AES Position to Increase Support for Veterans at Risk of Developing Post-Traumatic Epilepsy

The AES recognizes that the VA has been a leader in the evaluation and treatment of epilepsy over many years. The AES also recognizes that traumatic brain injury (TBI) is the signature injury of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), and hence, a large proportion of our returning injured war veterans will be at risk for developing posttraumatic epilepsy.

The AES urges support for, and expansion of, Epilepsy Centers of Excellence in the VA health care system, and for a national coordination of epilepsy clinical care.

Post-traumatic epilepsy developed in over 50% of TBI victims with penetrating head injury in both the Korean and Vietnam wars. While the long-term consequences of the new type of TBI encountered in OEF/OIF are not known, the potential for development of large numbers of posttraumatic epilepsy in OEF/OIF veterans with non-penetrating as well as penetrating head injury is significant. Some patients with post-traumatic stress disorder might be suffering from undiagnosed seizures as well. Appropriate evaluation and treatment is needed. Most often posttraumatic epilepsy is delayed by months to years after TBI, and early diagnosis and treatment may mitigate its deleterious effects. The AES is concerned that the problem may be addressed too late to introduce effective treatments. The initial manifestation of epilepsy may be subtle transient changes in perception and cognition. Within the context of other deficits associated with TBI, identifying these symptoms as seizures may be difficult without sophisticated seizure-monitoring methods. This evaluation should be available to all veterans, and a national referral network should be available to VA health care providers. The care of patients with posttraumatic seizures usually requires an evaluation at a specialized center, and indeed the Veterans Health Administration has already designated Centers of Excellence for seizure monitoring, but these centers have very limited resources and are few in number. Many veterans from large metropolitan centers must now face long travel times to get to a center that performs seizure monitoring, and access from rural areas is even more precarious. Given the impending epidemic of posttraumatic epilepsy, these centers or their equivalent must have adequate equipment and resources to help the OEF/OIF veterans. The AES supports an expansion of the Centers for Excellence program within the VA system. A mechanism for referrals and for coordination of care between local providers and Centers of Excellence should be available nationally within the VA Health Care System.

The AES recommends improvement in the neuropsychological evaluation for veterans with posttraumatic epilepsy.

Access to appropriate neuropsychological evaluation is essential to help recognize cognitive and psychiatric co-morbidities. Appropriate diagnosis of these co-morbidities should enhance rehabilitation and target psychiatric co-morbidities for treatment.

The AES supports the development of an educational program for patients, families, and health care providers regarding posttraumatic epilepsy.

Educational programs should be developed for patients and families regarding epilepsy and its treatment. This will help patients and families advocate for appropriate care and evaluation. Education for primary care physicians should also be developed so that posttraumatic epilepsy is recognized early and treated effectively. The AES is willing to take an active role in developing and disseminating these educational materials with the VA.
The AES supports education of trainees in the VA system about posttraumatic epilepsy.

The VA has been a leader in medical student and post-graduate education. An educational program should be supported for training at this level and include support of fellowship training in clinical neurophysiology and epilepsy.

The AES strongly supports new research on the prophylaxis and treatment of posttraumatic epilepsy.

There is currently no known therapy that can prevent epilepsy after TBI. The VA should target research in this area. In addition, new treatments, both medical and surgical, need to be developed for these patients with posttraumatic epilepsy that are refractory to conventional anti-epileptic drug therapy and are not candidates for conventional resective surgical therapy.

As the major professional organization of epilepsy specialists in the United States, the American Epilepsy Society and its members are committed to assisting the Department of Defense and the Department of Veterans Affairs in implementing all of these proposals.

Based on foregoing, the American Epilepsy Society also strongly urges support for The Epilepsy Centers of Excellence legislation in both the House (H.R. 2818) and Senate (S. 2004). Rep. Ed Perlmutter (D-CO), along with Rep. Doug Lamborn (R-CO) introduced H.R. 2818 in June 2007. Senators Patty Murray (D-WA) and Larry Craig (R-ID) then introduced the Senate companion bill (S. 2004) in August 2007.

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The American Epilepsy Society, is the leading organization of clinical and research professionals working to advance and improve the treatment of epilepsy through the promotion of research and education for healthcare professionals. Society membership includes epileptologists and other medical professionals, allied healthcare professionals, and scientists concerned with the care of people who have seizure disorders.

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