



Epilepsy and Pregnancy Risks: Quality of Care for Women in Bhutan

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DESCRIPTION

Epilepsy is a chronic neurological disorder affecting millions of individuals worldwide, including women of childbearing age. For these women, managing epilepsy poses unique challenges, particularly when considering the potential risks to both maternal and fetal health during pregnancy [1]. In Bhutan, where healthcare access remains limited, ensuring that women of childbearing potential with epilepsy receive adequate care is crucial. This article explores the findings of an observational study assessing the quality of care for this population in Bhutan, highlighting key challenges, gaps in care and potential solutions.

Epilepsy is a condition characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain. Women of childbearing potential with epilepsy face unique concerns due to the potential impact of both the condition and Antiepileptic Drugs (AEDs) on reproductive health. Uncontrolled seizures during pregnancy can lead to miscarriage, preterm labor and developmental issues in the fetus. Additionally, certain AEDs can increase the risk of congenital malformations, cognitive impairments and neurodevelopmental delays in children [2].

For women with epilepsy, managing their condition during pregnancy requires a delicate balance between minimizing seizure frequency and avoiding harm to the developing fetus. This underscores the importance of high-quality, individualized care, especially in low-resource settings like Bhutan, where healthcare infrastructure may not be fully equipped to address these specific needs [3].

Bhutan is a small, mountainous country in South Asia with a population of approximately 750,000 people. While the government has made significant strides in improving healthcare services, particularly in maternal and child health, challenges remain, particularly for individuals with chronic conditions like epilepsy. The observational study conducted in Bhutan highlights several key issues faced by women of childbearing potential with epilepsy [4].

One of the primary challenges identified in the study is the lack of specialized care for epilepsy. Bhutan's healthcare system is largely focused on primary care services and there is a shortage of neurologists and epilepsy specialists. As a result, many women with epilepsy receive care from general practitioners who may not have extensive training in managing the condition, particularly in the context of pregnancy [5].

Another challenge is the limited availability of diagnostic tools and medications. In many cases, access to advanced diagnostic technologies, such as Electroencephalograms (EEGs) and Magnetic Resonance Imaging (MRIs), is restricted, making it difficult to accurately diagnose and monitor epilepsy. Additionally, the availability of AEDs in Bhutan is limited, with only a few options accessible to patients [6]. This limits the ability of healthcare providers to tailor treatment plans to the individual needs of women with epilepsy, particularly when considering pregnancy [7].

The observational study assessed the quality of care received by women of childbearing potential with epilepsy in Bhutan. The study focused on several key indicators, including access to appropriate medical care, adherence to treatment guidelines and patient outcomes. The findings reveal important gaps in the quality of care provided to this vulnerable population [8].

One of the most significant findings is that many women with epilepsy in Bhutan are not receiving adequate preconception counseling. Preconception counseling is critical for women with epilepsy, as it allows healthcare providers to optimize seizure control and adjust medication regimens before pregnancy. However, the study found that only a small percentage of women had received this type of counseling, putting them at greater risk for complications during pregnancy [9].

Additionally, the study found that adherence to treatment guidelines was inconsistent. While most women were prescribed AEDs, there was little evidence of regular monitoring or follow-up to assess treatment efficacy or side effects. This lack of continuity in care may contribute to suboptimal seizure control and increased risks during pregnancy [10].

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CONCLUSION

The observational study highlights significant gaps in the quality of care for women of childbearing potential with epilepsy in Bhutan. While progress has been made in improving healthcare services in the country, addressing the unique needs of this population will require targeted interventions to enhance access to specialized care, improve diagnostic capabilities, and increase awareness of epilepsy management during pregnancy. By addressing these challenges, Bhutan can improve the health outcomes of women with epilepsy and their children, ensuring a healthier future for all.

REFERENCES

1. Berkovic SF, Howell RA, Hay DA, Hopper JL. Epilepsies in twins: Genetics of the major epilepsy syndromes. *J. Neurol.* 1998;43(4): 435-445.
2. Sadleir LG, Farrell K, Smith S, Connolly MB, Scheffer IE. Electroclinical features of absence seizures in sleep. *Epilepsy Res.* 2011;93(2-3):216-220.
3. Healy L, Moran M, Singhal S, O'Donoghue MF, Alzoubidi R, Whitehouse WP. Relapse after treatment withdrawal of antiepileptic drugs for Juvenile Absence Epilepsy and Juvenile Myoclonic Epilepsy. *sz.* 2018;59:116-122.
4. Jeavons PM. Nosological problems of myoclonic epilepsies in childhood and adolescence. *DMCN.* 1977;19(1):3-8.
5. Aicardi J, Chevrie JJ. Atypical benign partial epilepsy of childhood. *DMCN.* 1982;24(4):281-292.
6. Lemke JR, Lal D, Reinthaler EM, Steiner I, Nothnagel M, Alber M, et al. Mutations in GRIN2A cause idiopathic focal epilepsy with rolandic spikes. *Nat. Genet.* 2013;45(9):1067-1072.
7. Wirrell E. Evaluation of first seizure and newly diagnosed epilepsy. *CONTINUUM: Lifelong Learning in Neurology.* 2022;28(2): 230-260.
8. Tang S, Addis L, Smith A, Topp SD, Pendziwiat M, Mei D, et al. Phenotypic and genetic spectrum of epilepsy with myoclonic atonic seizures. *Epilepsia.* 2020 May;61(5):995-1007.
9. Mikati MA, Jiang YH, Carboni M, Shashi V, Petrovski S, Spillmann R, et al. Quinidine in the treatment of KCNT 1-positive epilepsies. *Ann Neurol.* 2015;78(6):995-9.
10. Taylor I, Marini C, Johnson MR, Turner S, Berkovic SF, Scheffer IE. Juvenile myoclonic epilepsy and idiopathic photosensitive occipital lobe epilepsy: Is there overlap?. *Brain.* 2004;127(8): 1878-1886.