conclusions and shaking as an epileptic seizure. In some cases, less than 16% of patients receive the correct medication and control of their seizures. This highlights the need for better education and awareness about epilepsy. The survey also revealed that many patients are not aware of the correct medication and are not receiving the necessary treatment. This underlines the importance of public education and awareness campaigns about epilepsy.

MISTAKE and can cause severe injuries to the person who suffers a seizure. The most common mistake is to try to insert a spoon or any other object into the mouth as this will result in two things: Injury to the person and dentures and solid objects that may have been in the mouth as a result of the seizure. It is important to avoid these mistakes and instead, follow the correct procedures for first aid. The main thing to remember is to stay calm and try to help the person in any way possible. This may include calling for medical help, ensuring a clear environment, or providing emotional support.
Epilepsy

As early as 3000 B.C., one of the kings of ancient Babylonia mentioned epilepsy in his laws in stone tablets. The ancient laws greatly impaired the freedom of people suffering from epilepsy, for instance people suffering from fits were not allowed to marry or stay in an legal capacity.

The understanding of the nature of epilepsy began much earlier. As early as 3000 B.C., one of the kings of ancient Babylonia administered rectally or as a tablet. Midazolam is a sedative medicine used in the treatment of ongoing seizures. It is usually administered rectally or as a tablet.

No other neurological or even medical condition remains so much steeped in social-cultural malleable. As we proceed into the 21st century, it is prudent to examine the present state of affairs for people with epilepsy in Singapore.

EPIDEMIOLOGY

There have been no exhaustive epidemiological studies conducted to determine the incidence (number of people with epilepsy per 10,000 of the population) or prevalence (number of people suffering from epilepsy at any time being) of epilepsy among different age groups in Singapore. K. Ravindran studied all primary school entrants (6 to 7 year olds) in 1991 and found 709 men who had epilepsy sometime or other. This yielded a lifetime prevalence of 3.8 per 1000 among 18-21 year-old men. In 1987-1991, 661 army draftees between the ages of 16-21 were surveyed. Of these, 23 men were identified as having epilepsy (0.7 per 1000).

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The prevalence of epilepsy for the period of 1986 - 1989, K. Ravindran concluded was mortality rate of 0.4 - 0.6 per 100,000 population due to epilepsy.

In a survey of people with epilepsy in 1989, 81.6% of the patients with epilepsy sought initial consultation with a Western physician (26.5% family or general practitioner; 55.1% neurologist in hospital) while the remaining had sought traditional practitioners.

In a community survey by Pan et al in 1998, almost 60% of respondents believed that Western medicine was effective in treating epilepsy while 32.3% felt that traditional medicines, countenance or herbal foods were efficacious. 96% regarded the aids to the aid of medicine in treating epilepsy. 81.6% of the patients with epilepsy preferred to take traditional medicines when witnessing a generalized tonic-clonic seizure, while the remaining 18.4% preferred to take Western medicine. 19.8% of the patients with epilepsy preferred to take traditional medicines when witnessing a generalized tonic-clonic seizure, while the remaining 80.2% preferred to take Western medicine.

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TREATMENT

From K. Ravindran's review of history from epilepsy referrals between 1989 and 1991, 43% of epilepsy patients were taking anti-epileptic medications (AEDs), 83% being on monotherapy. The most commonly used anticonvulsants were carbamazepine (38.4%), primidone (31.6%), valproate (30.5%), lamotrigine (21.8%), gabapentin (13.9%), and clobazam (10.5%).

The available AEDs in Singapore are phenytoin (oral [PO] or monervan [iv]), phenobarbitone (PO & iv), primidone, cromazemate (regular & CR), valproate (regular & CR), PO or iv), clonazepam, clorazepate, diazepam (PO, per rectum, iv), lamotrigine (PO & iv), gabapentin, topiramate, lamotrigine, levetiracetam.

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