



Selected abstracts from posters and short presentations at the 7th London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures

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30-Day Re-admission After Status Epilepticus in United States: Insights From Nationwide Re-admission Database

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Background: Thirty-day readmission rates have increasingly gained importance as a quality metric for hospitals. Unplanned readmissions are associated with increased health care expenditure. However, there is paucity of data on 30-day readmission rates in patients with epilepsy, particularly those admitted for status epilepticus (SE). SE is often associated with prolonged hospitalization, multiple comorbidities, and cognitive deficits, all of which make these patients extremely vulnerable to repeated hospitalizations. The objective of this study was to determine the incidence, causes, predictors reasons, and costs of 30-day readmissions in patients admitted with SE from a large representative United States (US) cohort.

Methods: Adult (age ≥ 18 years) patients hospitalized with the primary diagnosis of SE (*International Classification of Diseases-Ninth Revision-CM* codes 345.2 or 345.3) between January 2013 and September 2015 who survived the index hospitalization were identified using the Nationwide Readmissions Database. Incidence, causes, and costs of 30-day readmissions were analyzed. Multivariable logistic regression model was used to identify independent predictors of 30-day readmissions.

Results: Of 42,232 patients with index SE, 6,372 (15.0%) were readmitted within 30 days. Intracranial hemorrhage (odds ratio [OR], 1.56; 95% confidence interval [CI], 1.12–2.18), psychosis (OR, 1.26, 95% CI, 1.05–1.50), diabetes mellitus (OR, 1.12, 95% CI, 1.00–1.25), chronic kidney disease (OR, 1.50, 95% CI, 1.31–1.72), chronic liver disease (OR, 1.51; 95% CI, 1.24–1.84), >3 Elixhauser comorbidities (OR, 1.18; 95% CI, 1.06–1.31), length of stay >4 days during index hospitalization (OR, 1.41; 95% CI, 1.26–1.56) and discharge to skilled nursing facility (OR, 1.14; 95% CI, 1.01–1.28) were independent predictors of 30-day readmission. The most common reason for readmission was convulsion/epilepsy (45.1%). Other non-epilepsy related readmissions were due to medical conditions; infection (9.7%), other CNS conditions (7.8%), respiratory disorders (5.1%), gastro-intestinal conditions (4.7%) and psychiatric illness (4.2%).

Median length of stay and costs of readmission were 4 days (interquartile range, 2–7 days) and \$7,882 (interquartile range, \$4,649–15,012), respectively.

Conclusions: Thirty-day readmissions after status epilepticus occur in 15% of patients. Majority of these are related to recurrent seizures. Readmitted patients were more likely to have multiple comorbidities, longer length of stay, and discharge to skilled nursing home facility. Awareness of these predictors can help identify and target high-risk patients for interventions to reduce readmissions and costs.

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Factors related to the development of mesial temporal sclerosis after status epilepticus

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Background: There are relatively little data regarding mesial temporal sclerosis (MTS) as a sequela of prolonged seizure activity. This finding may be important to study epileptogenesis in status epilepticus (SE). Our aim is to study all factors related to the development of MTS in SE patients.

Methods: All our patients >16 yo experiencing SE are prospectively recorded in a registry since 2011. The variables collected include demographics, etiology, SE type, refractoriness/duration, EEG pattern and neuroimaging. We selected those patients with no previous history of epilepsy and MRI during follow-up; we analyzed all factors in relation to development of MTS.

Results: We evaluated 52 patients. Mean age: 59yo; 27(51.9%) male. 25(48.1%) were without prominent motor symptoms. Median mSTEES: 3. Regarding etiology: 32(61.5%) were acute symptomatic, 9(17.3%) remote symptomatic, 8(15.4%) progressive symptomatic and 3(5.8%) cryptogenic. LPDs were present in 14(26.9%). 29(55.8%) were considered refractory. 24 patients had a brain injury affecting temporal lobe, and 28 had other affected lobes or no brain injury. MRI was performed between 1.5 and 24 months after SE. MTS was