

Hospital pharmacists and their role in the management of epilepsy

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Epileptic disease is a chronic brain disorder characterized by the presence of repeated and spontaneous epileptic seizures.

The underlying causes of the disease are sometimes unknown (idiopathic epilepsy), in other cases they depend on various brain disorders, such as malformations, tumors, strokes (symptomatic epilepsy).

The research and development of new drugs for the treatment of epilepsy actually make it possible to have various therapeutic options that can assist to keep the disease under control, helping patients to lead a normal life. The progress made in the context of epilepsy in both clinical and social settings is still accompanied by unmet needs in all age groups and for the different forms of the disease.

The first unmet needs are recorded in preschool and school age where children have difficulties with insertion and inclusion. There is still a great difficulty in building a transition path from childhood-adolescence to adulthood, it is still difficult to practice sports, there are important limitations at work, especially if the presence of crises does not allow one to obtain a driving license.

The lack of homogeneity in the organization and access of care is particularly important in the multidisciplinary management of drug-resistant epilepsies, the most serious forms of the disease.

The American international guidelines of the National Association of Epilepsy Centers (NAEC) and the European

guidelines of NICE and SIGN, recently supported by the national guidelines “The treatment of epilepsy in pediatric age (SINPIA),” represent together with the PDTA developed by some Italian regions an important easy reference for operators and for patients; they can help to reduce the margin of arbitrariness, which inevitably, in the absence of systematized information, can influence everyone’s work or judgment in this area.

To improve the possibilities of treatment, it is necessary to introduce and make use of modern digital technologies to carry out remote checkups and share information online between centers of various levels (telemedicine), to implement therapeutic adherence and persistence, achieving full involvement of the patient/caregiver with simple tools of great clinical and economic benefit.

Homogeneous access to new drugs in the different Italian regions from both a temporal and distribution point of view would ultimately allow for optimal governance in the management of the disease.

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