



counseling for risks associated with epilepsy

This purpose of this study is to better understand counseling for risks associated with epilepsy.

This research study has been reviewed by the Institutional Review Board at the University of Vermont and has received an exemption from full committee review.

This survey contains 15 brief questions and may take approximately 5-10 minutes to complete. All responses are confidential-the only identifiable information requested is US state of practice.

Thank you for your time and assistance with our project.

**Andrew J Solomon MD
Associate Professor of Neurological Sciences
Larner College of Medicine at the University of Vermont**

**Robert Macauley MD
Professor of Pediatrics and Senior Scholar, Center for Ethics,
Oregon Health and Science University**

**David Spencer MD
Professor of Neurology
Oregon Health & Science University**



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Do you have a clinical practice focus of epilepsy in adults?

- Yes
- No



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We are sorry, this survey is meant only for neurologists with a practice focus in epilepsy. Thank you for your time.



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With a patient in whom you have just made new diagnosis of epilepsy how often do you discuss the following risks or behaviors?

	every patient	majority of patients	some patients	few patients	no patients
driving a vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
working or recreating at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
operating heavy machinery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bathing, swimming, or scuba diving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
operating an aircraft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sleep deprivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sudden death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fractures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
status epilepticus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Of your total patients with epilepsy, estimate the *percentage* in which of you have *ever* specifically discussed the risk of respiratory depression requiring mechanical ventilation due to treatment for prolonged seizures



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Who do you feel is the most appropriate provider to have discussions concerning mechanical ventilation with patients with epilepsy?

- Primary care provider
- Neurologist
- Other (please specify)



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Consider your agreement with the following statement: “Every patient with epilepsy should have an advance directive specifying their preferences concerning mechanical ventilation in the setting of treatment for seizures”

strongly agree agree somewhat neutral, neither agree nor disagree disagree strongly disagree



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Please consider the following hypothetical clinical situation:

A 73 year old woman with a history of epilepsy has had a viral gastrointestinal illness for 3 days and due to vomiting has not been able to take her usual dose of her antiepileptic medication. She presents to the emergency department with two 90 second generalized tonic-clonic seizures with incomplete recovery between them. During this time she has received 6mg of intravenous lorazepam, and is currently agitated, unable to follow commands, without evidence of focal neurological deficits, and at risk of airway compromise. Her oxygen saturations are declining. She has a history of myocardial infarction and cardiovascular disease and her chart includes a Physician Orders for Life Sustaining Treatment form specifying DNR/DNI without additional detail. There is no evidence of a cardiac abnormality by laboratory work or EKG, and further evaluation including head imaging, chest x-ray, and extensive laboratory evaluation reveals dehydration but no further toxic or metabolic abnormalities. Family is not available to discuss her care. Her physicians are concerned about her airway status and progressive respiratory decompensation presumed due to her seizures and/or administration of lorazepam, and would typically proceed with intubation, except for her code status.

How likely would you be to recommend intubation in this patient?

extremely likely likely neutral/not sure not likely extremely unlikely



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How much do you agree with the following statement:

"A documented Do Not Intubate order should only be honored if the cause of respiratory arrest is likely irreversible"

Strongly agree Agree somewhat Neither agree nor disagree Disagree Strongly disagree



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How many years has it been since you completed residency training in neurology?

Have you completed a fellowship in

- epilepsy
- clinical neurophysiology
- both epilepsy and clinical neurophysiology
- no fellowship
- Other (please specify)



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What approximate percentage of your effort (FTE) is devoted to direct patient care

- 25% or less
- 26-50%
- 51%-75%,
- 76% or greater

What approximate percentage of your clinical effort (FTE) is devoted to patients with epilepsy?

- 25% or less
- 26-50%
- 51%-75%,
- 76% or greater



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What is your practice setting?

- Academic/university and associated teaching hospital
- Affiliate hospital or practice of an academic institution
- Hospital system, healthcare organization or HMO
- Private or group practice, physician owned
- Veterans Affairs Hospital
- Other (please specify)



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What state(s) or US territory do you practice in?

- | | | |
|--|--|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Maine | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Maryland | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> California | <input type="checkbox"/> Michigan | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Minnesota | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Mississippi | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Missouri | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Montana | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Nevada | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Guam | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> New York | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Northern Marianas Islands | |
| <input type="checkbox"/> Other (please specify) | | |



The University of Vermont
LARNER COLLEGE OF MEDICINE



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Thank you for your help with our study!

contact Dr.Andrew Solomon at andrew.solomon@uvm.edu with any questions

Please feel free to leave any comments about the study below.