

Letter to Editor

Utilization of Limited Resources' In Rural Health Care Centre's of Developing Countries for the Care of People with Epilepsy: During the COVID-19 Pandemic

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LETTER TO EDITOR

Dear Sir,

The coronavirus disease 2019(COVID-19) pandemic has overwhelmed health care systems in developed countries. But it's going to be even worse in resources poor countries where medical resources are scarce with the limited COVID-19 testing facilities, shortages of health care personnel, lifesaving instruments (ventilator etc) and personal protective equipments (PPE).

Worldwide, it is assessed that nearly 70 million individuals are suffering from epilepsy and among them about 90% are from developing nations (Ngugi, A. K. *et al.*, 2010). There are more than 12 million persons with epilepsy (PWE) in India, contributing to nearly one-sixth of the global burden. The gruesome fact that the prevalence of epilepsy in rustic and underserved areas is twice where health facilities are already sorely lacking .PWE is prone to co morbidities and stigma that negatively impact their quality of life.

During COVID-19 pandemic management of epilepsy in the rural parts of resource poor countries is exceptionally challenging as there is poor health care infrastructure, shortage of trained professionals, poor transport facilities, and lower socioeconomical status, non-availability of medications, poor illiteracy and non-adherence to antiepileptic drugs (AEDs). Telemedicine services and online pharmacies are also seldom available in these areas.

To address these confronts, some approaches must be considered, including expanded telehealth coverage, self-management (Chen, D. *et al.*, 2020), utilizing phone application-based communications, video recording of the ictal event, maximizing the accessibility of AEDs by all means, obtain a repeat prescription and encouraging for drug adherence.

PWE must be reassured that in the nonexistence of risk factors, including older age, immobility, coexistent respiratory disease, diabetes

mellitus, hypertension, severe heart disease, or on immunosuppressant, are not at a higher risk for COVID-19 infections.

Individuals with epilepsy and their families/caregivers must have a clear understanding of when and how to use rescue medications (e.g., benzodiazepines via buccal, nasal, or rectal routes or oral if they can be safely swallowed), when to repeat and when to visit emergency department (French, J. A *et al.*, 2020). Thus keep them away from repeated visits to the hospital, lowering the risk of exposure to the epidemic.

Another important aspect is strong mental and emotional health support. Lifestyle issues ought to be reinforced: the need for regular sleep, consistency in current routines, healthy eating and exercise and avoidance of alcohol.

Yoga is accepted to bring stress reduction and relaxation. The impact of yoga on the EEG and the autonomic nervous system has been reported. There are various types of yoga involving postural exercises (asanas), breath control (pranayama) and meditation. Yoga practices in PWE presents an inexpensive, non-invasive tool and it also complements to epilepsy control and improvement in quality of life (Lundgren, T. *et al.*, 2008).

The government leaders are expected to guarantee regular and uninterrupted availability of medications within the sight of lockdown. Maximize utilization of constrained assets' may help health care professionals to provide optimal care to PWE during the corona virus pandemic in resources poor sectors.

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