Epilepsy Care from a Nursing Perspective: A Systematic Review of Interventions

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ABSTRACT

Epilepsy care requires a comprehensive understanding of the condition and its multifaceted impact on patients' lives. From a nursing perspective, interventions can play a crucial role in managing epilepsy effectively. This systematic review highlights various nursing interventions that focus on education, medication management, seizure recognition, and psychological support. Nurses are pivotal in educating patients and their families about seizure triggers, the importance of medication adherence, and lifestyle modifications to reduce seizure frequency. They also provide counseling and emotional support, helping patients cope with the psychological aspects of living with epilepsy, which can include anxiety, depression, and social stigma. Additionally, the review examines the implementation of evidence-based practices that enhance patient outcomes. Collaborative initiatives, such as forming multidisciplinary teams, have demonstrated effectiveness in providing holistic care that encompasses not only the medical but also the social and emotional needs of patients. Nursing-led interventions, including seizure action plans and community support programs, foster a supportive environment, empowering patients in their self-management efforts. The findings suggest that targeted nursing interventions can significantly improve adherence to treatment, enhance quality of life, and reduce the overall burden of epilepsy on patients and their families.

KEYWORDS: Epilepsy, Nursing interventions, Systematic review, Patient education, Medication management, Seizure recognition, Psychological support, Multidisciplinary teams, Evidence-based practice, Quality of life.

1. Introduction

Epilepsy is one of the most common neurological disorders, affecting approximately 50 million people worldwide. Characterized by recurrent, unprovoked seizures resulting from abnormal electrical activity in the brain, epilepsy presents significant challenges not only to the individuals diagnosed but also to their families, healthcare providers, and wider communities. Effective epilepsy management requires comprehensive care that encompasses medical treatment, psychosocial support, education, and lifestyle modifications. Among healthcare professionals, nurses play a pivotal role in the epilepsy care continuum, providing critical interventions that can significantly influence patient outcomes and quality of life. This systematic review aims to explore the various nursing interventions in epilepsy care, examining the impact of these interventions on seizure management, patient education, psychosocial support, and overall health outcomes [1].

The role of nursing in epilepsy care extends beyond mere administration of medication or monitoring of seizures; it integrates a multifaceted approach that addresses the complex needs of individuals living with this condition. Nurses are often on the front lines, tasked with the responsibility of educating patients about their condition, managing side effects of antiepileptic medications, and providing emotional and psychological support to those grappling with the challenges associated with epilepsy. An understanding of the various interventions employed by nurses can help elucidate the critical contributions that nursing care makes to the broader epilepsy management framework [2].

The systematic review will focus on several key areas of nursing interventions in epilepsy care, including educational programs aimed at enhancing patients' knowledge about their condition, skills training to promote self-management strategies, and psychosocial support mechanisms that address the emotional and social challenges faced by individuals with epilepsy. Education is particularly vital, as studies indicate that patients who understand their condition are more likely to adhere to treatment regimens and take proactive steps in managing their health. Consequently, the review will investigate the effectiveness of various educational strategies employed by nurses in different clinical settings and the resultant impact on patient empowerment and engagement [3].

With the increasing emphasis on patient-centered care, nurses are also involved in developing individualized care plans that consider the unique psychosocial dynamics of each patient. Understanding the stigma associated with epilepsy and its accompanying social challenges is crucial for nurses, who must advocate for their patients and create supportive environments where they can thrive. The review will examine interventions aimed at reducing stigma, enhancing social inclusion, and advocating for the rights of individuals living with epilepsy [4].

Furthermore, as the landscape of healthcare evolves into value-based systems, the cost-effectiveness of nursing interventions in epilepsy care becomes an essential factor worth examining. Evaluating the economic implications of various interventions will provide valuable insights into the potential for nursing care to not only improve patient outcomes but also contribute to broader healthcare objectives of sustainability and efficiency [5].

In compiling this systematic review, numerous methodologies will be considered, including randomized controlled trials, cohort studies, and qualitative research that sheds light on patient experiences and outcomes. By assessing the strengths and limitations of existing studies, gaps in the current literature shall be identified, paving the way for future research directions that can further enhance nursing interventions in epilepsy care [6].

Objective of the Systematic Revie:

Epilepsy, a chronic neurological disorder characterized by recurrent seizures, affects millions of individuals worldwide. Its multifaceted nature requires an integrated approach to care that is particularly emphasized in the nursing context. Nurses play a pivotal role in the management of epilepsy through direct patient care, education, and advocacy [6].

Before delving into the nursing perspective, it is essential to understand epilepsy, its types, causes, and effects on individuals. Epilepsy is not a single condition but a collection of disorders characterized by abnormal electrical discharges in the brain leading to seizures. These seizures can vary widely in terms of frequency, duration, and severity, posing significant challenges to patients' physical and psychological wellbeing. Individuals with epilepsy often face stigma, limited access to care, and a higher risk of comorbid conditions such as anxiety, depression, and cognitive impairments. Consequently, comprehensive care strategies involving education, support, and medical management are imperative to improve patient outcomes [7].

The Role of Nurses in Epilepsy Care

Nurses are on the front lines of patient care and are uniquely positioned to address the needs of individuals with epilepsy. Their responsibilities span across various domains, including assessment, intervention, education, and evaluation. The systematic review on epilepsy care from a nursing perspective seeks to synthesize existing literature to highlight the significance of nursing roles in the following areas:

- 1. Patient Education and Empowerment: One of the primary objectives of nursing care in epilepsy management is to educate patients about their condition, treatment options, and seizure triggers. Empowering patients with knowledge enhances self-management skills, promotes adherence to medication regimens, and equips them with coping strategies. The systematic review aims to identify effective educational interventions designed by nurses that can improve patient understanding and management of epilepsy [8].
- 2. Assessment and Monitoring: The nursing process begins with comprehensive assessment, which includes not only the clinical evaluation of seizures but also the psychosocial aspects of living with epilepsy. Nurses conduct thorough assessments of patients' medical histories, seizure types, and triggers while also being attentive to their emotional and social needs. The systematic review seeks to assess the effectiveness of various assessment tools and frameworks employed by nurses to monitor seizure activity and overall health, ultimately contributing to individualized care plans [9].

