

A Prospective Observational Study to Assess Prescription pattern of Seizures in a Tertiary Care Teaching Hospital

Rama Krishna*, Rangaswamy*, Kamali*, Lalduhsaka^{*}, Veena Kumari* Dr Vinod**

^{*}6th pharm d interns, **Assistant Professor, Department of Pharmacy Practice, TVM College of Pharmacy, Ballari, Karnataka, India.

Submitted: 05-01-2023

Accepted: 13-01-2023

ABSTRACT

Introduction: Epilepsy defined as chronic neuroleptical disorder which states repeated unprovoked seizures 1-4 repeated episodic uncontrolled clinical events related with abnormal electrical activity from nerves, are its peculiar features. Nearly 70 million peoples are affected from epilepsy worldwide around 10 million epilepsy children suffers from over globally.⁵Children below 3 years have higher incidence of developing seizures and less incidence in children above age of 3.⁴. Prescribing pattern is the study which makes a part of medical audit and involves monitoring evaluating rational and cost effective therapy. Epilepsy is a continual neurological ailment affecting human beings throughout the globe. Over 10 million kids international are believed to have epilepsy. It has additionally been envisioned that 70% of all epilepsy syndromes begin among the age of 0 and 19 years and 30% of the kids with seizures may have their first episode earlier than the age of four years, and extra than 1/2 of of the kids with epilepsy may have multiple kind of seizure.³

Objective:The main objective was to assess the prescription pattern of seizures in Department of Paediatrics.

Method: A prospective observational study conducted during six months period in which 100 sample size were included of age groups from 0 to 12 of both genders prescribed with antiepileptics.

Result: A total number of 100 patients were included in this study for which majority of the patient (47%) belongs to the age group of 0-2 years followed 2-5 years(32%) and 5 - 12 years(21%). In the study on there were 51 female and 49 male. among the 100 prescription 59 were on monotherapy and 41 were on polytherapy given to the patient, out of 100 subjects 45 were with comorbid condition and 55 were without comorbidities. 54% of them were given with i.v. route and out of 100 subjects majority of patient were prescribed with sodium volproate and then phenobarbital and then comes benzodiazepines.

Conclusion: The current study focuses on the use of both older and newer AEDs, but majority of the subjects were prescribed with older AEDs, such as sodium valproate. Our study concludes that female children's were more prone to seizures then male children, According to the age wise distribution 0-2 years children were mostly affected by seizures this may be due to fever, infections ,low blood sodium, brain injury and genetic changes. Based on the patient compliance, better tolerability and seizure free episodes, sodium volproate and phenobarbital were frequently used in this study.

Keywords: Precription pattern, antiepileptic agents, AEDs,

I. INTRODUCTION

Epilepsy defined as chronic neuroleptical disorder which states repeated unprovoked seizures 1-4 repeated episodic uncontrolled clinical events related with abnormal electrical activity from nerves are its peculiar features. Nearly 70 million peoples are affected from epilepsy worldwide around 10 million children suffers from epilepsy over globally.⁵

Prescription pattern nothing but drug utilization studies focusing on prescribing and drug usage. Presently a huge drugs are available for management of epilepsy based on the categorization and demographic details, most antiepileptic drugs are choosed, monotherapy. usually the first line management has less adverse effect, inexpensive increased tolerance, less drug interaction and medication adherence.¹ The main aim of this antiepileptic drugs is to manage seizures, reduce the adverse effect and to provide quality of life in pediatrics patients.²

Children below 3 years have higher incidence of developing seizures and less incidence in children above age of $3.^4$



Prescribing pattern is the study which makes a part of medical audit involves monitoring evaluating rational and cost effective therapy.

In 1997 WHO published reports on selection of essential drugs in order to improve rational drug use. Appropriate drug utilization study is an important tool to assess whether drugs are properly used in term of safety effectiveness benefits and economic aspects at all levels in the chain of drugs usage.

