Seizure is a common neurologic emergency, with a disproportionately high prevalence in low and middle-income countries. An estimated 50 million individuals in developing countries live with epilepsy, of which 10 million live in India.1 Yet many people will never receive the care that they need. In rural areas of India, the treatment gap ranges from 40% to 90% of individuals with epilepsy who will not receive needed treatment.2

Emergency response systems are uniquely suited to overcome common barriers to seizure care, such as delays in transportation, poor availability of necessary medications, and economic affordability.3 This is incredibly important in the acute setting, because longer seizures continue unabated, the greater the mortality and the poorer the neurologic recovery.4 In fact, early treatment by paramedics of status epilepticus has been shown to reduce the number of patients requiring admission to intensive care for status epilepticus.5

GVK Emergency Management Research Institute (GVK EMRI) is public-private partnership that provides prehospital stabilization care and transport. In 15 states in India, anyone can access GVK EMRI services via the toll-free phone number 108.

Our objective was to describe the epidemiology of seizures presenting in the prehospital setting in two states served GVK EMRI.

### Methods

- This study enrolled a convenience sample of patients calling 108 for the chief complaint of “convulsions/fits.”
- Enrollment was conducted in 2 states, Andhra Pradesh and Gujarat, from mid-June through September, 2013.
- Exclusion criteria included:
  - Calls for interfacility transfers, or
  - Age less than one month.
- Patients who were alive at the time of EMT arrival but were not transported were excluded from follow-up.
- Research assistants called emergency medical technicians (EMTs) after dispatch to collect demographics, illness description, transport times, and interventions.
- Status epilepticus in this study was defined as:
  - Reported multiple seizures without return to baseline;
  - Patients who were found altered, by EMTs, and seizures route; or
  - Patients who were alert, then had multiple seizures en route without return to baseline.

### Literature Cited