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3. Collaborative Care: Epilepsy management often requires a multidisciplinary

- 3. Collaborative Care: Epilepsy management often requires a multidisciplinary approach involving neurologists, pharmacists, psychologists, and social workers. Nurses serve as critical links within this collaborative model, facilitating communication among various healthcare providers to ensure cohesive care delivery. The systematic review will explore the effectiveness of interdisciplinary teamwork in improving patient outcomes and how nurses can enhance collaboration within the healthcare team [9].
- 4. Crisis Management: In the event of a seizure, immediate response can significantly affect patient safety and outcomes. Nurses are trained to respond quickly and effectively during a seizure, ensuring the safety of the patient and the surrounding environment. The review aims to compile strategies and protocols that nurses can implement during seizure episodes and how these strategies impact the quality of care provided to patients [10].
- 5. Mental Health Support: Given the psychological implications of living with epilepsy, including the risks of anxiety and depression, nurses play a vital role in assessing and addressing mental health needs. The systematic review seeks to highlight nursing interventions that have been effective in providing psychological support, monitoring, and referrals to mental health services when necessary[11].
- 6. Research and Evidence-Based Practice: Lastly, the systematic review seeks to shed light on the importance of research in nursing practice regarding epilepsy care. By synthesizing current research, nurses can identify gaps in knowledge, recognize best practices, and promote evidence-based interventions. The goal is to foster a stronger foundation for future nursing research that targets epilepsy care, ensuring that nursing practices evolve with emerging evidence [11].

Implications for Nursing Education and Policy

Beyond clinical practice, this systematic review has broader implications for nursing education and health policy. It highlights the necessity for nursing curricula to encompass comprehensive epilepsy education, preparing future nurses to face the complexities of this condition. An emphasis on evidence-based practice and interdisciplinary collaboration in nursing programs can significantly enhance the quality of care provided to individuals with epilepsy [12].

Moreover, health policy must recognize the critical role of nursing in epilepsy care, advocating for policies that support the training and resources needed for nurses to effectively manage this condition. By doing so, healthcare systems can ensure that individuals with epilepsy receive holistic, patient-centered care that attends to their medical, psychological, and social needs [13].

2. Methodology:

Epilepsy is a chronic neurological disorder characterized by recurrent seizures, which can vary significantly in type and severity. Unlike a single seizure event caused by various factors, epilepsy implies a persistent, underlying neurological condition. This complexity necessitates a multifaceted and collaborative approach to care, incorporating accurate diagnosis, appropriate treatment, and continuous support

[14].

The first step in the care methodology for epilepsy is an accurate diagnosis. This phase often involves a detailed patient history and an array of diagnostic tests. Gathering a comprehensive medical history includes understanding the patient's seizure types, frequency, duration, triggers, and family history of epilepsy or other neurological diseases. This step is crucial, as the clinical presentation can vary widely among individuals [14].

Once a thorough history is obtained, healthcare professionals typically employ various neurodiagnostic tools to confirm a diagnosis of epilepsy. The most common and reliable initial test is an electroencephalogram (EEG), which records electrical activity in the brain. Abnormalities in the EEG, such as epileptic discharges or patterns characteristic of specific seizure types, can provide significant insights into the condition [15].

In conjunction with EEG, neuroimaging studies, such as magnetic resonance imaging (MRI) or computed tomography (CT) scans, are often performed to identify any structural abnormalities in the brain. These imaging techniques can reveal lesions, tumors, or other anomalies that may be responsible for seizure activity. Furthermore, additional tests such as blood tests, genetic testing, and psychological evaluations may be employed, depending on the individual case, further aiding in understanding the underlying causes of seizures [16].

Treatment Options

Once epilepsy is diagnosed, the next focus shifts to treatment. The cornerstone of epilepsy management generally includes pharmacological intervention, although other methods may be employed when appropriate.

- 1. Pharmacological Management: Anti-epileptic drugs (AEDs) are the primary treatment for control of seizures. The selection of an AED depends on several factors, including seizure type, the patient's age, gender, concomitant medical conditions, and potential drug interactions. Given the extensive variety of AEDs available, physicians often tailor their prescribing to balance efficacy with the minimization of side effects. It's worth noting that an understanding of the pharmacokinetics and pharmacodynamics of these drugs is crucial; this knowledge helps healthcare professionals anticipate how drugs can interact within the body[17].
- 2. Non-Pharmacological Treatments: In cases where medications result in inadequate seizure control or cause intolerable side effects, alternative treatment modalities may be considered. These options include:
- o Surgery: Surgical intervention may be suitable for patients with focal epilepsy who have not responded to pharmacotherapy and are considered candidates for surgery. Resection of the seizure focus leads to significant improvements in seizure control in many instances.
- o Vagus Nerve Stimulation (VNS): VNS is a neuromodulation technique used in refractory epilepsy. A device is implanted under the skin, delivering electrical impulses to the vagus nerve, which helps regulate seizure activity [18].

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o Ketogenic Diet: Particularly for children, a high-fat, low-carbohydrate ketogenic diet has been shown to reduce seizure frequency in some patients, providing a non-pharmacological intervention that can be employed alongside conventional treatments [19].

o Responsive Neurostimulation (RNS): This is another innovative therapy that can help patients whose seizures originate from multiple areas of the brain. An implanted device detects abnormal electrical activity and delivers stimulation to prevent full-blown seizures [20].

Continuous Management and Follow-Up

Once a treatment plan is established, continuous management becomes vital in ensuring optimal care for individuals with epilepsy. Regular follow-up appointments allow healthcare providers to monitor the effectiveness of the treatment, manage side effects, and evaluate the need for medication adjustments. During these appointments, healthcare providers can also assess any emerging comorbidities, which are common among individuals with epilepsy. Conditions such as depression, anxiety, and developmental disorders may all intersect with epilepsy, necessitating a holistic approach to patient care that recognizes the interplay of these conditions [21].

Epilepsy care methodology transcends mere clinical intervention; it includes empowering patients and their families through education and support. Understanding epilepsy is crucial for individuals to manage their condition effectively. Educational initiatives should focus on seizure types, triggers, and management strategies, as well as coping mechanisms for dealing with the challenges posed by the disorder [22].

