The current status of epilepsy outpatient clinic of Tottori Medical Center
— follow-up report—

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Abstract

A total of 150 patients received an initial treatment at the epilepsy outpatient clinic of Tottori Medical Center between April 2012 and March 2020, and 128 patients were diagnosed as epilepsy, while 22 patients were diagnosed as a disease other than epilepsy. Among the 128 patients diagnosed as epilepsy, 73 patients who continued to receive outpatient care at the end of the fiscal year 2019; that is, March 2020, were included in the present study. We
investigated their age at the time of epilepsy onset and the initial treatment, diagnosis, the presence or absence of
drug treatment, and seizure management status.

The majority of the 128 patients initially experienced epilepsy before turning 20. Time from the initial
experience to receiving the first treatment at our hospital was 10 years or longer in more than 60% patients. The
percentage of generalized seizure and idiopathic generalized epilepsy increased compared with that of our previous
report. The 8-year investigation period was divided in to the first and second half (i.e., the first 4 years and second
4 years) to compare the frequency of antiepileptic drug prescription at the initial treatment. The result showed that
the use of such drugs was more frequent in the second 4 years than in the first 4 years.

The majority of the 73 patients who continued to receive follow-up care at the hospital developed the initial
epilepsy before their 20s. In many, the interval between their first experience of epilepsy and receiving first treatment
at our hospital exceeded 20 years. The most common reasons leading to undergoing treatment at our hospital were
graduating out of pediatric care (approximately half of the patients), retirement of the previous physician, move to
another city, and request for specialized treatment.

According to the seizure classification created by the International League Against Epilepsy (ILAE) in 1981, 16
patients had generalized seizures, 53 patients had partial seizures, and 4 patients had unclassified epileptic seizures.
According to the epilepsy/epilepsy syndrome classification established by ILAE in 1989, 15 patients had idiopathic
generalized epilepsy and epilepsy syndromes, 2 patients had cryptogenic generalized epilepsy and epilepsy
syndromes, 51 patients had symptomatic localization–related epilepsy and epilepsy syndromes, and 5 patients had
undetermined focal or generalized epilepsy and epilepsy syndromes. The number of antiepileptic drugs used at the
initial treatment was as follows: no treatment (9 patients), 1 drug (31 patients), 2 drugs (23 patients), 3 drugs (5
patients), 4 drugs (2 patients), and 5 drugs (3 patients). These values changed to 1 drug (28 patients), 2 drugs (30
patients), 3 drugs (11 patients), 4 drugs (1 patient), and 5 drugs (3 patients) in March 2020. In addition, 9 patients
who were untreated at the initial visit received these drugs in March 2020: 1 drug (4 patients), 2 drugs (4 patients),
and 3 drugs (1 patient).

The number of patients who used valproate (VPA), a first-line drug for epilepsy, decreased, while that of patients
who took lamotrigine (LTG), levetiracetam (LEV), and lacosamide (LCM), which are new antiepileptic drugs,
was higher in March 2020 than at the initial treatment. Tottori J. Clin. Res. 12(1), 1-13, 2020

Key words: てんかん，外来，移行期医療，地域連携，抗てんかん薬，発作コントロール；epilepsy，
outpatient clinic, transition medicine, regional cooperation, antiepileptic drugs, seizure management

はじめに

鳥取医療センター（以後当院と略）神経内科
(2019年4月より脳神経内科）では，開設されて
以来，鳥取県東部における難治性てんかん治療に
尽力してきた．著者らは，2013年に「鳥取医療セ
ンターにおけるてんかん診療と鳥取県東部での
地域医療連携」と題して，2012年での当院神経
内科におけるてんかん患者の外来治療状況を報
告したり，当院では2012年にてんかん外来を開設
してからは，鳥取県東部のてんかん医療の二次医
療を担ってきた．

前回の調査1後の8年間に，国際的には，国際
てんかん連盟（ILAE）により，てんかんという疾
患自体の定義が「てんかんの実用的臨床定義」と
して2014年に改訂された2.また，新たなてんか
ん発作型分類が2017年に発表された3.さらに，
わが国ではてんかん診療ガイドラインが2018
年に改訂された．この中で新規抗てんかん薬につ
いての記載が追加され，診断，検査，治療および
予後が最新化された．1990年代を転換して地元で発
売されていた新規抗てんかん薬が，わが国でも
2006年に使用できるようになり，その後の症例
の蓄積によってメリット・デメリットが明確にな
った．また，以前は抗てんかん薬の単剤治療が推
奨されていたが，近年は難治例などに対して各薬
剤の作用機序などを考慮した“合理的多剤併用療
法（rational polytherapy）”が奨められるようにな
った．このため，てんかん治療医は，各薬剤の特