

A Report of the Physician's activities during the Epilepsy research project in Nigeria from the 2nd to the 19th of May 2008

By

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People with epilepsy and their potential controls were convened to the nearest study site following a programme that had been pre-established and approved by the research field coordinators and ASODI epilepsy coordinators.

The physician started by training the interviewers on the portions of the questionnaire that required medical history and clinical data (Sections B, D, E). He also verified that these sections were filled correctly for each participant. In cases of any ambiguity and he re-administered the questionnaire to ensure that the responses were as accurate as possible.

Sections C and K were completed by the Physician himself.

After arrival at each study site, patients and their potential controls were checked to match with the requirements of the study protocol. The interviewers administered the questionnaires to the participants after obtaining a written consent. Although most of the study sites lacked enough space to enable complete privacy, we made as much effort as was possible to ensure confidentiality.

After the preliminary interview, each participant then saw the physician who cross-checked their medical history and examined them. At the end of this exercise the physician confirmed the cases and their respective controls and then sent them to the laboratory technician for sample collection. Some individuals who initially presented themselves as controls were examined and discovered to be cases and were consequently recruited as such after providing corresponding controls. Others who presented themselves as patients had experienced either only one epileptic seizure or did not have them at all. They were referred to the nearest health facility for assessment.

Drugs (Phenobarbital) were prescribed to the few newly confirmed cases. Dose adjustments were hardly provided because the physician could not guarantee regular follow-up of the patients. Many cases of status seizures were reported and these episodes often coincide with periods when ASODI is out of stock of Phenobarbital. We therefore advised patients and their parents to purchase Phenobarbital at the nearest health centers to cover those periods. Patients and their families were also educated on the possible causes of seizures, what to and what not to do during seizures as well as the benefits of compliance to treatment.

The total and unconditional commitment of the team is commendable. All efforts should be made to encourage and consolidate this team for related future projects.

The commitment and achievements of ASODI in identifying and treating people with epilepsy in Ngie through their community-based approach is outstanding and something to emulate. However irregular supply of AEDs and issues of sustainability need to be addressed urgently. We therefore invite ASODI together with other NGOs concerned with epilepsy in Momo division to participate in the designing of a community based project that will attempt to circumvent the problems mentioned above by further involvement of the community and the integration of epilepsy treatment programmes in the primary health care plans of the Batibo, Mbengwi and Njikwa health districts. The draft of the project proposal will be communicated to ASODI and other NGOs for review once it is ready.