Drug utilization importance as been increasing in close association with pharmacovigilance, pharmacoeconomic, public health and pharmacogenetics.⁸

Monotherapy is advantageous and poly therapy is prescribed when the first AEDs does not work in epileptic patients. Conventional drugs includes valporic acid, phenytoin, carbamazepine, phenobarbital and primidone. Newer drugs include lamotrigine, topiramate, levetiracetam, oxcarbazepine and Gabapentin.⁷

Approximately one third of epileptic patients were not responding to the single drug and it was necessary to use combination therapy to control seizures.¹¹

Children who are having seizure disorder need prolonged anti epileptic therapy for atleast two years of seizure free episodes. The last goal of management of epilepsy is to select the therapeutic option which provides the finest Chance to improve quality of life of patients.¹³

There are two types of AEDs which include narrow spectrum AEDs such as carbamazepine, diazepine, ethasuximide, phenobarbitone and phenytoin. Broad spectrum AEDs include lorazepam, primidone, onisamide, valproic acid.⁹

Epilepsy is a continual neurological ailment affecting human beings throughout the globe. Over 10 million kids international are believed to have epilepsy. It has additionally been envisioned that 70% of all epilepsy syndromes begin among the age of 0 and 19 years and 30% of the kids with seizures may have their first episode earlier than the age of four years and extra than 1/2 of the kids with epilepsy may have multiple kind of seizure.³

INTERNATIONAL CLASSIFICATION OF EPILEPTIC SEIZURES.

- Partial (Focal, Local) Seizures
- Simple Partial Seizures (SPS)
- Complex Partial Seizures (CPS)
- Secondarily Generalized Seizures
- Generalized Seizures

- Tonic Clonic (Grand Mal) Seizures
- Absence (Petit Mal) Seizures
- Myoclonic Seizures A
- Tonic and Atonic Seizures
- Clonic Seizures
- Infantile Spasms (West Syndrome)
- Status Epilepticus ⁶

Every year,2.4 million people are identified with epilepsy. Earlier there were limited tablets to choose out from but presently manymore antiepileptic tablets had been introduced to the list. The affected man or woman is at danger for numerous drug interactions throughout. It can be very critical to study the drug prescription pattern in epileptic patients.¹⁵

Antiepileptic medicines for the prophylactic remedy of seizures in Dravet syndrome (DS) are most effective partially effective, and sodium channel-blocking off anticonvulsants such as carbamazepine and lamotrigine are contraindicated and have poor outcomes on cognitive. There had been no medications in particular accredited for Dravet syndrome (DS) till the creation of stiripentol as an orphan drug for therapy-resistant Dravet syndrome(DS), which has а marketing authorization in Europe to be used in mixture with sodiumvalproate and clobazam.¹⁶

II. MATERIALS AND METHODS

STUDY SITE: Vijayanagara Institute of Medical Sciences, Ballari, Karnataka.

DURATION OF STUDY: Six months.

STUDY DESIGN: Prospective Observational Study

PROPOSED SAMPLE SIZE: 100 Patients

STUDY SUBJECTS: The inpatients and outpatients of age 0-12, both male and female who were prescribed with antiepileptics.

STUDY CRITERIA:

Inclusion Criteria:

- Paediatric population (0-12 years).
- Both inpatients & Outpatients.
- Both male and female.
- Prescription with at least one potentially inappropriate drug

Exclusion Criteria:

- Chronic, ICU diseased patients
- Patient without inform consent

MATERIALS USED:

Paediatric patients



- Inform consent (patients and parents)
- Case sheet
- Patient Data Collection Form
- Informed Consent Form

METHOD OF DATA COLLECTION:

The data was collected from the case files of the inpatients and outpatients who were prescribed with Antiepileptics.

