

Epilepsy Facts and Figures

Epilepsy is the third most common neurological disorder in the United States after Alzheimer's disease and stroke.¹ It is equal in prevalence to cerebral palsy, multiple sclerosis and Parkinson's disease **combined**.²

- Epilepsy is not a single entity but a family of more than 40 syndromes³ that affect 2,700,000 people in the U. S.⁴ and 50,000,000 worldwide.⁵
- Epilepsy strikes most often among the very young and the very old, although anyone can get it at any age. In the U.S., it currently affects more than 326,000 children under age fifteen and more than 90,000 of them have severe seizures that cannot be adequately treated.⁶
- The number of cases in the elderly is beginning to soar as the baby boom generation approaches retirement age. Currently more than 570,000 adults age 65 and above in the U.S. have the condition.⁷
- Epilepsy imposes an annual economic burden of \$15.5 billion⁸ on the nation in associated health care costs and losses in employment, wages and productivity.
- The mortality rate among people with epilepsy is two to three times higher than the general population and the risk of sudden death is 24 times greater.⁹
- This year another 200,000 people in the U.S.¹⁰ will be diagnosed with epilepsy and an estimated 25,000 to 50,000 will die of seizures and related causes,¹¹ including status epilepticus (non-stop seizures), sudden unexpected death in epilepsy (SUDEP), drowning and other accidents.
- Epilepsy and its treatment produce a health-related quality of life – measured in days of activity limitation, pain, depression, anxiety, reduced vitality and insufficient sleep or rest – similar to arthritis, heart problems, diabetes and cancer.¹²
- Thirty to 40 percent of people with epilepsy are severely affected and continue to have seizures despite treatment.¹³
- Of major chronic medical conditions, epilepsy is among the least understood even though one in three adults knows someone with the disorder.¹⁴
- Lack of knowledge about proper seizure first aid exposes affected individuals to injury from unnecessary restraint and from objects needlessly forced into the mouth.¹⁵
- The leading non-medical problem confronting people with epilepsy is discrimination in education, employment and social acceptance.¹⁶
- Epilepsy is prevalent among other disability groups such as autism (25.5%), cerebral palsy (13%), Down's syndrome (13.6%), and mental retardation (25.5%). For people with both cerebral palsy and mental retardation the prevalence is (40%).¹⁷

- The association between epilepsy and depression is especially strong. More than one of every three persons with epilepsy are also affected by the mood disorder, and people with a history of depression have a 3 to 7 times higher risk of developing epilepsy.¹⁸
- Some people with epilepsy do not even know they have it, having been told they have a “seizure disorder” instead. This unfortunate euphemism arose because of the historical stigma associated with epilepsy, which the Epilepsy Foundation and others have fought to dispel.¹⁹
- It is 14 years on average between the onset of epilepsy and surgical intervention for seizures uncontrollable by medication. American physicians may be unaware of the safety and efficacy of epilepsy surgery, making it among the most underutilized of proven effective therapeutic interventions in the field of medicine.²⁰

Notes to Epilepsy Facts and Figures:

1. Hauser, A. Epidemiology of seizures and epilepsy in the elderly In: Rowan A, Ramsay R, eds. Seizures and epilepsy in the elderly Boston:Butterworth-Heinemann, 1997:7-18.
2. Cerebral palsy (764,000), multiple sclerosis (350,000 – 500,000), Parkinson’s disease (1.5 million) equal 2,614,000 – 2,764,000.
3. NINDS epilepsy information web page.
4. Projection based on Begley, CE, et al. The Cost of Epilepsy in the United States: An Estimate from Population-Based Clinical and Survey Data. *Epilepsia* 41(3):342-351, 2000 and U.S. Census Bureau 2005 population estimate of 295,200,000.
5. From World Health Organization and Out of the Shadows Campaign.
- 6, 7. See note 4 above.
8. Begley, op.cit. Reported cost of \$12.5 million for prevalent cases in 1995 is converted here to 2004 dollar value using Bureau of Labor Statistics automated online constant dollars conversion calculator.
9. Ficker, DM. Sudden Unexpected Death and Injury in Epilepsy. *Epilepsia*, 41(Suppl.2): S7-S12, 2000.
10. See note 4 above.
11. Data from DeLorenzo, et al, Virginia Medical College (22,000 – 42,000 annual deaths from status epilepticus) to which an assumed increase from SUDEP, accidents, and other direct causes are added. Note that it is expressed in terms of “deaths due to seizures” rather than “deaths due to epilepsy,” as half of status cases occur in people with no prior history of seizures or epilepsy.
12. From Centers for Disease Control and Prevention, MMWR 2000:50:25-35 in JAMA, February 21, 2001 – Vol. 285, No. 7.
13. The prevalence of intractable epilepsy ranges from less than 25% to over 44% dependant on the source. (A figure of 44% is cited in the Foundation’s National Cost of Epilepsy Study.) The range is narrowed in this fact sheet to simplify the conflicting reports.
14. Kobau R, Price P. Knowledge of Epilepsy and Familiarity with This Disorder in the U.S. Population: Results from the 2002 HealthStyles Survey. *Epilepsia*, 44(11):1449-1454, 2003.
15. Repeated surveys by the Epilepsy Foundation, the previously cited CDC report, and numerous other surveys have documented the low level of public knowledge about seizures and epilepsy, including persistent misconceptions about seizure first aid.
16. Morrell MD, Pedley, TA. “The Scarlet E”: Epilepsy is still a burden. *Neurology*, 2000:54:1882-1883. The major portion of advocacy activity conducted by the Epilepsy Foundation and its local affiliates focus on discriminatory issues and practices.
17. McDermott S, Moran R. Prevalence of Epilepsy in Adults with Mental Retardation and Related Disabilities in Primary Care. *American Journal on Mental Retardatio*. January; 2005 – Vol. 10, No. 1:48-56.
18. Kanner A, Jobe PC, Ettinger A. In presentations given at the American Association for the Advancement of Science Annual Conference, March 9, 2005.
19. Epilepsy Foundation, Professional Advisory Board.
20. Engel, JR Jr. A Greater Role for Surgical Treatment of Epilepsy: Why and When? In *Epilepsy Currents*, Vol.3, No.2 (March/April) 2003 pp. 37-40.

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