

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Alcohol-Specific Mortality in People with Epilepsy: Cohort Studies in Two Independent Population-Based Datasets](#)

Publication details (Vancouver format)

Gorton HC, Webb RT, Parisi R, Carr MJ, DelPozo-Banos M, Moriarty KJ et al. Alcohol-Specific Mortality in People With Epilepsy: Cohort Studies in Two Independent Population-Based Datasets. *Frontiers in Neurology*. 2021 Jan 21;11. 623139

What are the most important findings/conclusions in this paper? Why are they important?

We found that people with epilepsy are five times more likely to die because of an alcohol specific cause. An alcohol-specific cause is when alcohol is known to have caused death. This could be due to the immediate effects of alcohol or over a long time.

What we cannot show is whether the epilepsy or alcoholism came first. It is important that doctors are aware of this risk so they can ask patients the right questions and give the support that is most likely to help.

What did you do?

We used two large sets of data from general practices in England and Wales that are linked to hospital records. The data was anonymised, which means we cannot identify people from it.

We found people in the data who had epilepsy and compared them to people who did not. We followed them over time to see whether people with epilepsy were more likely to die because of alcohol-specific causes. In the data from England, we looked backwards to see if people had been found to have problems with alcohol before death. This allowed us to see if there were differences between these groups in how people had been cared for, or what they had been diagnosed with, that might have influenced the risk of self-harm.

Why did you conduct this research?

We wanted to understand the level of risk of alcohol-specific death in people with epilepsy. In a previous study on unnatural death in people with epilepsy, we had noticed that people with epilepsy had records of alcoholism more often than people without epilepsy. So we wanted to take this one step further to understand how it might contribute to deaths.

What was known before your paper was published?

Other studies had thought that people with epilepsy were more at risk of dying from alcohol-related causes than people without epilepsy. This is the first study to use the new Office for National Statistics definition of alcohol-specific death in this sort of research.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

As a result of this and other papers on epilepsy, Dr Gorton was asked to join the clinical advisory panel for the British charity Epilepsy Action. The panel has been invited to prepare a summary of all its work on epilepsy, which will be published in the charity's professional journal aimed at doctors. Using this information, another version will then be developed for Epilepsy Action's service-user publication.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

N/A