PREVALENCE OF EPILEPSY IN HONDURAS: A NATIONAL POPULATION BASED-STUDY

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RESULTS

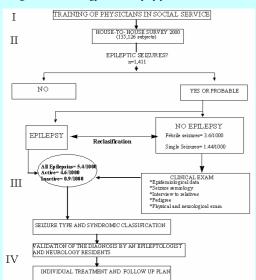
PURPOSE

To determine the epidemiology of epilepsy in Honduras through a national population-based study.

METHODS

70 medical doctors accomplishing their social service and previously trained in epilepsy performed a house-to-house survey in 50 communities from the 18 counties of Honduras. Diagnoses were based on the criteria of the International League Against Epilepsy and were validated by one epileptologist and five neurologists. All patients gave written consent for the study.

Figure 1. Methodology of the study by phases.



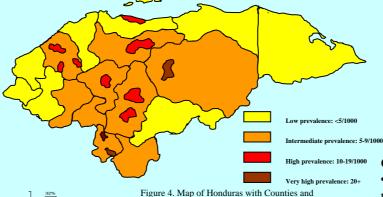
Total population screened: 135,126 52% female and 48% male

Epileptic seizures sometime in life: 10.4/1000 (n=1,411)

National overall epilepsy prevalence: 5.41/1000 (range 1-27/1000)

Diagnosis	Population	Prevalence
	at risk	
All epilepsies	731	5.41
Active epilepsy	6 16	4.56
Inactive epilepsy	115	0.86
Single seizure	19 4	1.44
Febrile seizure	486	3.6
Epilepsy in men	351	2.6
Epilepsy in women	380	2.8
Non enilentic events	16.9	1.49

Age group	Prevalence		
(years)	rate		
< 10 años	4.01		
10-19 años	5.3		
20-29 años	6.63		
30-39 años	7.24		
40-49 años	5.02		
50-59 años	5.57		
> 59 años	5.16		



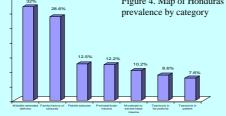


Figure 3. Historical data that could be related to the increased risk for epilepsy



- · We found problems of access both to treatment
- and diagnostic studies for epilepsy.

 One third of 772 persons with active epilepsy
- were not on antiepileptic drug (AED) treatment
 The vast majority of patients received first
- generation AEDS (PB,PHT, CBZ and VPA)

 7% of patients had never consulted a physician

Figure 4. Treatment status in patients with active epilepsy

COUNTY	COMMUNITY	INC IDENC X100,000h
Atlántida	La Ceiba	
Colón	Santa Rosa de Aguán	9
Comay agua	Comayagua	
	Comayagua	
Choluteca	El Triunfo	4
Francisco Morazán	Sabanagrande	- 4
	Lepaterique	
	Curarén	
	Cedros	14
La Paz	La Paz	
Lempira	San Manuel Colohete	
Olancho	Gualaco	
	Salamá	46
	Juticalpa	
Santa Bàrbara	Macuelizo	4
Valle	Nacaome	
Yoro	Yoro	
	Yoro	19
	Yoro	
	Yoro	24

Table 5. Incidence in 11 Counties in which at least one year follow-up was done

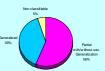


Figure 5. Seizure types by clinical history in patients with active epilepsy

Previdence 1g.ga	La Griba	19	6314	
COLON	Santa Rosa de Aguin	- 5	1015	4.9
Prevalence: 4.47	Tripille		1992	4.2
COMAYAGUA	Conspagns	37	4113	1.8
Prevalence: 7.8	Villa de San Autonio	12	2106	5.
COPAN	Cabatas	*	2215	3.6
Prevalence: 4.7	San José	20	1755	53
	Trinidad		1316	
CORBS	Choloma	- 11	2148	5.1
Prevalence: 3.4	San Francisco de Yejou	- 6	2019	2.9
	Payto Conis	25	9220	3.0
CHOLUBCA	\$1 Triando	- 41	2014	20.3
Prevalence: 8.89	Moralica	16	297	20.0
	Cholsteca	20	6705	2.9
EL PARANO	San Lucas	- 14	2897	6.8
Prevalence: 4.1	Dunki	21	6541	2.9
FRANCISCO MORAZAN	Schengerande	10	2016	4.9
Prevalence: 8.52	Lengterian	18	2005	9.6
	Caprie	30	1555	19.2
	District Geneal	- 4	2387	1.6
	Colonia Kennady	21	1573	13.3
	Codes	16	2006	7.6
		- 1		2.9
GRACIAS A DOS	Parto Lempira		2230	
Prevalence: 2.7 ISLAS DE LA RAHIA	Villeda Morales	- 3	2019	2.5
Povolence: 2.24	Rostan	. ,	2019	
LA PAZ				
Prevalence: 6.29	La Pau	46	2311	62
LEMPIRA	San Manual Colobata	-	2076	2.8
Povolence: 4.86	Gracias	- 14	2507	5.5
осопридек	Roles Guelabo	- 1	2047	3.9
Prevalence: 2.92	Motor Cauchio	*	2043	3.9
OLANCIBO 192	Gudaco	-	3126	1.9
Providence: 8-23	San Extrêm		1255	- A
Processor A23	Salama	151	6473	23.
	Asticulps	51	11433	2.4
SANTA BAKBARA	Natanido	29	2001	16.6
Prevalence: 8.17	Las Years	22	2992	10.5
	Macudino	14	2007	6.9
	Proteocide		2157	4.1
	San Marcos	15	2220	67
	San José de Colinas	12	1090	15.7
VALLE	Nacaome	16	250)	63
Povolence: 6-29 VORO	Olaschite	Η,	1001	_
Povulence: 7.25	El Promeso	2	2002	2.4
Prevalence: 7.23				
	Morania	2	2028	0.9
	Morarin Yora	2 86	2029 7474	11.

Table 4. Prevalence by Counties and

CONCLUSION

- •This the first national population-based study reported in Central America.
- •The overall prevalence for Honduras is similar to that of industrialised countries and lower than reported from local studies in underveloped countries, even though foci of high and low prevalences were found.

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