References:

1. Veatch R. M. Models for Ethical Medicine in a Revolutionary Age// Problems of Philosophy. 1994. № 3. P. 67-72.

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THE ORGANIZATION OF WORK OF THE CITY CHILDREN'S EPILEPTOLOGIST

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Introduction. The epilepsy is the chronic disease of a brain characterized by repeated not provoked attacks of infringement of impellent, sensitive, vegetative, cognitive or mental functions, arising owing to excessive neural categories (ILAE, 1989). By data the WHO an epilepsy is widespread neurologic disease to which in the world it is subject more than 50 million persons. In the developed countries its prevalence fluctuates from 1, 5 to 18 persons on 1000 population and in some developing countries exceed 30 on 1000 population. The social importance of this disease is defined by high percent of disability patients [5]. According to the world statistics annually registered disease of an epilepsy averages 70 on 100 000 population.

Most often epilepsy is met at children. Epilepsy and paroxismal frustrations at children are among the important medical, social, psychological and economic problems. Attacks at children are characterized not only high frequency, but also by expressiveness degree. During this period when there is an intensive development of a brain, attacks can lead to secondary changes from outside mentalities of the child. At in due time begun and qualified treatment the probability of treatment from attacks at children's age makes 80-90 %. At the same time there are forms of the attacks which probability of treatment is much less, approximately from 10 % to 40 %, and there

are they seldom enough. But now there was a possibility to help and these people. World experience shows that treatment by high doses of anticonvulsive medicine under the control of pharmacological monitoring allows to cure of attacks more quantity of earlier heavy in treatment patients.

One of prominent aspects of rehabilitation of the given category of patients is the organization of complex medical aid, considering that the basic treatment sick of an epilepsy receive in out-patient conditions. The important links of the help sick of epilepsy, entering into the international standards [3] are realized. As rehabilitation of epilepsy patients we understand system of the medicamentous and not medicinal actions directed on partial or a complete recovery of biological and social status of the patient. Distinguish medical, sociolabor and family rehabilitations.

In many countries of the world epileptology became independent medical discipline. The speciality of the doctor-epileptologist is accordingly allocated also. Epileptology is the versatile speciality uniting in numerous aspects of neurology, psychiatry, neurosurgery, neurophysiology, neuroradiology, clinical pharmacology, neuropsychology and social studies. In Russia the speciality of the doctor-epileptologist is not allocated yet in the nomenclature of medical workers [4]. In modern epileptology one of the priority purposes is improvement of quality of a life and rehabilitation of epilepsy patient.

The important questions on the organization of treatment of epilepsy patient are much more expedient for solving at level of administrative region since in this state structure all necessary conditions for fast and rational realization of the most successful workings out of carrying out of the specialized help of the population [2] are put.

Research objective: to carry out the analysis of work of the children's epileptologist for 2009 – 2010.

Materials and research methods. The analysis of work of children's epileptologist for 2009-2010 at «Children's city hospital» is carried out. We used clinical-epidemiological, neurophysiological, statistical research methods.

Epilepsy was diagnosed according to the International classification of epilepsy, epileptic syndromes and similar conditions (New Delhi, 1989). Electroencephalography (EEG) was spent on the device «the Nejron-spectrum 3» ("Nejrosoft").

Statistical processing of the received results was spent with use of computer program Microsoft Excel.

Results and discussion. According to the epidemiology researches in children in Yakutia prevalence of disease has made 4, 9-5, 2 on 1000 children's population. Physical inability is established at 33, 8 % of children with epilepsy. In Yakutsk according to neurologists 264 children with the diagnosis epilepsy are on regular medical check-up. According to the official statistics prevalence of epilepsy among the children's population of Yakutsk makes 6,2‰. The cabinet of the epileptologist is organized in 2009 for improvement of quality of rendering of medical aid to children with epilepsy.