III. RESULTS

A prospective observational study was conducted for 6 months among the inpatients and outpatients randomly after obtaining ethical clearance by selecting 100 subjects in paediatric of Vijayanagara Institute of Medical Sciences, Ballari, Karnataka. A total number of 100 patients have participated during the study period. Out of 100 subjects, majority of patients belongs to age group of 0-2 years followed by 2-5 years, 5-12 years.

AGE	TOTAL NUMBER (N=100)	PERCENTAGE
0-2	47	47%
2-5	32	32%
5-12	21	21%

Table 01: Distribution of patients according to age

Figure 01:	Distribution	of patients	according to age
------------	--------------	-------------	------------------





A total of 100 subjects were covered during the study period. Out of 100 subjects 49 were male and 51 were female.

GENDER	TOTAL NUMBER (n=100)	PERCENTAGE
Male	49	49%
Female	51	51%



Figure 02: Distribution of patients according to age



Table 03: Distribution of subjects based on therapy

Out of 100 prescription 41 subjects were under polytherapy, 59 subjects were under monotherapy

THERAPY	TOTAL NUMBER (n=100)	PERCENTAGE
Polytherapy	41	41%
Monotherapy	59	59%

Figure 03: Distribution of patients based on therapy



Table 04: Distribution of subjects according to co-morbidities

Out of 100 subjects 45 subjects were with comorbid disease and 55 were without comorbid disease

DISEASE CONDITION	TOTAL NUMBER (n=100)	PERCENTAGE
Comorbid	45	45%
Noncomorbid	55	55%





Figure 04: Distribution of patients with or without co-morbidities

Table 05: Distribution of subjects based on administration

Out of 100 subjects 46 were prescribed with I.V. administration, 54 were prescribed.

ROUTE OF ADMINISTRATI ON	TOTAL NUMBE R (n=100)	PERCENTAG E
IV	46	46%
Oral	54	54%

Figure 05: Distribution of subjects based on administration





Table 06: Distribution of patients according to drug interaction

TYPES	INTERACTION FOUND (n=198)	PERCENTAGE
Major	2	1.1%
Moderate	190	95.9%
Minor	6	3.0%





IV. DISCUSSION

According to current study majority of pediatric patients were prescribed with sodium valproate. AED and second to that most frequently used drug is phenobarbitone due to easy availability, less expensive and easily tolerable.

A total number of 100 patients were included in this study for which majority of the patient (47%) belongs to the age group of 0-2 years followed by 2-5 years(32%) and 5-12 years(21%) has study conducted by Ramya et all.

In the study there were 51 female and 49 male; it is evident that female patients were more compared to males. A study conducted by Rajesh Kumar Suman et.

Among 100 prescription 59 ware monotherapy and 41 were found to be polytherapy. A study conducted by eshwari p.v s.n et all.

In this study out of 100 subjects, 45 were with comorbid conditions and 55 were without

comorbidities . A study conducted by junny Sebastian et al.

Out of 100 subjects, 54% of them were given with iv route. A study conducted by jithya raphel, nimmy n John et all Out of 100 subjects majority of patients were prescribed with sodium volproate followed by phenobarbital and then comes benzodiazepines. A study conducted by Princy Christian et all.

V. CONCLUSION

The current study focuses on the use of both older and newer AEDs, but majority of the subjects were prescribed with older AEDs, such as sodium valproate. Our study concludes that female children's were more prone seizures then male children. According to the age wise distribution 0-2 years children were mostly affected by seizures this may be due to fever, infections, low blood sodium, brain injury and genetic changes. Based on the patient compliance, better tolerability, and seizure



free episodes, sodium volproate and phenobarbital were frequently used in this study. As there is more chances of developing adverse effects, resistance, hence more subjects were prescribed with monotherapy than combination therapy

