PEDIATRIC DRUG RESISTANT EPILEPSY: PHYSICIAN APPROACHES

What do doctors consider when suggesting a neurotechnology treatment for drug resistant epilepsy?

Understanding why physicians suggest a particular treatment supports trust and communication with patients and families.

ABOUT THIS STUDY

Opinions gathered from 33 Canadian and American pediatric neurologists and neurosurgeons.

CLINICAL FACTORS

EVIDENCE
Scientific evidence answers three big questions.

EFFECTIVENESS
Does the intervention reduce seizure number?

SAFETY
Are there risks to brain development?

MECHANISMS
How does the intervention work?

PATIENT CANDIDACY
The right treatment combines the medical and personal needs of the patient.

PERSONAL

- Preferences
- Lifestyle and values
- Individual needs

MEDICAL

- Type of epilepsy
- Child's development
- Other health conditions

Ongoing seizures carry serious risks like sudden unexpected death in epilepsy (SUDEP).

ETHICAL FACTORS

ACCESS

- Where is the treatment available?
- Could other treatments be used sooner?
- How long are wait times?
- Do patients need to travel far?

COST

- Can the hospital afford the treatment?
- What is the cost to patients?
- Will insurance cover treatment?
- Will appointments interrupt work?

Specific concerns vary between Canadian and American healthcare systems.

TAKE-HOME MESSAGES

Physicians rely on the highest standards for scientific evidence for new neurotechnology.

Patients' personal and medical factors taken together impact which treatments physicians consider.

High costs related to neurotechnology may limit treatment.

Factors affecting access to neurotechnology are country-dependent.

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