Patient support groups and advocacy organizations can also play a pivotal role in providing community, resources, and emotional support. These support systems can help patients navigate the social stigmas often associated with epilepsy and create an understanding environment for them and their families [22].

Furthermore, digital health technologies are increasingly being integrated into epilepsy care methodologies. Mobile applications that help track seizures, medication adherence, and triggers provide patients with tools to manage their care more proactively. These developments symbolize a growing recognition of the importance of patient empowerment and involvement in their healthcare journey [23].

Nursing Interventions in Epilepsy Management:

Epilepsy is one of the most common neurological disorders, characterized by recurrent seizures due to abnormal electrical activity in the brain. With approximately 50 million people worldwide affected by this condition, the role of the nursing profession in managing and supporting individuals with epilepsy is crucial. Nursing interventions encompass a wide range of activities aimed at promoting the patient's safety, understanding their condition, managing seizures, providing education, and improving the overall quality of life [23].

Before delving into nursing interventions, it is essential to understand epilepsy's

nature and impact. Seizures can manifest in various forms, ranging from brief lapses in consciousness to severe convulsions. While some individuals may experience seizures infrequently, others might endure multiple episodes daily. Beyond physical symptoms, epilepsy can lead to psychological and social challenges, including stigmatization, anxiety, and depression. Consequently, nursing interventions must adopt a holistic approach, addressing not only physical health but also emotional and psychological well-being [24].

One of the primary nursing interventions in treating epilepsy is conducting thorough assessments and continuous monitoring of the patient. Nurses play a critical role in identifying seizure types, triggers, and patterns. This involves collecting a detailed medical history, including any documented episodes, potential auras, and associated factors such as sleep patterns, stress, or medication adherence. Continuous patient monitoring is vital during hospitalization, particularly for patients with newly diagnosed epilepsy or those experiencing frequent seizures. This can include vital signs monitoring, neurological assessments, and maintaining a seizure log to record frequency and characteristics, which can be invaluable for healthcare providers in adjusting treatment plans [25].

Safety is a paramount consideration in managing epilepsy. Nursing interventions must be designed to minimize risks during and after a seizure. Nurses should ideally ensure a safe environment for individuals with epilepsy—removing potential hazards, softening sharp edges, and providing padded mats where appropriate. During a seizure, the immediate intervention includes ensuring the patient is in a safe position, usually side-lying, to prevent aspiration and facilitate breathing, as well as removing any objects that could cause injury [26].

In cases where a seizure lasts longer than five minutes, nurses should be prepared to administer rescue medications as per standing orders or protocol. Reinforcing education around the "first aid for seizures," such as timing the seizure, staying calm, and avoiding physical restraint, is essential. After a seizure, the nurse should assess the postictal state, providing comfort and support while monitoring for any signs of injury or complications [26].

Education serves as a cornerstone in the management of epilepsy. Nurses should provide comprehensive education to patients and their families about the condition—explaining what epilepsy is, the types of seizures, potential triggers, medication regimens, and lifestyle modifications. Addressing misconceptions surrounding epilepsy is crucial in reducing stigma and promoting understanding [27].

Family members often require education on recognizing seizure symptoms, understanding seizure management protocols, and knowing when to seek medical attention. Furthermore, teaching patients about the importance of medication adherence is vital, as inconsistency in taking antiepileptic drugs (AEDs) can lead to breakthrough seizures. Counselors should be available to assist patients and families in coping with the emotional impact of the diagnosis, thereby fostering an environment of support and understanding [28].

Nurses also play a vital role in promoting lifestyle changes that can help manage epilepsy. Encouraging a regular sleep schedule, stress management strategies, and a

Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi balanced diet are necessary components of holistic care. Nurses should educate patients on recognizing and avoiding potential seizure triggers, such as fatigue, dehydration, or excessive alcohol consumption [28].

Furthermore, support groups, both in-person and online, can provide valuable resources for patients and their families. Nurses can facilitate connections with these groups, fostering a network of support and shared experiences. They can also encourage activities compatible with epilepsy management, such as yoga and meditation, which may alleviate stress and promote a sense of well-being [29].

Effective management of epilepsy often requires a multidisciplinary approach. Nurses collaborate with various healthcare professionals—neurologists, dietitians, social workers, and pharmacists—to ensure holistic care. Regular interdisciplinary meetings can enhance communication and enhance care strategies tailored to each patient's unique needs. For example, a neurologist may adjust medication based on the seizure log, while a dietitian can recommend nutritional strategies that support overall health and wellness [29].

As advocates for patients with epilepsy, nurses can play a significant role in promoting awareness, education, and research in epilepsy care. By participating in community outreach and education programs, nurses can help raise awareness about epilepsy, sparking conversations that reduce stigma. Additionally, nurses can contribute to research efforts by recruiting patients for clinical trials or participating in studies focused on improving treatment modalities and patient interventions [29].

Impact of Education and Patient Empowerment:

Epilepsy, a neurological disorder characterized by recurrent seizures, affects approximately 50 million people across the globe, making it one of the most prevalent neurological conditions. The complexities of managing epilepsy necessitate a multifaceted approach that encompasses not only medical treatment but also education and patient empowerment [30].

Before delving into the effects of education and empowerment, it is crucial to comprehend the intricacies of epilepsy itself. This condition can stem from various causes, including genetic predispositions, brain injuries, or infections. The manifestation of epilepsy varies widely, with different individuals experiencing distinct types of seizures. As epilepsy can significantly impair quality of life, it is essential for patients, caregivers, and healthcare providers to engage actively in treatment strategies that address both the medical and psychosocial aspects of the disorder [31].

Education about epilepsy is paramount for patients, their families, and caregivers. Knowledge about the condition equips individuals with the tools needed to manage the disorder effectively. An informed patient is more likely to recognize the nature of their epilepsy, identify potential seizure triggers, and adhere to treatment regimens. Moreover, education can combat the stigma associated with epilepsy, which often leads to social isolation and discrimination [31].

Educational initiatives can take various forms, such as informational sessions, support groups, and literature distributed by healthcare providers. These programs

should cover a wide array of topics, including the nature of seizures, medication adherence, lifestyle modifications, and the psychosocial challenges faced by people with epilepsy. With proper education, patients can learn the importance of a healthy lifestyle, understand the necessity of regular medical consultations, and appreciate the significance of effective communication with their healthcare providers [31].