REFERENCES

- [1]. Sonia Kumari Singh, et al. A prospective observational study to evaluate the prescription pattern of antiepileptic drugs in paediatric patients. Int. J. Pharm. Sci. Rev. Res., 59(2), November - December 2019; Article No. 04, Pages: 15-17.
- [2]. Ajay Kumar Halwai1, et al. Prescription pattern in epilepsy in peadiatric age group in tertiary care teaching hospital. Indian Journal of Pharmacy and Pharmacology, July - September 2015;2(3);155-159.
- [3]. Juny Sebastian, et al. Merina Fracncis Mathew, et al. Assessment of prescribing pattern of antiepileptics in paediatrics inpatients of a teritiary care hospital. Sebastian et al., IJPSR, 2019; Vol. 10(3): 1319-1324.
- [4]. Princy Christian1, et al. Study use of antiepileptic drugs in paediatric ward at GMERS hospital, gandhinagar, india. Indian Journal of Pharmacy Practice, Vol 13, Issue 2, Apr-Jun, 2020:174-179.
- [5]. Mounika Antham, et al. Anticonvalsant drugs prescribing pattern and efficacy camparison in paediatric epilepsy population in tertiary care teaching hospital. Indian Journal of Pharmacy Practice, Vol 13, Issue 3, Jul-Sep, 2020: 266-270
- [6]. Mujeeb Ur Rehman, et al. Antiepileptic drugs used in different types of epilepsy in childhood epileptic patients in children hospital and institute of child health Lahore and its comparision with international studies. Volume 1: issue 2: 2017:42-50.
- [7]. Rupa Joshi, et al. Prescription pattern of antiepileptic drugs in a tertiary care center of india. Indian Journal of Pharmacology -Volume 52, Issue 4, July-August 2020: 283-289.
- [8]. Rajesh Kumar Suman, et al. The study of drug usage patterns in paediatrics patients at MGM hospital, navi Mumbai. World Journal of Pharmaceutical ResearchVol 3, Issue 4, 2014:734-743.

- [9]. Eswari P. V. S. N., et al. An observational study on prescribing pattern of antiepileptic drugs in paediatrics patients at tertiary care hospital. World Journal of Pharmaceutical and Medical Reseach. 2017,3(7): 223-226.
- [10]. Yan Wang, et al. Utilization of antiepileptic drugs on monotherapy and polytherapy for children at shanghai in china. Int. J. Pharmacol, 2016,12(5): 496-504.
- [11]. Meenakshi B., et al. An analysis of prescription pattern and adverse drud reaction profile in children treated with antiepileptic drugs in a tertiary care teaching hospital. Int J Basic Clin Pharmacol. 2016 Apr;5(2):389-393.
- [12]. Hirenkumar H. Dav, et al. Drug utilization pattern of antiepileptic agents among paediatric epilepsy at tertiary care teaching hospital of Gujarat: a cross sectional study. Int J Basic Clin Pharmacol. 2018 Aug;7(8):1606-1611.
- JithyaRaphel, et al. Nimmy N John. Drug utilisation pattern of anti-epileptic agents among paediatrics patients with epilepsy. Int J Pharma Res Health Sci. 2019,7 (4): 3043-3046.
- [14]. Noopur Vyas, et al. Presciption pattern of antiepileptic drugs in seizure disorder, their adverse reaction and cost analysis: A tertiary care hospital based study. National Journal of Physiology, Pharmacy and Pharmacology 2020/vol 10/issue 03: 215-220.
- [15]. Nethmie Chandrarathna, et al. Drug utilization study in epilepsy in a tertiary care hospital. Biomed. & Pharmacol. J, Vol. 12(2), 697-701 (2019).
- [16]. Susanne Schubert-Bast, et al. Seizure management and prescription patterns of anticonvulsants in Dravet syndrome: Amulticenter cohort study from germany and review of literature. Epilepsy &Behavior 98 (2019) 88–95.
- [17]. G. Chandika1, et al. Assessment of prescription pattern in paediatric patients using WHO indicators. International journal of Research and Review. Vol.6; Issue: 7; July 2019:48-52.