

Statement

Dear all

I confirm my candidacy as a member of the African Affairs Commission for the 2017-2021 mandate of the International League Against Epilepsy. I became interested in epilepsy when I was preparing my PhD thesis in Medicine on neurocysticercosis. I realized that neurocysticercosis is the leading parasitic cause of epilepsy. This motivated me to specialize in Neurology. After my specialization at the University of Abidjan, I did in 2000-2001, fifteen months of internships in the service of Functional Neurological Explorations (EEG, ENMG) of Dr. TAPIE at the Dupuytren Regional University Hospital Center in Limoges, France. In 2007, I completed an University Diploma of Epileptology (IUD) at Henri Poincaré University in Nancy (France) with Professor Hervé Vespignani. In this context, I did a 12-month internship at the Saint Paul-Henri Gastaut Hospital Centre in Marseille where I learned a lot about the management of epilepsy alongside very competent doctors such as Jean Louis Gastaut, Genton Pierre, Danielle Viallat, Dominique Broglin, Nathalie Villeneuve....I completed a three-month capacity building course in Fabrice Bartholomé's Neurophysiology and Epileptology department in 2016 at the Timone Hospital in Marseille, France.

After my specialization in 2001, I returned to Benin where I had joined a team led by Professor AVODE D. Gilbert with his assistant HOUINATO Dismand. With this team, a number of researches have focused on epidemiology; epileptics therapeutic route, the contribution of EEG in the diagnosis of epilepsy and certain clinical forms of epilepsy. Epilepsy mapping was then undertaken. Benin is thus an area of high prevalence because the rate of epilepsy varies from 15 to 38.4‰ but the national average is estimated at 08‰. The condition mainly affects young adults. During the various surveys, the psycho-socio-cultural dimension was explored and the behaviour of the individual in his environment, his experience of the disease was highlighted. The supernatural and metaphysical interpretation attributed to epilepsy has been confirmed. Moreover, this condition appears to the population as a

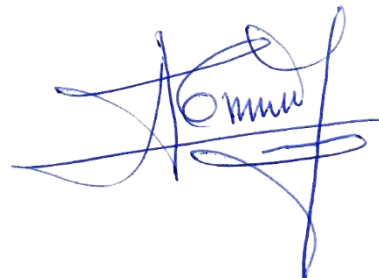
frightening, dishonourable, incurable and contagious disease that refers to death. This explains the rejection and isolation suffered by epileptic subjects in our different villages.

Africa remains the region most affected by epilepsy, but unfortunately people with epilepsy are stigmatized. Access to care remains difficult for many patients, partly because of negative biases, but also because of difficulties in access (economic, geographical), availability of medicines and lack of qualified human resources.

If I am elected to the commission, I will work with our newly elected Chair of the African Commission. I will use my expertise as a clinician and in the field to promote the health of people with epilepsy.

My priority will be to participate in staff training to improve the management of epilepsy. I will implement community actions for the benefit of patients and their families and ensure that links between ILAE and African leagues are strengthened. I will share my experience with other African countries in the organization of epilepsy management.

Yours

A handwritten signature in blue ink, appearing to read 'Constant K. Adjien', with stylized flourishes extending from the letters.

Constant K. ADJIEN