Patient empowerment refers to the process by which individuals gain the knowledge, skills, and confidence to manage their health and healthcare actively. Empowerment is particularly vital in chronic conditions like epilepsy, where ongoing management is essential. When patients feel in control of their condition, they are more likely to take an active role in their treatment, resulting in improved adherence to medication regimens and lifestyle changes that can mitigate seizure frequency and severity [32].

Empowering patients involves fostering a collaborative relationship between healthcare providers and patients, where mutual respect and shared decision-making prevail. Effective communication between physicians and patients not only enhances trust but also cultivates a supportive atmosphere where patients feel comfortable discussing their concerns and preferences regarding treatment options [32].

Patient empowerment also encompasses the utilization of digital tools, such as mobile applications and online platforms, to track seizures, monitor triggers, and facilitate communication with healthcare providers. Such resources can enhance self-management and provide immediate access to vital information about epilepsy, thereby reinforcing patients' confidence and promoting proactive health behaviors [33].

Numerous studies have substantiated the positive effects of education and patient empowerment on epilepsy treatment outcomes. Research shows that when patients receive thorough education and are actively involved in their treatment plans, they demonstrate improved adherence to therapies, better seizure control, and an enhanced overall quality of life. Educated patients are also more likely to participate in self-management strategies, such as keeping seizure logs or using technology to monitor their condition [33].

Additionally, studies reveal that educational programs significantly reduce the stigma associated with epilepsy. When patients and their families are educated about the disorder, they can challenge misconceptions and advocate for themselves and others within their communities. Such efforts contribute to a broader cultural understanding of epilepsy, ultimately fostering acceptance and support [34].

While the physiological aspects of epilepsy are critical, understanding the psychosocial challenges is equally vital. Education and empowerment contribute positively to mental health, reducing feelings of anxiety and depression, which are often comorbid with epilepsy. Individuals who are well-informed and feel empowered tend to display resilience in coping with the challenges posed by their condition [34].

Support networks, formed through educational initiatives, play a crucial role in providing emotional and psychological support. Shared experiences among peers can alleviate feelings of isolation and strengthen bonds within the community. By

Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi encouraging dialogue about the challenges and triumphs associated with epilepsy, patients can forge connections that enhance their coping strategies [35].

Psychosocial Considerations:

Epilepsy is one of the most common neurological disorders, affecting approximately 50 million people worldwide. Characterized by recurrent seizures due to abnormal electrical activity in the brain, epilepsy not only leads to significant physical health challenges but also profoundly influences mental health and social interactions. As a result of these multifaceted impacts, it is crucial to explore the psychological and social considerations associated with epilepsy to ensure comprehensive care for individuals living with this condition [36].

Psychological Considerations

1. Prevalence of Mental Health Disorders:

Individuals with epilepsy are at a higher risk for mental health disorders, including anxiety, depression, and psychosis. Studies show that up to 50% of people with epilepsy may experience depression, which often goes unrecognized and untreated. The relationship between epilepsy and psychological disorders is complex; for instance, the fear associated with unpredictable seizures can lead to heightened anxiety, which can worsen overall mental health [37].

2. Stigma and Self-Esteem:

The societal stigma surrounding epilepsy exacerbates mental health challenges. Many individuals face discrimination, lack of understanding, and negative stereotypes, leading to feelings of isolation and low self-worth. This stigma can prevent those with epilepsy from expressing their condition, seeking help, or pursuing opportunities in education and employment, further entrenching feelings of inadequacy and depression [37].

3. Cognitive Functioning:

Epilepsy can also impact cognitive functioning. Research indicates that some individuals may experience difficulties with memory, attention, and problem-solving skills, particularly if their epilepsy is poorly controlled or associated with a specific type of seizure. Such cognitive impairments can affect educational outcomes, job performance, and overall quality of life, causing frustration and hopelessness [37].

4. Impact of Seizures on Daily Life:

The unpredictable nature of seizures can create significant psychological stress. The fear of having a seizure in public or during crucial moments, such as at work or school, can lead to avoidance behaviors. This anticipatory anxiety can limit an individual's participation in social activities, create a withdrawal from friends and family, and contribute to an overall decline in mental health. Moreover, the potential for injury or accidents during a seizure can further heighten anxiety and fear about engaging in certain activities [38].

5. Treatment and Support:

Effective management of epilepsy often includes not only pharmacological interventions but also psychological support. Cognitive-behavioral therapy (CBT) has proven effective in addressing anxiety and depression in this population. Additionally, support groups can provide a sense of community and enable individuals to share experiences, learn coping strategies, and reduce feelings of isolation. The importance of a multidisciplinary approach involving neurologists, psychologists, counselors, and social workers cannot be overstated, as it can lead to better overall outcomes for the individual [39].

Social Considerations

1. Social Isolation and Relationships:

Individuals with epilepsy often report feelings of loneliness and social isolation. The fear of seizures can lead to avoidance of social situations or relationships, as individuals may worry about how others will react or whether they will be supported during a seizure. This can limit participation in community activities, friendships, and romantic relationships, further reinforcing social withdrawal [39].

2. Impact on Employment:

Employment can be significantly affected by epilepsy due to stigma, misunderstandings about the condition, and the potential for seizures to disrupt work activities. Laws protecting the rights of individuals with epilepsy in the workplace vary by region and may not always be effectively enforced. Many individuals fear disclosing their condition to employers, worried about potential discrimination or job loss. This can result in underemployment or unemployment, leading to financial insecurity and further psychological stress [40].

3. Education and Academic Achievement:

The challenges faced by students with epilepsy can have a lasting impact on their educational experiences and academic performance. Seizures, along with cognitive and emotional difficulties, can hinder learning and test performance. Schools are often not adequately prepared to support students with epilepsy, leading to a need for further educational advocacy and awareness. Comprehensive school policies and teacher training on epilepsy can help create an inclusive environment to support the academic success of affected students [40].

4. Impact on Family Dynamics:

Epilepsy affects not only individuals but also their families. Caregivers often experience stress and anxiety related to the unpredictability of seizures and the potential for injury. Family members may feel burdened, especially if they take on caregiving roles, leading to disruptions in family dynamics and relationships. Education and support for families are vital to help them cope with these challenges and to promote better communication and understanding within the household [40].

