

Bridging The Gap in Epilepsy Treatment in A Resource-Limited Setting

There are nearly 50 million people with epilepsy (PWE) worldwide and approximately 15 million in South-East Asia.^[1] India accounts for nearly one-fifth of the global burden of epilepsy.^[2] Epilepsy can be well controlled in 70% of PWE with appropriate medical management. Unfortunately, more than 70% of PWE remain untreated or inadequately treated in India and other low middle-income countries. The percentage of people with untreated epilepsy (i.e., the treatment gap in epilepsy) in India ranges from 22% in the urban areas to as high as 90% in villages.^[3] Fear of stigmatization, cultural beliefs, lack of knowledge, illiteracy, and economic hardships are the significant factors contributing to the treatment gap. Other contributing factors include distance to health facilities, gender bias, inadequate supply of antiepileptic drugs, and lack of prioritization by health authorities.

The World Health Organization (WHO) Southeast Asian Region (SEARO) motto for treating PWE is^[4] “With the availability of cost-effective medication for epilepsy, even one patient with uncontrolled seizure is unacceptable.”

In this issue, Singh *et al.* have surveyed the availability and affordability of antiepileptic drugs (AEDs) in the community at Ludhiana city, in Punjab state in northwest India.^[5] They have presented data on the availability and maximum retail prices of originator brands and least price generics of AEDs in 46 randomly selected public ($n = 29$), private ($n = 8$), and charitable ($n = 9$) pharmacy outlets. The data point toward a gross deficiency in the availability of AEDs in most places. There was no significant difference in the price of AEDs between originator brand and other generics for most AEDs with the exception of lamotrigine 25 mg, thanks to the recent changes in the national regulatory policies. However, the monthly cost of medicine is substantial when viewed from the consumer's perspective.

It is time to introspect as to how to bring in the vast majority of PWE who are outside the treatment benefits into the safety of appropriate treatment. We must find the answers and take appropriate action now so that PWE can emerge from the shadows. An earlier study had shown that spending more money to promote the treatment of epilepsy saves more money from a reduction in the indirect cost.^[6] Governments need to

invest more in procuring epilepsy medicines and improving the efficiency of the supply chain. The health insurance schemes need to cover outpatient and inpatient treatment for epilepsy under its benefits. The caregivers have the responsibility to select appropriate AEDs for specific epilepsy syndromes. Lastly, more comprehensive epilepsy care centers need to be set up for providing early epilepsy surgery at affordable prices for persons having drug-resistant epilepsy.

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