The cabinet of the city epileptologist is organized by the Order of management of public health services of Yakutsk on the basis of Children's city hospital in 2009. In Russia there are no standard documents concerning the organization and reception planning of epileptologist. However, many questions can be solved at level of municipal departments, the ministries. The legal basis of service has been prepared, 2 doctors are trained: the neurologist - epileptologist and neurophysiologist. Under the municipal program «Health protection of women and children» are got: the system of video-EEG monitoring first in republic « Neuron-spectrum 3» (Russia) and anticonvulsive medicines for treatment of children not having physical inability and not receiving anticonvulsive medicines on additional medicinal maintenance. Besides, by experience of the organization of such cabinets in other regions, loading on the doctor - epileptologist (not less than 30 minutes on the patient) was established. All these actions in aggregate allow to correct adequately a dose of a preparation.

The primary goals of a reception of epileptologist are: differential diagnostics of epileptic attacks and other paroxysmal conditions at various diseases of nervous system and a somatic pathology; complex inspection for the purpose of specification of the form of attacks and their etiology; selection of anticonvulsive therapies and dynamic supervision of the patients receiving anticonvulsive therapy; medical-social rehabilitation of patients with an epilepsy and others paroxysmal conditions; examination carrying out.

Medical indications to a direction of patients on consultation and treatment are: for the first time revealed epilepsy and others for the first time arisen paroxysmal conditions; an epilepsy, resistant to treatment; epileptic syndrome of an unstated etiology; not classified and not specified paroxysmal conditions with infringements of consciousness, behaviour, vegetative crises, dizziness attacks, a migraine and others paroxysmal headaches, dream frustration; dynamic supervision of the patients receiving antiepileptic treatment, for an estimation of its efficiency and safety. Reception is carried out in directions of neurologists and local doctors within the obligatory health insurance on preliminary record. In an office the personified account of

patients with epilepsy is conducted. In case of need the patient goes on inspection and treatment in the conditions of neurologic branches of Republican hospital №1 and Republican hospital №2.

For 2009-2010 2314 consultations, initially 40 %, repeated consultations of 60 % are done. The data of these children are given in the created register of epilepsy patient which allows to carry out versatile monitoring on the given problem in Yakutsk. 40 % of children, suffering from epilepsy, addressed in an office, had no verified diagnosis in medical institutions or were observed with the diagnosis «a convulsive syndrome», «epileptic syndrome» that did not correspond to requirements of ICD and classifications of ILAE. Including, the part of children (5 %) was treated with the preparations which have been not recommended at the certain clinical form of epilepsy. At half (50 %) for the first time addressed with the diagnosis epilepsy correction of ant-epilepsy therapy was done, as received doses and schemes of preparations were insufficiently effective or at all inefficient (a small dose counting on weight of a body, an inefficient combination of preparations, the submaximum doses in the absence of significant clinical effect).

In 14 % of cases from patients being under constant observation for today epilepsy for the first time is diagnosed. In 20 % of cases from them children suffered the present disease in a current of several years, however, the diagnosis epilepsy has not been exposed owing to low availability of EEG research, absence of prolonged EEG monitoring, including video-EEG monitoring (which for today is the gold standard in epilepsy diagnostics). Analyzing gender-age structure of children registered with epilepsy is possible to conclude that morbidity is a little higher at preschool age 2 - 6 years (30,5 %), in early school 7- 9 years (24,4 %), teenage age of 10-17 years (45,1 %, including children of 10-14 years – 13,3 %; to sexual sign boys slightly prevail (55 %) that corresponds to the WHO statistics.

Due to the analysis of addressing to doctor it was revealed that for 2 years of work of an office there was an increase in dispensary groups on 42,1 % (2009 – 131, 2010 – 226). And also a share for the first time revealed cases during the current year 10,2 % and 18,2 % from all dispensary groups for all period of work of service. To 100 % of cases to patients with epilepsy routine EEG, in 57,1 % of cases (129 children) video-EEG monitoring (2009 – 120) were carried out. In 100 % of cases validity in application of the given method of research is noted.

