



Letter to the Editor

Response to comment regarding: “Predictors of long-term mortality in status epilepticus”


To the Editor

We would like to thank Dr. Beier for the interest in our study ‘Predictors of long-term mortality in status epilepticus or SE’ [1]. We agree that the results in this study may not be applied to other countries particularly those developed countries. Healthcare facilities in the developed countries may have more advance therapeutic treatment. Patients in developed countries may also have more comorbid diseases. The majority of our study populations were adults with comorbid diseases with less than two conditions: no comorbidity (17.5%), one comorbidity (20.0%), and two comorbidities (17.0%). The numbers of comorbidities were significantly associated with mortality in SE after the adjusted age and gender (Table 1). The adjusted hazard ratio may be as high as seven times if the patients with SE had five or more comorbid diseases.

Although we studied all-cause of death, mortality was defined by the last discharge status or after the discharge within 30 days. The analysis implied that deaths were related to epilepsy and SE complications. This reason may also explain the lower mortality rate in our study than in the other study [2].

Table 1

Association between number of comorbidities and mortality in patients with SE.

Number of comorbidities	Unadjusted		Adjusted	
	HR: Hazard ratio	95%CI: Confidence interval	HR	95%CI
0				
1–2	2.09	1.76–2.48	1.88	1.58–2.23
3–4	4.47	3.78–5.30	3.36	2.83–3.98
5 or more	11.35	9.65–13.35	7.11	6.03–8.40

Our long-term mortality rate was slightly different from the study by Ristić et al. [3]. However, a previous study of a critical assessment showed that the long-term mortality may also widely vary. The mortality rate ranged from 0% to 22% in children and 0% to 57% in adults [4]. Therefore, it was not surprising that the mortality of SE in our study was different from the other studies.

References

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