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Mortality in Epilepsy

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The risk of death for people with epilepsy is increased compared to the risk for the general population. Mortality can be divided into deaths attributable to epilepsy, deaths from the pathology responsible for the epilepsy, and deaths from unrelated conditions. The standardized mortality ratio (SMR) is defined as the ratio of the observed deaths in the study population to the expected deaths if the group had experienced the same age- and sex-specific deaths as the population from which it came. A meta-analysis of 21 studies determined overall SMRs ranging from 1.2 to 9.3, with the variation due largely to differences in source populations. Population-based studies, which provide a more accurate estimate of mortality in the general epilepsy population, reported SMRs ranging from 1.6 to 9.3. Deaths due to sudden unexpected death in epilepsy (SUDEP), status epilepticus, suicide, and accidents are considered to be epilepsy-related. The proportionate mortality ratios for epilepsy-related conditions in population-based studies range between 1 and 13%. SUDEP is considered to be the most common epilepsy-related cause of premature death. The risk of SUDEP appears to correlate with the severity of the epilepsy. Rates of SUDEP of 1.2-5.9 per 1000 patient-years were found in cohorts of individuals with refractory seizures. Patients investigated for and undergoing epilepsy surgery demonstrated the highest SUDEP rates, ranging from 2.2 to 9.3 per 1000 patient-years. The causation of SUDEP is not fully understood and is likely to be multifactorial. Postmortem studies have frequently revealed pulmonary edema, cardiac enlargement, and hepatic congestion. There has been debate over whether and when physicians should discuss the risk of mortality with every patient. Early identification of patients at greatest risk is desirable so that preventative strategies can be considered.

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