

## 16. Epilepsy

Epilepsy				
Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
<p><b>Knowledge and Understanding</b></p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the diagnostic criteria for epilepsy.</li> <li>• Demonstrate an understanding of when to signpost urgently to a referring clinician.</li> <li>• Demonstrate an understanding of potential triggers for seizures, sleep deprivation, stress, light sensitivity, or alcohol use.</li> <li>• Demonstrate an understanding of the monitoring requirements for anti-seizure medicines.</li> <li>• Demonstrate an understanding of the wide spectrum of lived experience of patients with epilepsy.</li> <li>• Demonstrate an understanding of how epilepsy may affect different people differently.</li> <li>• Demonstrate an understanding of the choice of medicines which are available to treat epilepsy.</li> <li>• Demonstrate an understanding of the basic pathophysiology of differential diagnoses.</li> <li>• Demonstrate an understanding of the pathophysiology of the distal complications of epilepsy including: <ul style="list-style-type: none"> <li>○ Social isolation.</li> <li>○ Restrictions on normal day-to-day activities.</li> </ul> </li> <li>• Demonstrate an understanding of the contraceptive choices and the impact that medications used to treat epilepsy have on these choices.</li> <li>• Demonstrate an understanding of the pre-conceptual care of patients with epilepsy.</li> </ul> <p><b>Patient Review</b></p> <ul style="list-style-type: none"> <li>• Be able to elicit patients' understanding of epilepsy.</li> <li>• Be able to check with the person and/or their carers are aware of who to contact if there are problems relating to their epilepsy, and ensure that all children and young people are reviewed by an epilepsy specialist at least once a year.</li> <li>• Be able to ask about seizure frequency and severity, and any changes since the patient was last reviewed: <ul style="list-style-type: none"> <li>○ For those with more than one sort of seizure type, identify how frequently they have each seizure type.</li> <li>○ Refer, or pass to a referrer, all people with epilepsy to an urgent appointment (within 2 weeks) for specialist assessment if they have a seizure recurrence after a period of remission.</li> </ul> </li> <li>• Be able to ask people how the epilepsy is affecting their daily functioning and quality of life, and provide sources of information and support.<sup>222</sup></li> </ul>				

<sup>222</sup> <https://epilepsysociety.org.uk/living-epilepsy>

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<ul style="list-style-type: none"> <li>• Be able to ask about any symptoms or signs of anxiety, depression, and memory or cognitive deficit, and refer to an appropriate clinician if noted.</li> <li>• Be able to ask about the impact of epilepsy on work, educational and leisure activities: any associated difficulties or risks, and how they manage them. Be able to raise awareness of the danger of water (swimming, bathing or showering) to reduce the risk of accidental drowning.</li> <li>• Be able to communicate the laws around driving, and that the person has contacted the DVLA.<sup>223</sup></li> <li>• Be able to discuss contraceptive choices and pre-conceptual care with female patients. Ensuring the patient fully understand the risks associated with teratogenic medications, where appropriate</li> <li>• Be able to explain the type and frequency of the monitoring needed.</li> <li>• Be able to explain the steps to take prior to monitoring to ensure accurate results, depending on the medicine the patient uses, particularly the time related to the last dose, where appropriate.</li> <li>• Be able to revisit explanations and shared decision-making conversations as needed.</li> <li>• Be able to ask about any adverse effects of medicines, and ensure that the person (or their family/carers) understand the risks of not taking medicines as advised, so as to reduce the risk of seizures and sudden unexpected death in epilepsy (SUDEP).<sup>224</sup></li> <li>• Be aware that generic medicines are not always appropriate in the treatment of epilepsy.</li> <li>• For people whose seizures are controlled, be prepared to discuss the risk of osteoporosis with carbamazepine, phenytoin, primidone, and phenobarbital or sodium valproate.</li> <li>• Be able to participate in the review of results and ensuring patient receives follow up from a suitable senior clinical where appropriate.</li> <li>• Be able to administer appropriate vaccinations to patients with epilepsy as per local and national guidance.<sup>225</sup></li> <li>• Be able to identify where patient requires onward specialist referral and make referral in conjunction with a suitable senior clinician.</li> <li>• Be able to recognise when patient complexity exceeds competence and refer on as appropriate.</li> <li>• Be able to identify when patient requires signposting to a referrer in the Practice, or a referral back to a secondary care specialist team.</li> </ul>				

<sup>223</sup> <https://www.gov.uk/epilepsy-and-driving>

<sup>224</sup> <https://epilepsysociety.org.uk/living-epilepsy/sudden-unexpected-death-epilepsy-sudep>; <https://www.nice.org.uk/guidance/ng217/chapter/10-Reducing-the-risk-of-epilepsy-related-death-including-sudden-unexpected-death-in-epilepsy>

<sup>225</sup> <https://www.gov.uk/government/publications/immunisation-of-individuals-with-underlying-medical-conditions-the-green-book-chapter-7>

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<ul style="list-style-type: none"> <li>Ensure that patients with epilepsy requiring continuous anticonvulsive therapy have a prescription exemption certificate.<sup>226</sup></li> </ul>				

<sup>226</sup> <https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-03753/en-us>