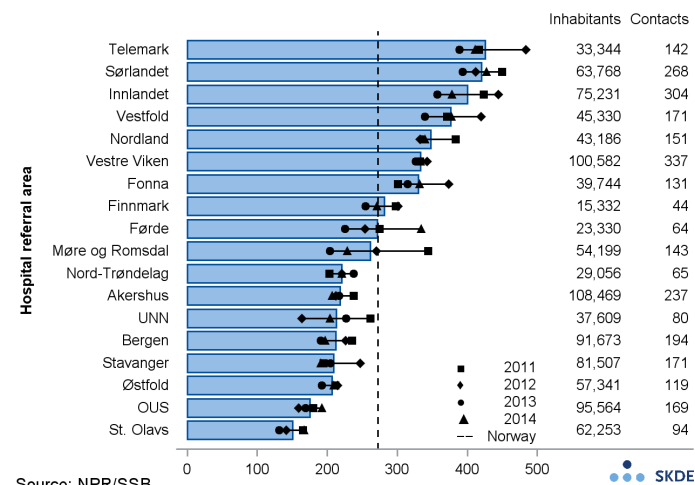


Epilepsy

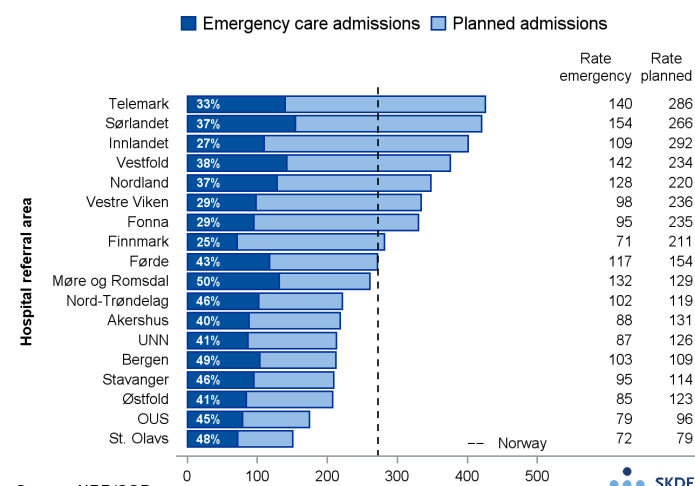
Epilepsy represents a wide range of illness in children. Some have only experienced one or two seizures and are not on permanent medication. Others have complicated and complex conditions where epilepsy can be one of several symptoms of the child's underlying illness. Many children can be followed up as outpatients. Children with difficult-to-control epilepsy will nevertheless require emergency care admissions in connection with seizures and planned admissions for adjustment of medication and interdisciplinary assessments of the child's medical and social situation and level of functioning.

Sample

The sample consists of children's admissions for epilepsy in the somatic specialist health service with a duration of at least 24 hours. Epilepsy is defined by a primary or secondary diagnosis (ICD-10) in code blocks G40-41. The sample also includes children being followed up by the habilitation service and Oslo University Hospital's Department of Complex Epilepsy, National Centre for Epilepsy (SSE).



Source: NPR/SSB
Epilepsy, admissions, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

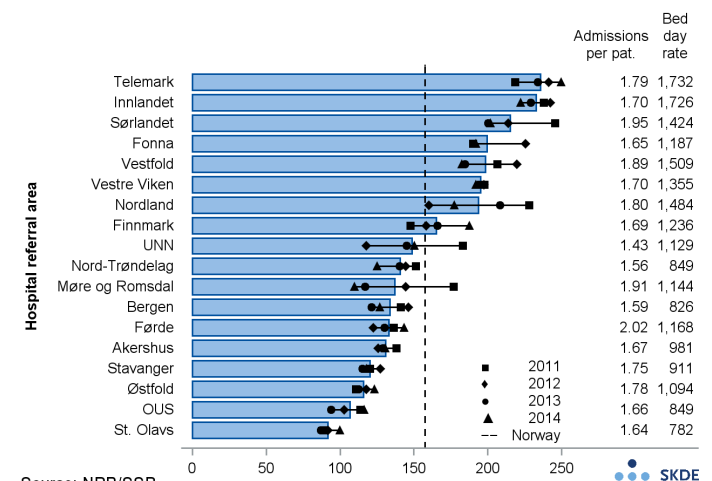


Source: NPR/SSB
Epilepsy, admissions, by degree of urgency, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

Comments

Children with epilepsy account for 6-7% of all children's admissions for medical diagnoses in Norwegian hospitals. There are 2.8 times more admissions and 2.6 times more patients in Telemark than in St. Olavs hospital referral area. Between 50% and 75% of admissions are planned.

The contact frequency varies from 1.43 (UNN hospital referral area) to 2.02 (Førde hospital referral area), which reflects that this is a group of patients who need regular admissions.



Source: NPR/SSB
Epilepsy, admissions, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of admissions per patient (contact frequency) and bed day rate.

The differences in usage rates between hospital referral areas with high and low rates are mainly caused by the fact that more patients are admitted in areas with high usage rates. There was no systematic change in usage rates from 2011 to 2014.

There are no known differences in morbidity that would explain this variation. There is reason to ask whether there is unwarranted variation in usage and patient rates between hospital referral areas.