5. Community Awareness and Education:

Raising community awareness about epilepsy is critical in reducing stigma and misinformation. Educational campaigns can help dispel myths about the condition,

Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi promote understanding, and encourage support from family, friends, employers, and educators. Community-driven initiatives that foster inclusivity and support can enhance the quality of life for individuals with epilepsy [41].

Multidisciplinary Approaches in Epilepsy Care:

Epilepsy is a complex neurological disorder characterized by recurrent seizures, which can have profound impacts on an individual's quality of life. The condition not only affects the brain but also poses challenges to emotional, psychological, and social well-being. Given its multifaceted nature, the management of epilepsy necessitates a comprehensive and multidisciplinary approach that involves a range of healthcare professionals working collaboratively [42].

Epilepsy is defined by the occurrence of unprovoked seizures, which are sudden abnormal electrical discharges in the brain. The causes of epilepsy can be diverse, ranging from genetic factors and developmental anomalies to head injuries, infections, and brain tumors. It affects people of all ages and backgrounds, leading to challenges that go beyond the seizures themselves, including stigma, cognitive impairments, mental health issues, and social restrictions. This complexity necessitates a well-rounded approach to diagnosis and treatment, moving beyond the conventional medical model to incorporate psychological, social, and educational dimensions [43].

Key Components of a Multidisciplinary Approach

- 1. Neurologists and Epileptologists: The cornerstone of epilepsy management typically involves a neurologist or an epileptologist, who specializes in diagnosing and treating seizure disorders. They perform comprehensive assessments, including EEG (electroencephalography) monitoring and neuroimaging, to understand the patient's specific condition and devise a tailored treatment plan. These specialists are crucial in identifying the type of epilepsy a patient has, understanding potential triggers, and determining appropriate pharmacological interventions [44].
- 2. Nurses and Nurse Practitioners: Epilepsy nurses play a vital role in the ongoing care and education of patients. They provide critical support in educating patients about their condition, medication management, and lifestyle adjustments that can mitigate seizure triggers. Their continuity of care often enhances patient compliance and offers a comforting presence, which is especially important during acute or emergency situations [45].
- 3. Psychologists and Psychiatrists: The psychological impact of epilepsy can be significant. Many individuals with epilepsy experience anxiety, depression, and social isolation due to their condition. Psychologists can assist patients in coping strategies and cognitive-behavioral therapy (CBT), while psychiatrists might be necessary for addressing medication-related issues or severe mental health problems. Establishing mental health support is critical in improving overall well-being and adherence to treatment regimens [46].
- 4. Social Workers: Social workers serve as essential advocates for patients, helping them navigate the various social challenges that arise from living with epilepsy. They can assist patients in accessing community resources, managing

workplace rights and accommodations, and supporting families in understanding how to cope with a loved one's condition. Their role is particularly vital in the transition from pediatric to adult care, where social pressures and independence become increasingly complex [46].

- 5. Dietitians and Nutritionists: For some epilepsy patients, dietary modifications can be an important adjunct to conventional treatment. The ketogenic diet, for example, is a high-fat, low-carbohydrate diet that has been shown to reduce seizure frequency in some patients, particularly children. Nutritionists are crucial in developing and managing these diets, ensuring that patients receive adequate nutrition while adhering to dietary restrictions [47].
- 6. Occupational and Physical Therapists: Seizures can affect motor functions and coordination, impacting a patient's ability to perform activities of daily living. Occupational therapists work with patients to develop skills that help them manage daily activities safely. Physical therapists may also assist in physical rehabilitation if seizures have impaired mobility or physical capabilities [47].
- 7. Educational Professionals: Children with epilepsy often face unique challenges in the school environment due to their condition. Collaboration with educators ensures that appropriate accommodations are made, promoting the child's academic success and addressing any learning difficulties that may arise. Educational professionals can play a formative role in early identification and intervention, minimizing the long-term impact of epilepsy on educational attainment [48].

The Importance of Integrated Care Models

Integrated care models place an emphasis on collaboration and communication among the various professionals involved in a patient's care. Regular case meetings and discussions facilitate the sharing of insights and experiences, leading to a more comprehensive understanding of the patient's needs. For instance, a neurologist might observe a correlation between a patient's mood disturbances and their seizure patterns, facilitating a referral to a psychologist. This kind of cross-disciplinary collaboration ensures that patient care is holistic, addressing not just the symptoms of epilepsy but also the broader challenges faced by the patient [49].

Furthermore, having a dedicated care coordinator can enhance patient outcomes significantly. This individual would oversee the patient's journey, ensuring that appointments are scheduled, follow-ups are conducted, and care plans are adhered to. This added layer of organizational support improves cohesion among the multidisciplinary team and provides patients and their families with a single point of contact for their care-related inquiries [50].

Research has demonstrated that multidisciplinary approaches in epilepsy care lead to improved patient outcomes. Studies have shown better seizure control, enhanced quality of life, and increased patient satisfaction when a multidisciplinary team is involved. Moreover, patients often report feeling more informed and empowered in managing their condition. Involving various specialists means that patients receive comprehensive education on multiple fronts—from medication adherence to lifestyle changes and mental health support [51].

Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi Multidisciplinary approaches also hold significant potential in avoiding hospital readmissions related to epilepsy. By proactively addressing mental health, social needs, and comorbid medical conditions, healthcare teams can reduce the overall burden of care and enhance long-term outcomes for patients [52].

3. Recommendations for Future Practice and Research:

Epilepsy is a complex neurological disorder characterized by recurrent seizures, originating from abnormal electrical activity in the brain. With an estimated 50 million people affected worldwide, epilepsy presents significant challenges to patients, caregivers, and healthcare systems. To improve patient outcomes and quality of life, it is essential to continually refine practices in epilepsy care and conduct further research [53].

One of the most crucial recommendations for epilepsy care is the establishment and implementation of individualized treatment plans. Epilepsy is not a one-size-fits-all condition. Patients can experience a variety of seizure types, frequency, and triggers, and responses to medications can vary significantly. Therefore, it is vital to adopt a personalized approach that considers the unique characteristics of each patient [54].

