## Commission on Epidemiology

David Thurman, Chair

The Commission
on Epidemiology
(David J. Thurman,
Chair) seeks to promote
standard methods
for epidemiological
research in epilepsy
and for describing the
epidemiological evidence
on the burden of epilepsy
and potential preventive
measures.



David Thurman

The principal responsibility of the

Commission on Epidemiology is to develop and disseminate knowledge of the global burden of epilepsy and its risk factors from a public health and prevention perspective. Accordingly, the Commission has four main goals.

First it will review available epidemiological evidence and assess its evidence. The Commission will summarize

this evidence to assist the League in the planning and management of its programs. The second task is to identify epidemiological research topics, to promote improvements in research methods, and to strengthen research capacity, including research to inform the League's epilepsy prevention and control programs. Third, the Commission will enhance research and prevention programs in regions where the burden of epilepsy and its adverse consequences are highest. Finally, the Commission will educate the epilepsy community, and health ministries and departments, about the burden of epilepsy in order to promote discussions about the prevention of epilepsy and its adverse consequences.

In the last year, the Commission has pursued its mission through the work of its three Task Forces: Epilepsy Prevention Task Force (Charles Newton, Kenya, and David Thurman, USA, Co-chairs); Burden of Mortality in Epilepsy Task Force (David Thurman and Charles Newton, Co-chairs), and the Comorbidity in Epilepsy Task Force, (Dale Hesdorffer, USA, Chair).

In the last year, the Prevention Task Force began to assess the need and opportunities for primary and early secondary epilepsy prevention, and to recommend steps toward prevention. The Task Force commenced a systematic review of databases for studies of epilepsy incidence that address causes and modifiable risk. The citations and abstracts retrieved for this search have been screened, of which 255 have been judged potentially relevant. The full articles are being reviewed for the quality of data. Publication of findings and recommendations based on these reviews is anticipated in 2017.

The Mortality Task Force is systematically reviewing the mortality risks and causes of death among people with epilepsy and recommending strategies to prevent premature death in epilepsy. Separate teams are addressing mortality in high-income countries (HIC) and in lower- and middle-income countries (LMIC). During 2014-15, the Task Force completed its systematic review of articles and drafted a manuscript report for HIC,

(Continued on page 7)

## Commission on Epidemiology

Continued from page 6

while nearing completion of the systematic review and manuscript preparation for LMIC. The Task Force anticipates submitting both manuscripts together to the ILAE Executive Committee in Spring 2016.

The Comorbidity Task Force also continued from the previous Commission term with the purpose of assessing the burden of psychiatric comorbidities among people with epilepsy. The Task Force has made substantial progress toward the completion of its systematic literature review in preparation for a manuscript report. The publication of this report will enable further work, described as follows.

The three Task Forces of the Commission on Epidemiology serve to promote the primary and secondary prevention of epilepsy and its adverse consequences. The

into prevention work in several ways: first, to increase

work of both the Mortality and Prevention Task Forces will yield published assessments and recommendations that the Commission will promote in collaboration with other ILAE Commissions, WHO, and other governmental and non-governmental agencies to promote research and public health interventions for epilepsy. Similarly, the findings of the Comorbidity Task Force will be translated

awareness through publication, educational symposia, and dissemination of materials to health ministries, and also by the development of assessment and training materials for clinicians to help them identify comorbidities, understand their impact, and improve their treatment.

Continued public health surveillance and research in the epidemiology of epilepsy will be important to monitor and assess the effectiveness of current and future prevention programs addressing epilepsy.