Behavioral Risk Factor Surveillance System

BRFSS Brief

Number 0708

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Epilepsy

New York State Adults 2005

Introduction

Epilepsy is a disorder of the central nervous system resulting in unprovoked seizures that happen more than once. A seizure is a brief disruption of electrical activity in the brain that affects other brain functions. Epilepsy is not a mental illness, a sign of mental retardation, nor is it contagious. Having uncontrolled epilepsy can alter a person's life, however, since it is impossible to know when the next seizure will happen. This can cause problems at school, holding a job, or getting a driver's license. Persons with epilepsy may also face discrimination from others who sometimes do not understand what is happening during a seizure.

Epilepsy is the third most common neurological disorder in the United States after Alzheimer's disease and stroke. ¹ It costs the nation about \$12.5 billion in direct and indirect costs annually. ² More than half the time, the cause of epilepsy is unknown. When the cause can be determined, it is most often due to head injury, infection or a tumor in the brain, a stroke, degenerative diseases such as Alzheimer's disease, substance abuse, or heredity. Epilepsy affects children and adults, men and women, and persons of all races, religions, ethnic backgrounds, and social classes. Individuals in certain populations are at higher risk. Most people learn they have epilepsy when they are young children or after age 65, but epilepsy can occur at any age. By 20 years of age, one percent of the population has been diagnosed with epilepsy, climbing to three percent among those aged 75 years and older. By the age of 80 years, 10% of the

U.S. population should have experienced one or more seizures.³ The risk of premature death in persons with epilepsy is two to three times higher than for the general population.⁴

BRFSS Questions

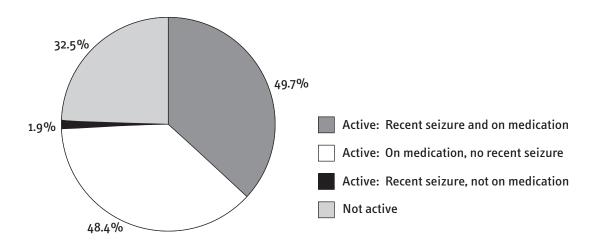
1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

[If "yes"]

- 2. Are you currently taking any medicine to control your seizure disorder or epilepsy?
- 3. How many seizures have you had in the last three months?
- 4. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? (not at all, slightly, moderately, quite a bit, or extremely)
- 5. During the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

Responses to the first question provide an estimate of the lifetime prevalence, or history, of epilepsy. Among those with a history of epilepsy, those who are currently taking medication for seizure control (question #2) or who have had one or more seizures in the last three months (question #3) are classified as having active epilepsy.

Current status of New York adults with a history of epilepsy: 2005 BRFSS



Note: People who are currently taking medication to control epilepsy or had one or more seizures during past 3 months have "active epilepsy."

Epilepsy among New York State adults: 2005 BRFSS

	History of epilepsy ^a [n=53]		Active epilepsy ^b [n=33]	
Demographic group	% °	95% CI ^c	%	95% CI
Total [n=3,571]	1.3	0.9-1.7	0.9	0.5-1.2
Sex				
Male	1.1	0.5-1.8	0.8	0.3-1.4
Female	1.4	0.9-1.9	0.9	0.5-1.3
Age (years)				
18-64	1.3	0.9-1.8	0.9	0.5-1.3
≥ 65	0.9	0.2-1.6	0.6	0.0-1.2

^a If ever told by a doctor that respondent had a seizure disorder or epilepsy.

Characteristics of New York State adults with a history of epilepsy: 2005 BRFSS

	% o/o a	95% Cl ^a
Currently taking medication to control epilepsy	66.2	51.9-80.5
Number of seizures during preceding 3 months		
None	65.2	50.2-80.2
One	14.0	3.8-24.2
Two or more	20.9	7.6-34.2
Extent to which epilepsy or its treatment interfered with normal activities during past month		
Not at all / Slightly	69.6	54.8-84.3
Moderately / Quite a bit / Extremely	30.4	15.7-45.2
Saw neurologist or epilepsy specialist or epilepsy or seizure disorder during past year	72.7	55.3-90.1

^a % = weighted percentage; CI = confidence interval.

Note: There were 53 respondents who reported a history of epilepsy. Guidelines for drawing inferences from BRFSS data include a minimum of 50 respondents and confidence intervals with a half-width of 10 or less. BRFSS reporting of weighted results based on a small number of respondents can mislead the reader into believing that a given finding is more precise than it actually is. Consequently, users should pay particular attention to the size of the subgroup and the confidence interval in this report.

b If ever told by a doctor that respondent had a seizure disorder or epilepsy, and were currently taking medicine to control epilepsy or had one or more episodes of seizure during the preceding 3 months.

^{6 % =} weighted percentage; CI = confidence interval.

References

- 1. Hauser A. Epidemiology of seizures and epilepsy in the elderly. In A Rowan, R Ramsay (eds). Seizures and epilepsy in the elderly 1997; Boston: Butterworth-Heinemann, 7-18.
- 2. Begley CE, Famulari M, Annegers JF, Lairson DR, Reynolds TF, Coan S, Dubinsky S, Newmark ME, Leibson C, So EL, Rocca WA. The cost of epilepsy in the United States: An estimate from population-based clinical and survey data. Epilepsia 2000; 41:342-351.
- 3. Hauser WA, Annegers JF, Rocca WA. Descriptive epidemiology of epilepsy: contributions of population based studies from Rochester, Minnesota. Mayo Clinic Proceedings 1996; 71: 576-586.
- 4. Cockerell OC. The mortality of epilepsy. Current Opinion in Neurology 1996; 9:93-96.

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