To facilitate individualized treatment, healthcare providers should prioritize comprehensive assessments, including thorough medical histories, seizure semiology analysis, and advanced neuroimaging techniques such as MRI or functional MRI. Furthermore, developing a robust patient profile that integrates demographic, psychological, and social determinants of health can aid in tailoring interventions [55].

As part of this individualized approach, periodic review and adjustment of treatment plans are necessary. Healthcare teams should establish regular follow-up schedules to monitor efficacy and any adverse side effects of medications. Emerging treatments, such as dietary therapies and neurostimulation devices, should be considered in these reviews to address the unmet needs of patients who are refractory to conventional pharmacological interventions [55].

Epilepsy management necessitates a collaborative, multidisciplinary approach. This involves not only neurologists but also a range of professionals, including psychiatrists, psychologists, nurses, dietitians, social workers, and occupational therapists. Such collaboration enhances the patient's overall care and addresses various aspects of living with epilepsy, including mental health, nutrition, and daily functioning [56].

A key opportunity for future practice lies in the establishment of epilepsy clinics that integrate these diverse specialties. For instance, psychiatric comorbidities, such as anxiety and depression, are common among epilepsy patients and significantly impact their quality of life. By providing access to mental health professionals within epilepsy care settings, patients can receive comprehensive treatment that addresses both their neurological and psychological needs [57].

Additionally, educational initiatives are crucial for both healthcare providers and patients. Ongoing training programs can keep clinicians updated on the latest

advancements and best practices in epilepsy care. Simultaneously, educational resources tailored for patients and their families can empower them to make informed decisions about their care and understand the disorder better [58].

Technology has the potential to revolutionize the way epilepsy is managed. One significant recommendation is to leverage telemedicine and digital health platforms. Telemedicine provides patients in remote or underserved areas with access to specialized care, ensuring they receive timely consultations and follow-ups without the barriers posed by distance. Future research should explore the effectiveness of telemedicine in improving treatment compliance and patient satisfaction in epilepsy care [59].

Additionally, digital tools such as mobile applications for seizure tracking and management can enhance patient engagement and provide valuable data to healthcare providers. These apps allow patients to document seizure occurrences, potential triggers, and medication adherence, creating an empirical basis for clinical decision-making. Future research can evaluate the impact of these technological interfaces on reducing seizure frequency and improving the overall management of epilepsy [59].

Wearable devices, such as seizure detection monitors, can also play a crucial role. These devices can alert caregivers and healthcare providers in real-time, potentially preventing injuries during seizures and enabling immediate assistance. The exploration of machine learning algorithms and artificial intelligence in predicting seizure occurrences represents a promising avenue for future research that could significantly enhance patient safety and autonomy [60].

Lastly, future practices in epilepsy care must prioritize patient-centered approaches that emphasize the quality of life. This involves recognizing the broader implications of epilepsy beyond seizure control, including social, occupational, and emotional well-being. Research should investigate methodologies to evaluate quality of life specifically in epilepsy populations, understanding how various factors like stigma, comorbidities, and treatment side effects contribute to the overall patient experience [61].

Moreover, involving patients in decision-making processes regarding their treatment aligns with the principles of patient-centered care. Shared decision-making can enhance adherence to treatment plans and improve overall satisfaction, leading to better health outcomes. Efforts should be directed towards developing tools and frameworks that facilitate meaningful conversations between patients and healthcare providers regarding treatment options and future goals [62].

4. Conclusion:

This systematic review underscores the critical role that nursing interventions play in the management of epilepsy, highlighting their impact on patient education, medication adherence, and psychosocial support. The findings indicate that wellstructured nursing interventions not only enhance the quality of life for individuals with epilepsy but also empower patients and their families through education and Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi engagement in self-care practices. By fostering a deeper understanding of the condition and its management, nurses can significantly reduce seizure frequency and related complications, ultimately leading to improved patient outcomes.

Moreover, the review emphasizes the importance of a multidisciplinary approach, where nurses collaborate with other healthcare professionals to deliver comprehensive care tailored to individual needs. As the holistic management of epilepsy continues to evolve, further research is warranted to explore innovative nursing strategies and interventions that can be implemented in various healthcare settings. By prioritizing ongoing education and support for both patients and nurses, the field can work towards enhancing the overall quality of epilepsy care, fostering better health outcomes and increasing awareness of this often-misunderstood condition.

References

- Keezer MR, Sisodiya SM, Sander JW. Comorbidities of epilepsy: current concepts and future perspectives. Lancet Neurol. 2016; 15(1): 106–15. DOI: 10.1016/S1474-4422(15)00225-2.
- Welton JM, Walker C, Riney K, et al. Quality of life and its association with comorbidities and adverse events from antiepileptic medications: Online survey of patients with epilepsy in Australia. Epilepsy Behav. 2020; 104: 106856. DOI: 10.1016/j.yebeh.2019.106856.
- Mitchell RJ, Herkes G, Nikpour A, et al. Examining health service utilization, hospital treatment cost, and mortality of individuals with epilepsy and status epilepticus in New South Wales, Australia 2012–2016. Epilepsy Behav. 2018; 79: 9–16. DOI: 10.1016/j.yebeh.2017.11.022.
- Buelow J, Miller W, Fishman J. Development of an epilepsy nursing communication tool: improving the quality of interactions between nurses and patients with seizures. J Neurosci Nurs. 2018; 50(2): 74. DOI: 10.1097/jnn.0000000000000353.
- Hafeez B, Miller S, Patel AD, et al. Care coordination at a pediatric accountable care organization (ACO): a qualitative analysis. Epilepsy Behav. 2017; 73: 148–55. DOI: 10.1016/j.yebeh.2017.05.020.
- Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med. 2018; 169(7): 467–73. DOI: 10.7326/M18-0850.
- van der Poest Clement E, Jansen FE, Braun KP, et al. Update on drug management of refractory epilepsy in tuberous sclerosis complex. Pediatr Drugs. 2020; 22: 73–84. DOI: 10.1007/s40272-019-00376-0.
- Lindhardt CL, Maerkedahl M, Brandt CE, et al. The personalised discharge letter: the experience of patients and parents from the Filadelfia Epilepsy Hospital. Scand J Caring Sci. 2021; 35(1): 67–74. DOI: 10.1111/scs.12846.
- National Institute for Clinical Excellence. Epilepsies in children, young people and adults (NG217): National Institute for Clinical Excellence; 2022.
- Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014; 12(6): 573–6. DOI: 10.1370/afm.1713.
- Tschamper MK, Jakobsen R. Parents' experiences of videoconference as a tool for multidisciplinary information exchange for children with epilepsy and disability. J Clin Nurs. 2019; 28(9–10): 1506–16. DOI: 10.1111/jocn.14755.
- Cross JH, Wait S, Arzimanoglou A, et al. Are we failing to provide adequate rescue medication to children at risk of prolonged convulsive seizures in schools? Arch Dis Child. 2013; 98(10): 777–80. DOI: 10.1136/archdischild-2013-304089.

