

Epilepsy: annual review

NICE indicator

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Indicator

The percentage of adults receiving drug treatment for epilepsy who had a structured review in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Epilepsy is a common neurological disorder characterised by recurring seizures. Regular

reviews are important to support personalised care and should cover seizure control, seizure frequency and date of last seizure, antiepileptic drug dose, adherence and adverse effects, mood and anxiety, diet and lifestyle advice to reduce osteoporosis risk and alcohol consumption. Treatment should be reviewed at regular intervals to ensure that adults with epilepsy are not maintained for long periods on treatment that is ineffective or poorly tolerated. Optimal management improves health and wellbeing outcomes and can also help to minimise impacts on social, educational and employment activity.

The [Medicines and Healthcare Products Regulatory Agency \(MHRA\) Public Assessment Report of antiepileptic drugs: review of safety of use during pregnancy](#) indicates that antiseizure medications taken during pregnancy are associated with an increased risk of major congenital malformations (MCMs). Valproate must not be used in pregnancy, and it must not be used in girls and women of childbearing potential (including young girls who are likely to need treatment into their childbearing years) unless other options are unsuitable and a pregnancy prevention programme in place, in line with the [MHRA safety advice on valproate](#).

Source guidance

- [Epilepsies in children, young people and adults. NICE guideline NG217 \(2022\)](#), recommendation 4.5.1
- [Diagnosis and management of epilepsy in adults. SIGN guideline 143 \(2015\)](#), section 9.1.1

Based on consultation with stakeholders, the advisory committee agreed it was pragmatic to include all adults receiving drug treatment in the denominator but acknowledged that the NICE guideline recommends annual review for groups at higher risk and patient-initiated reviews for others.

Specification

Numerator: The number in the denominator who had a structured review in the preceding 12 months.

Denominator: The number of adults receiving drug therapy for epilepsy.

Calculation: Numerator divided by denominator, multiplied by 100.

Exclusions: None.

Personalised care adjustments or exception reporting should be used if the patient declines or does not attend.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator before application of personalised care adjustments. QOF data for 2020/21 shows that 0.8% of adults in England are receiving drug treatment for epilepsy. This equates to around 63 patients for an average practice with 10,000 patients (using Office for National Statistics [ONS] population statistics).

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