

Disputes & Debates: Editors' Choice

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Editors' Note: Burden of Chronic and Acute Conditions and Symptoms in People With Epilepsy

Dr. Bensken et al. examined the burden and racial/ethnic disparities of chronic and acute conditions, injuries, and symptoms in 81,963 patients with epilepsy using 5 years of Medicaid claims data. The most common conditions were anxiety and mood disorders, hypertension, back problems, developmental disorders, and headache. Indigenous groups had a substantially higher prevalence of developmental disorders, whereas Black patients had a higher prevalence of hypertension. Those with high healthcare utilization had higher disease burden. In response, Dr. Garg suggests that sleep is another important symptom to consider in people with epilepsy, given that studies have indicated a reciprocal relationship between sleep and epilepsy. Responding to this comment, the authors note that sleep quality may also affect conditions such as anxiety and mood disorders that were examined in their study. However, they note that administrative health data do not capture sleep-related symptoms well. This exchange highlights the protean effects of epilepsy on patients' lives and the challenges of fully capturing the burden of this disease in claims data.

Aravind Ganesh, MD, DPhil, FRCPC, and Steven Galetta, MD
Neurology® 2022;98:340. doi:10.1212/WNL.0000000000013283

Reader Response: Burden of Chronic and Acute Conditions and Symptoms in People With Epilepsy

Divyani Garg (New Delhi)
Neurology® 2022;98:340–341. doi:10.1212/WNL.0000000000013284

I read with great interest the article by Bensken et al.¹ Although the burden of epilepsy is all-pervasive, an important facet is missing in nearly all outcome-based data—the effect of epilepsy on sleep parameters. Seizure outcomes infrequently assess subjective and objective sleep measures. The limited data that exist suggest that there is widespread disruption of both self-reported and polysomnography-derived sleep parameters among persons with refractory epilepsy,² and there is suggestion that this improves with successful epilepsy surgery.³

The influence of epilepsy on sleep architecture has also been investigated and may be more important for temporal lobe epilepsies.⁴ Considering this reciprocal relationship between sleep and epilepsy, it is surprising that there is limited focus on this relationship, especially in burden-of-disease measurements. Although there is no doubt about the omnipresent influence of epilepsy burden in physical and psychosocial terms, let us not ignore the effects related to sleep.

1. Bensken WP, Fernandez-Baca Vaca G, Jobst BC, et al. Burden of chronic and acute conditions and symptoms in people with epilepsy. *Neurology*. 2021;97(24):e2368–e2380.
2. Zanzmera P, Shukla G, Gupta A, et al. Markedly disturbed sleep in medically refractory compared to controlled epilepsy—a clinical and polysomnography study. *Seizure*. 2012;21(7):487–490.
3. Zanzmera P, Shukla G, Gupta A, et al. Effect of successful epilepsy surgery on subjective and objective sleep parameters—a prospective study. *Sleep Med*. 2013;14(4):333–338.

Author disclosures are available upon request (journal@neurology.org).

Author Response: Burden of Chronic and Acute Conditions and Symptoms in People with Epilepsy

Wyatt P. Bensken (Cleveland)

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Thank you for your thoughtful comment on our article.¹ We agree that there is an important relationship between epilepsy and sleep. Sleep quality may even affect some of the conditions we examined, such as anxiety and mood disorders. Unfortunately, large health care data, which were used in this study, often does not prioritize these important aspects of health. The points raised here are certainly an important direction for future work and highlight the multifaceted health needs and priorities for people with epilepsy.

1. Bensken WP, Fernandez-Baca Vaca G, Jobst BC, et al. Burden of chronic and acute conditions and symptoms in people with epilepsy. *Neurology.* 2021;97(24):e2368-e2380.

CORRECTIONS

Recovery and Prediction of Bimanual Hand Use After Stroke

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In the Research Article “Recovery and Prediction of Bimanual Hand Use After Stroke” by Plantin et al.,¹ the Outcome–Ad-AHA–R2 column of eTable 1 contained incorrect values. A corrected version is available at doi.org/10.5281/zenodo.5054068 as Version 2. The authors regret the error.

Reference

1. Plantin J, Verneau M, Godbolt AK, et al. Recovery and prediction of bimanual hand use after stroke. *Neurology.* 2021;97(7):e706-e719.

High Prevalence of Neutralizing Antibodies After Long-term Botulinum Neurotoxin Therapy

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In the article “High Prevalence of Neutralizing Antibodies After Long-term Botulinum Neurotoxin Therapy” by Albrecht et al.,¹ the third sentence of the Conclusions paragraph in the Abstract should read: “However, in addition to avoiding booster injections and extending the interval between injections, reducing the individual injected doses may diminish the risk of NAb induction independently of the indication for which BoNT/A is used.” The authors regret the error.

Reference

1. Albrecht P, Jansen A, Lee JJ, et al. High prevalence of neutralizing antibodies after long-term botulinum neurotoxin therapy. *Neurology.* 2018;92(1):e48-e54.

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High Prevalence of Neutralizing Antibodies After Long-term Botulinum Neurotoxin Therapy

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