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

No none

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

We have made sure that patient groups are represented as registered stakeholders and so will have the opportunity to comment on the draft recommendations

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

There are no specific questions we will ask in relation to these amended recommendations

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Date: May 2026

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