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Letter to the Editor

Comment regarding: "Predictors of long-term mortality in status epilepticus"

Dear Editor

I have read with a lot of interest the analysis of long-term outcome mortality after status epilepticus by Tiamkao et al. [1]. It is widely accepted that status epilepticus (SE) has high in-hospital mortality, and in line with data in literature, the authors report a 1-year mortality of 16.5% [1,2]. Established knowledge on long-term outcome after SE is currently lacking. However, several lines of evidence in the literature suggest a high mortality of patients after discharge as shown in a critical appraisal of published studies by Sculier et al. [3]. Tiamkao et al. and the integrated Epilepsy Research Group addressed this question using data from the Universal Health Coverage Database, Thailand. They report of 83.3% survival after 2 year, 83.2% after 5 years, and 83.0% after 10 years. Thus, 0.2% of the patients that survived 1 year after SE died in the 2nd year after diagnosis. After 4 and 9 years, the mortality rate was 0.4% and 0.6%. The mortality was astonishingly low, as compared to reports, e.g., by Longroscino et al. [4]. One possible explanation may be the lower age of patients with a reported average age at onset of 35 years and differences between Western- and non-Western countries. However, the mortality of the Thai cohort surviving SE for more than 1 year was actually lower than the mortality of the general population in Denmark. The cohort of 35-year-old Danes has a 1-year mortality of 0.1%, a 4-year mortality of 0.3% and a 9-year mortality of 0.9% [5]. In other words, previous SE appears to be protective against all-cause mortality, which certainly does not reflect a biological phenomenon but a substantial bias (e.g., social bias) or a systematic bias in the data material. This notion is further substantiated by the reported etiology of SE that varies from what was found in other cohorts [2]. Differences between Thailand and Western countries may explain parts of the differences, but certainly not all of it. In summary, it is questionable, if the identified predictors of long-term mortality described by Tiamkao et al. can be applied to other Western and non-Western cohorts, and further research is needed to understand of long-term outcome after SE.

Declaration of interest

CPB has no conflicts of interest relevant to this study.

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