The reception structure under epilepsy forms represents the following (it agree ISD 10): generalized idiopathic epilepsy - 28,8 %; localized (focal) idiopathic epilepsy and epileptic syndromes with convulsive attacks with the focal beginning - 26,1 %; special epileptic syndromes - 16,4 %; localized (focal) a symptomatic epilepsy and epileptic syndromes with simple partial attacks - 11,1 %; localized (focal) a symptomatic epilepsy and epileptic syndromes

with complex partial convulsive attacks - 7,6 %; other kinds of generalized epilepsies - 5,3 %; other specified forms of an epilepsy - 2,35 %, an epilepsy not specified - 2,35 %.

The purposes of treatment sick of epilepsy include: 1) disposal of attacks; 2) minimization of undesirable by-effects; 3) the prevention or elimination of mental frustration; 4) social restoration; 5) assistance to a healthy way of life; 6) a life without medicines and without attacks.

Within the limits of the municipal program patients gratuitously receive expensive anticonvulsive medicine that was positively reflected in quality of therapy and observance of a principle of a continuity of reception of the appointed preparation.

Efficiency of treatment: recover in 2010 has made 2,3 % (2009-2,3 %), in 31,5 % of cases is reached full remission. In 30 % cases positive clinical dynamics, but with incomplete remission is reached. At 33,7 % of children remission currently is not reached (2009 – 32,8 %), considerable positive dynamics are noted. In 11 cases (4,3 %) negative dynamics is marked: in 3 cases it was a the malignant form of a current of disease, in 2 cases low level of compliance, at 2 - self-cancellation by parents of a preparation on reaching significant clinical effect, in 4 cases - failure of remission or deterioration of a current of disease occurred under the recommendation of not profile experts to full cancellation of anticonvulsive therapy.

Because of absence of original anticonvulsive medicines and its replacement by generic drugs there is a problem of medicinal supplying of children having a category "disability child". Replacement of original medicines by generic drugs can lead to failure of medicamentous remission.

The conclusion. Thus, the organization of complex medical aid has allowed generating complete strategy of advising epilepsy patients at municipal level. The continuity of anti-epileptic treatment of city patients with epilepsy is adjusted; the succession and interaction with neurologists of the city polyclinics, observing patients of a given contingent have improved. 100% of children with epilepsy, being under constant observation of epileptologist receive anticonvulsive therapy with individual correction of a dose of preparations. Tactical questions of end of medicamentous treatment of patients in a condition of epilepsy remission are fulfilled. The received results of treatment of epilepsy patients: increase in quantity of patients with remission, improvement of their life quality, improvement of continuity of conducting patients allow to confirm necessity and timeliness of the organization of city epileptologist consulting room.

But at the same time, for perfection of work of the children's city epileptologist it is necessary to solve following problems: acquisition of the additional diagnostic equipment for out-patient daily record EEG («Holter EEG»), the additional module of polysomnography on

available system of video EEG-monitoring; concentration definition of anticonvulsive medicines in blood for medicinal monitoring that will allow to improve selection of antiepileptic therapy; supplying of patients by original anticonvulsive drugs under the program.

References:

1. Volkov I.V. Experience of organization of antiepileptic help in Novosibirsk / I.V.Volkov, O.K.Kalina // the Bulletin of epileptology. – 2004. -1 (02). – P.15-17.

2. Gromov S.A. Rehabilitation sick of epilepsy in the administrative region / S.A. Gromov, L.G .Zaslavskij, M.F. Kataeva. - S-Pb., - 1994. – 14 p.

3. Petrjuk P. T. About features of structure and work at German epileptological Berlin-Brandenburg centre / P. T.Petrjuk, A.L.Gusov // Taurian magazine of psychiatry. - 2006. - V. 10. - № 1. - P. 71–75.

4. Poverenova V.V. Organization of the help sick with epilepsy at the specialized antiepileptic centre (on an example of the Samara region) / V.V. Poverenova. – Saratov, 2004. – 24 p.

5. Epidemiology of epilepsy in Russia / A.B. Geht [etc.] // Korsakov Journal of neurology and psychiatry. - 2006. - № 1. - P.3-7.

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