Faktor risiko keberhasilan obat antiepilepsi generasi 2 pada pasien epilepsi anak usia di bawah 3 tahun: Studi kasus kontrol = Risk Factor Affecting the Success of Second Generation Antiepileptic in Children under 3 Years with Epilepsy: Case Control Study

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Abstrak

Latar Belakang: Epilepsi di negara berkembang dua kali lebih tinggi dibandingkan negara maju. Sekitar 60-70% pasien bebas kejang dengan obat antiepilepsi (OAE) generasi satu, jika tidak respons dan kejang menetap maka dipertimbangkan OAE generasi dua. Keberhasilan pengobatan epilepsi dipengaruhi oleh pelbagai faktor serta bergantung terhadap plastisitas dan maturitas otak hingga usia tiga tahun. Belum ada penelitian yang menilai faktor-faktor keberhasilan terapi OAE generasi dua.

Tujuan: Mengetahui faktor risiko keberhasilan keberhasilan terapi OAE generasi 2 pada pasien epilepsi anak usia di bawah tiga tahun.

Metode: Studi kasus kontrol dengan data sekunder berupa rekam medis. Sampel penelitian adalah anak epilepsi berusia di bawah tiga tahun yang mendapatkan minimal salah satu OAE generasi 2 berupa topiramat/levetiracetam/lamotrigin. Subyek terbagi kelompok kontrol (dilakukan matching usia) yang kejangnya tidak terkontrol dan kelompok kasus yang kejangnya terkontrol minimal enam bulan. Faktor risiko yang diteliti adalah tipe kejang, status perkembangan, status neurologis awal, gambaran elektroensefalografi (EEG) awal, evolusi klinis dan evolusi EEG.

Hasil: Didapatkan 60 subyek pada masing-masing kelompok; pada kelompok kasus paling banyak dijumpai 66,7% laki-laki, 31,7% rentang usia 6-12 bulan, 83,3% usia awitan kejang <12 bulan, dan 93,3% tipe kejang umum. Dari 6 faktor risiko yang diteliti, hanya evolusi EEG berperan independen dalam memengaruhi keberhasilan terapi, nilai p<0,001; aOR 9,53; IK95% 3,39-26,77.

Kesimpulan: Pasien dengan evolusi EEG baik memiliki kemungkinan sebesar 9,53 kali lipat lebih besar untuk kerjangnya terkontrol dengan OAE generasi 2, dibandingkan pasien dengan evolusi EEG buruk.
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Background: Epilepsy in developing countries is twice compared developed countries. About 60-70% epilepsy patients had seizure-free with first generation antiepileptic drugs (AED), if there is no response and persistent seizures, second generation AED is considered. The success of epilepsy treatment is influenced by various factors and depends on the plasticity and maturity of the brain until the first 3 years. There are no studies that assess the success factors of second generation OAE therapy.

Purpose: To assess the risk factors that affecting the success of second generation therapy in children under 3 years old with epilepsy.

Methods: A case control study with secondary data from medical records. The study sample was children under 3 years old with epilepsy who received at least one of second generation AED (topiramate/levetiracetam/lamotrigine). Subjects were divide into 2 groups, control groups (age matching) whose seizure were not controlled and case groups whose seizure were controlled for at least six months. The risk factors studied were seizure type, developmental status, initial neurological status, initial electroencephalography (EEG), clinical evolution and EEG evolution,

Results: There were 60 subjects in each group; the most proportion in case group were 66,7% males, 31,7% of the age range of 6-12 months, 83,3% onset of seizures <12 months, and 93,3% general seizures. Of the 6 risk factors studied, only the EEG evolution significantly and independently affecting the success of therapy, with p value <0,001; aOR 9.53; 95%CI 3.39-26.77.

Conclusion: Patients with good EEG evolution were 9.53 times more likely to have controlled seizure with second generation AED, compared to patients with poor EEG evolution.