- Higgins A, Downes C, Varley J, et al. Patients with epilepsy care experiences: comparison between services with and without an epilepsy specialist nurse. Epilepsy Behav. 2018; 85: 85–94. DOI: 10.1016/j.yebeh.2018.05.038.
- Le Pichon J-B, Horton S, Abdelmoity O, et al. The use of virtual tools in narrowing the impact of health disparities in neurology. Front Pediatr. 2022: 1784. DOI: 10.3389/fped.2022.1028833.
- Marino M, de Belvis AG, Tanzariello M, et al. Effectiveness and cost-effectiveness of integrated care models for elderly, complex patients: A narrative review. Don't we need a value-based approach? Int J Care Coord. 2018; 21(4): 120–39. DOI: 10.1177/2053434518817019.
- Risdale L, McCrone P, Morgan M, Goldstein L, Seed P, Noble A. Can an epilepsy nurse specialist-led self-management intervention reduce attendance at emergency departments and promote well-being for people with severe epilepsy? A non-randomised trial with a nested qualitative phase. Health Serv Deliv Res. 2013;1(9).
- Jacoby A, Baker GA, Crossley J, Schachter S. Tools for assessing quality of life in epilepsy patients. Expert Rev Neurother. 2013;13(12):1355–1369.
- England MJ, Liverman CT, Schultz AM, Strawbridge LM. Epilepsy across the spectrum: promoting health and understanding. A summary of the Institute of Medicine report. Epilepsy Behav. 2012;25(2):266–276.
- Lynn MR. Determination and quantification of content validity. Nurs Res. 1986;35(6):382-385
- Miller WR, Bakas T, Weaver MT, Buelow JM, Sabau D. The life changes in epilepsy scale: development and establishment of content and face validity. Clin Nurse Spec. 2015;29(2):95–99.
- Groenewegen A, Tofighy A, Ryvlin P, Steinhoff BJ, Dedeken P. Measures for improving treatment outcomes for patients with epilepsy—results from a large multinational patient-physician survey. Epilepsy Behav. 2014;34:58–67.
- Hill CE, Thomas B, Sansalone K, et al. Improved availability and quality of care with epilepsy nurse practitioners. Neurol Clin Pract. 2017;7(2):109–117.
- Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. J Adv Nurs. 2000;32(4):1008–1015.
- Miller WR, Bakas T, Buelow JM. Problems, needs, and useful strategies in older adults self-managing epilepsy: implications for patient education and future intervention programs. Epilepsy Behav. 2014;31:25–30.
- Pugh MJ, Berlowitz DR, Montouris G, et al. What constitutes high quality of care for adults with epilepsy? Neurology. 2007;69(21):2020–2027.
- Smith G, Wagner JL, Edwards JC. Epilepsy update, part 2: nursing care and evidence-based treatment. Am J Nurs. 2015;115(6):34–44.
- Health Quality Ontario. Specialized nursing practice for chronic disease management in the primary care setting: an evidence-based analysis. Ont Health Technol Assess Ser. 2013;13(10):1–66.
- Beverly EA, Worley MF, Court AB, Prokopakis KE, Ivanov NN. Patient-physician communication and diabetes self-care. J Clin Outcomes Manag. 2016;23(11):509–518.
- Bautista RED. Understanding the self-management skills of persons with epilepsy. Epilepsy Behav. 2017;69:7–11.
- Bellon M, Pfeiffer W, Maurici V. Choice and control: how involved are people with epilepsy and their families in the management of their epilepsy? Results from an Australian survey in the disability sector. Epilepsy Behav. 2014;37:227–232.
- Bradley PM, Lindsay B, Fleeman N. Care delivery and self management strategies for adults with epilepsy. Cochrane Database Syst Rev. 2016;2:CD006244.
- Fountain NB, Van Ness PC, Swain-Eng R, Tonn S, Bever CT, Jr, et al. Quality of improvement in neurology: AAN epilepsy quality measures: report of the Quality

