

An Overview of Epilepsy in Oregon



ACCORDING TO 2005 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA FOR OREGON...



Based on approximately 1.8% of respondents with a history of epilepsy*¹ and a 2010 census population of 3,831,074,² it is estimated that **68,959 people in Oregon** may be living with the disorder.

Epilepsy across the US...

SIGNIFICANTLY COMPROMISES HEALTH, PRODUCTIVITY, AND EARNING POTENTIAL

(2005 Behavioral Risk Factor Surveillance System data—patient-reported information)¹

	Adults with a history of epilepsy [†]		Adults without a history of epilepsy (n=86,258)
	Active epilepsy* (n=919)	Inactive epilepsy (n=693)	
Fair/poor health (self-reported)	49%	29%	16%
Inability to work	31%	15%	5%
Annual household income <\$25,000	48%	41%	27%

*Respondents with active epilepsy who had a history of epilepsy and were currently taking medication, reporting 1 or more seizures during the past 3 months, or both (57% of 1,626 respondents with a history of epilepsy).

†Respondents with a history of epilepsy who reported that they had ever been told by a doctor that they had epilepsy or seizure disorder.

COST CAN BE A COMMON BARRIER TO EFFECTIVE EPILEPSY TREATMENT

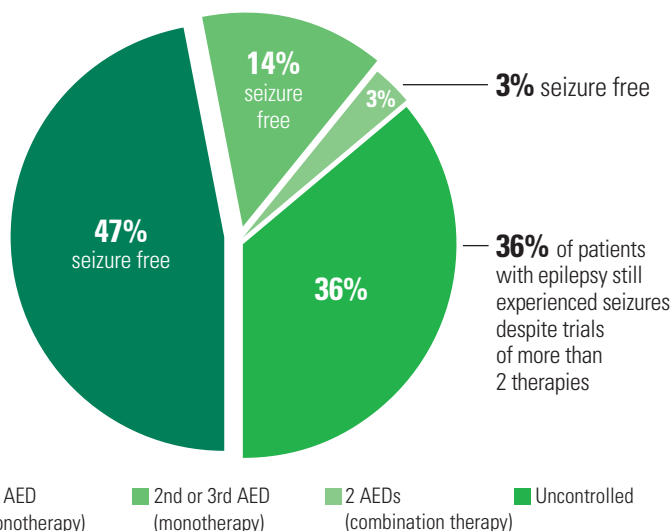
- 24% of people with a history of epilepsy did not seek medical care in the previous year due to cost¹

EPILEPSY TREATMENT IS HIGHLY INDIVIDUALIZED

- >20 antiepileptic drugs (AEDs) are available, offering a variety of mechanistic approaches for controlling seizures³
- Many AEDs have generic equivalents; however, the composition of a generic AED may vary from other generics and name brands⁴
- Even small variations in AED concentrations can cause breakthrough seizures or potentially toxic side effects⁴

53% OF PATIENTS DID NOT RESPOND TO THE INITIAL AED THERAPY CHOSEN^{‡5}

Response rates to AED therapy



‡470 newly diagnosed patients with epilepsy were followed for 13 years after initiating AED therapy. Seizure free was defined as the absence of seizures for ≥1 year on current therapy; the median duration of follow-up was 5 years.

HEALTHCARE POLICY HAS IMPLICATIONS THAT MAY IMPACT EPILEPSY TREATMENT AND BURDEN⁶

Government and insurers can help facilitate optimal epilepsy care by promoting treatment access and patient well-being.

- All people with epilepsy need ready access to quality care that appropriately suits their individual needs⁶
- The consequences of inadequate AED therapy can include breakthrough seizures, with potentially devastating consequences, or side effects that may require costly medical interventions⁴

THE AMERICAN ACADEMY OF NEUROLOGY EVIDENCE-BASED POSITION ON AED USE IN EPILEPSY⁴

- Generic substitution of AEDs should not occur without prior physician approval
- Physicians should have prescribing access to all anticonvulsants for the treatment of epilepsy, including newer-generation medications
- Prior authorization requirements by public and private formularies pose barriers to quality epilepsy care and place a costly, unnecessary burden on physicians

References: **1.** Kobau R, Zahran H, Thurman DJ, et al. Epilepsy surveillance among adults—19 states, Behavioral Risk Factor Surveillance System, 2005. *MMWR Surveill Summ.* 2008;57:1-20. **2.** US Census Bureau. Oregon QuickFacts. Available at: <http://quickfacts.census.gov/qfd/states/41000.html>. Accessed July 22, 2014. **3.** National Institutes of Health. Epilepsy. Available at: <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=88>. Accessed January 8, 2014. **4.** Liow K, Barkley GL, Pollard JR, Harden CL, Bazil CW. Position statement on the coverage of anticonvulsant drugs for the treatment of epilepsy. *Neurology.* 2007;68:1249-1250. **5.** Kwan P, Brodie MJ. Early identification of refractory epilepsy. *N Engl J Med.* 2000;342:314-319. **6.** England MJ, Liverman CT, Schultz AM, Strawbridge LM, eds; for the Institute of Medicine, Committee on the Public Health Dimensions of the Epilepsies, Board on Health Sciences Policy. *Epilepsy Across the Spectrum: Promoting Health and Understanding.* Washington, DC: The National Academies Press; 2012.

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