

1                   **NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE**

2   **SCOPE**

3   **1 Guideline title**

4       Epilepsy: diagnosis and management of epilepsy in children and adults

5   **1.1 Short title**

6       Epilepsy

7   **2 Background**

8       a) The National Institute for Clinical Excellence ('NICE' or 'the Institute')  
9       has commissioned the National Collaborating Centre for Primary Care  
10       to develop a clinical guideline on the diagnosis and management of  
11       epilepsy for use in the NHS in England and Wales. This follows referral  
12       of the topic by the Department of Health and National Assembly for  
13       Wales (see Box). The guideline will provide recommendations for good  
14       practice that are based on the best available evidence of clinical and  
15       cost effectiveness.

***Referral from the Department of Health and  
National Assembly for Wales***

"To prepare clinical guidelines for the NHS in England and Wales for the  
diagnosis, management and treatment of epilepsy."

b) The Institute's clinical guidelines will support the implementation of  
National Service Frameworks (NSFs) in those aspects of care where a  
Framework is to be published. The statements in each NSF reflect the  
evidence that was available at the time the Framework was prepared.

### 3 Clinical need for the guideline

- a) Epilepsy is a common neurological disorder characterised by recurring Seizures. Different types of epilepsy have different causes. Difficulties with identifying people who may have epilepsy and, sometimes, diagnosing the condition mean that accurate estimates of incidence and prevalence are difficult to achieve (Sander and Shorvon 1996). However, it is estimated that between 2% and 10% of the population will experience a seizure at some time in their life. Incidence is estimated at between 24 and 58 per 100,000 population per annum for active epilepsy. The prevalence of active epilepsy is estimated to be between 430 and 1,000 persons per 100,000 (Cockerell et al. 1994).
- b) The majority of individuals (70–85%) with active epilepsy can satisfactorily control recurrent seizures with anti-epileptic drugs (Cilcot et al. 1999). Other approaches may include surgery. Optimal management can impact on health outcomes and can also help to minimise other, often detrimental, impacts on social, educational and employment activity.

### 4 The guideline

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – Information for Stakeholders* describes how organisations can become involved in the development of a guideline.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and National Assembly for Wales (see Box).
- c) The areas that will be addressed by the guideline are described in the following sections.

## **4.1 Population**

### **4.1.1 Groups and categories of epilepsy that will be covered**

- a) The guideline will address the diagnosis, treatment and management of epilepsy in children, adolescents, adults and older people.
- b) The guideline will address the management of epilepsy during pregnancy, and in women of child-bearing age.
- c) The guideline will address the management of epilepsy in people with learning disabilities.
- d) The guideline will cover the following categories of epilepsy:
  - partial/localisation related epilepsy
  - idiopathic generalised epilepsy
  - status epilepticus.
- e) The guideline will take note of the issues of patients who face social exclusion.

### **4.1.2 Groups and categories of epilepsy that will not be covered**

- a) Neonates will not be included in the guideline.
- b) The guideline will not cover the diagnosis or management of febrile convulsions.

## **4.2 Healthcare setting**

- a) The guideline will cover the care received from healthcare professionals who have direct contact with, and make decisions concerning, the care of people with epilepsy.
- b) The guideline will address care in primary, secondary and tertiary centres, but will not address the delivery of tertiary procedures (such as surgical techniques). The management of patients in accident and emergency departments will also be considered.

- c) The guideline will also be relevant to the work, but will not cover the practice, of those working in the:
- occupational health services
  - social services
  - educational services
  - voluntary sector.

### **4.3 Clinical management**

- a) As the management of epilepsy depends critically on an accurate diagnosis, recommendations regarding the process of diagnosis will be included in the guideline. For diagnosis, where research evidence may be limited, structured consensus methods may be used to determine best practice.
- b) The recommendations will also cover the use of pharmacological interventions (those available in the UK according to the *British National Formulary*), including side effects of generic prescribing, potential withdrawal from drugs, poly-therapy, drug interactions and side effects. These will take into account the recommendations from the Institute's appraisals of new drugs for adults and children with epilepsy. Advice on treatment options will be based on the best evidence available to the development group. When referring to pharmacological treatments, the guideline will normally recommend use within the licensed indications. Exceptionally, and only where the evidence supports it, the guideline may recommend use outside the licensed indications. The guideline will expect that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.
- c) The use of non-pharmacological interventions will be covered in the guideline; for example, the use of nerve stimulation and surgery will be considered, but detailed recommendations regarding the use of

different surgical techniques or nerve stimulation approaches will **not** be included. Consideration will however be given to indications for referral for surgery and the discharge of patients from specialist care.

- d) Issues relating to self-care and self-medication will be addressed in the guideline.
- e) The issues surrounding symptom monitoring by the clinician, the patient and the parent/carer will be considered in the guideline.
- f) Psychological therapies will be included, but the guideline will **not** consider complementary or lifestyle approaches or interventions.
- g) Where there is evidence, ketogenic diet will be considered.

#### **4.4 Additional note**

The guideline will **not** develop advice on driving for those with the condition.

#### **4.5 Audit support within guideline**

The guideline will be accompanied by level 2 audit advice.

#### **4.6 Status**

##### **4.6.1 Scope**

This is the final version of the scope.

##### **4.6.2 Guideline**

The development of the guideline recommendations will begin in May 2002.

## 5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*
- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups*

These booklets are available as PDF files from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Information of the progress of the guideline will also be available from the website.

## 6 References

Cockerell OC, Hart YM, Sander JWAS et al. (1994) The cost of epilepsy in the United Kingdom: an estimation based on the results of two population based studies. *Epilepsy Research* 18:249–60.

Sander JWAS, Shorvon SD (1996) Epidemiology of the epilepsies. *Journal of Neurology, Neurosurgery & Psychiatry* 61:433–43.

Cilcot J, Howell S, Kemeney A et al. (1999) The Effectiveness of Surgery in the Management of Epilepsy. *Guidance Note for Purchasers InterDec Report 15/1999 Trent Institute for Health Services Research*