- Malak Zowieud Dahwy Alrowiliy, Nada Madallah Alruwaili, Amjad Olyan Aldoghmani, Sultan Nayil Atiah Alruwaili, Sami Rajan Zaal Alanazi, Naifah Thubayb Ashwi Alanazi, Mohammed Osaylan Shutayt Alanazi, Faiz Salabi Alharbi, Maryam Sufuq Alanazi, Sharifa Mashi Z Alenezi8, Reem Ajaj Alanazi
 - Measurement and Reporting Subcommittee of the American Academy of Neurology. Neurology. 2011;76(1):94–99.
- Rees S, Williams A. Promoting and supporting self-management for adults living in the community with physical chronic illness: a systematic review of the effectiveness and meaningfulness of the patient-practitioner encounter. JBI Libr Syst Rev. 2009;7(13):492–582.
- Ozuna J, Stecker M, Walter SM, Maytum J, Krause A. Care of Adults and Children With Seizures and Epilepsy: A.A.N.N. Clinical Practice Guideline Series. Chicago, IL: American Association of Neuroscience Nurses; 2016.
- Bakas T, Champion V, Perkins SM, Farran CJ, Williams LS. Psychometric testing of the revised 15-item Bakas Caregiving Outcomes Scale. Nurs Res. 2006;55(5):346–355.
- Dorris L, Broome H, Wilson M, Grant C, Young D, Baker G, et al. A randomized controlled trial of a manual-based psychosocial group intervention for young people with epilepsy [PIE]. Epilepsy & Behavior 2017;72:89-98.
- Kazemi Majd R, Hosseini M, Safi MH, Norouzi K, Hosseinzadeh S. The effect of self-care education based on short message service on self-efficacy and adherence to the medication regimen in adolescents with epilepsy referred to Iran Epilepsy Association of in 2016. Journal of Nursing Education 2017;6(4):48-55.
- Lewis MA, Salas I, la Sota A, Chiofalo N, Leake B. Randomized trial of a program to enhance the competencies of children with epilepsy. Epilepsia 1990;31(1):101-9.
- Modi AC, Guilfoyle SM, Mann KA, Rausch JR. A pilot randomized controlled clinical trial to improve antiepileptic drug adherence in young children with epilepsy. Epilepsia 2016;57(3):e69-75.
- Bahrani K, Singh MB, Bhatia R, Prasad K, Vibha D, Shukla G, et al. Telephonic review for outpatients with epilepsy - a prospective randomized, parallel group study. Seizure 2017;53:55-61.
- Tieffenberg JA, Wood EI, Alonso A, Tossutti MS, Vicente MF. A randomized field trial of ACINDES: a child-centered training model for children with chronic illnesses (asthma and epilepsy). Journal of Urban Health: Bulletin of the New York Academy of Medicine 2000;77(2):280-97.
- Saengow VE, Chancharoenchai P, Saartying W, Pimpa W, Chotichanon N, Lewsirirat T, et al. Epilepsy video animation: Impact on knowledge and drug adherence in pediatric epilepsy patients and caregivers. Clinical Neurology and Neurosurgery 2018;172:59-61.
- Austin JK, McNelis AM, Shore CP, Dunn DW, Musick B. A feasibility study of a family seizure management program: "Be Seizure Smart". Journal of Neuroscience Nursing 2002;34(1):30-7.
- Dash D, Sebastian TM, Aggarwal M, Tripathi M. Impact of health education on drug adherence and self-care in people with epilepsy with low education. Epilepsy & Behavior 2015;44:213-7.
- Kazemi Majd 2017 {published and unpublished data}.
- Gürhopur FDT, Dalgiç AL. The effect of a modular education program for children with epilepsy and their parents on disease management. Epilepsy & Behavior 2018;78:210-8.
- Glueckauf RL, Fritz SP, Ecklund-Johnson EP, Liss HJ, Dages P, Carney P. Videoconferencing-based family counseling for rural teenagers with epilepsy: phase 1 findings. Rehabilitation Psychology 2002;47(1):49-72.
- Lewis MA, Hatton CL, Salas I, Leake B, Chiofalo N. Impact of the Children's Epilepsy Program on parents. Epilepsia 1991;32(3):365-75.
- NCT02349529. An exploratory RCT of a psychosocial group intervention for epilepsy [An exploratory randomised controlled trial of a manualised psychosocial group intervention for young people with epilepsy (PIE)].
- Jia LB, Tang L, Cai Y. Comparison of nursing methods of pediatric epilepsy. Journal of Biological Regulators & Homeostatic Agents 2018;32(4):869-74.
- Samanta D, Singh R, Gedela S, et al. Underutilization of epilepsy surgery: Part II: Strategies

- to overcome barriers. Epilepsy Behav. 2021; 117: 107853. DOI: 10.1016/j.yebeh.2021.107853.
- Varley J, Kiersey R, Power R, et al. Igniting intersectoral collaboration in chronic disease management: a participatory action research study on epilepsy care in Ireland. J Interprof Care. 2020; 34(4): 500–8. DOI: 10.1080/13561820.2019.1697655.
- Williams J, Doherty J, Di Blasi C, et al. Seizure care in the emergency department. Identifying and bridging the gaps. A study of care and outcomes from 644 seizure presentations. Epilepsy Behav. 2018; 78: 226–31. DOI: 10.1016/j.yebeh.2017.08.042.
- Doran E, Barron E, Healy L, et al. Improving access to epilepsy care for homeless patients in the Dublin Inner City: a collaborative quality improvement project joining hospital and community care. BMJ Open Qual. 2021; 10(2): e001367. DOI: 10.1136/bmjoq-2021-001367.
- Kluger BM, Drees C, Wodushek TR, et al. Would people living with epilepsy benefit from palliative care? Epilepsy Behav. 2021; 114: 107618. DOI: 10.1016/j.yebeh.2020.107618.
- Saxena A, Paredes-Echeverri S, Michaelis R, et al. Using the biopsychosocial model to guide patient-centered neurological treatments. Semin Neurol. 2022; 42(2): 080–7. DOI: 10.1055/s-0041-1742145.
- Auvin S, Bissler JJ, Cottin V, et al. A step-wise approach for establishing a multidisciplinary team for the management of tuberous sclerosis complex: a Delphi consensus report. Orphanet J Rare Dis. 2019; 14(1): 1–10. DOI: 10.1186/s13023-019-1072-y.
- Higgins A, Downes C, Varley J, et al. Supporting and empowering people with epilepsy: contribution of the Epilepsy Specialist Nurses (SENsE study). Seizure. 2019; 71: 42–9. DOI: 10.1016/j.seizure.2019.06.008.
- Hutchinson K, Ryder T, Coleman H, et al. Determining the role and responsibilities of the community epilepsy nurse in the management of epilepsy. J Clin Nurs. 2023; 32(13–14): 3730–45. DOI: 10.1111/jocn.16582.
- Lewis SA, Noyes J. Effective process or dangerous precipice: qualitative comparative embedded case study with young people with epilepsy and their parents during transition from children's to adult services. BMC Pediatr. 2013; 13(1): 1–24. DOI: 10.1186/1471-2431-13-169.
- Jackson MC, Vasquez A, Ojo O, et al. Identifying Barriers to Care in the Pediatric Acute Seizure Care Pathway. Int J Integr Care. 2022; 22(1): 28, 1–19. DOI: 10.5334/ijic.5598.
- Ogundele MO, Morton M. Classification, prevalence and integrated care for neurodevelopmental and child mental health disorders: A brief overview for paediatricians. World J Clin Pediatr. 2022; 11(2): 120. DOI: 10.5409/wjcp.v11.i2.120.