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 harm themselves. Within the group of people who had epilepsy and had self-harmed, we looked backwards and compared them with people who had epilepsy but had not self-harmed. This allowed us to see if there were differences in other patterns of care or diagnoses between these groups that might have influenced the risk of self-harm.

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

We found that people with epilepsy are more likely to harm themselves than people who do not have epilepsy. In the first year after receiving the diagnosis, people with epilepsy are five times more likely to harm themselves than people without epilepsy, and the risk is about three times higher after that.

We also found that having a mental health problem alongside epilepsy and having changes to treatment increased the risk of self-harm. It is important that clinicians are aware of this risk so they can ask patients the appropriate questions and give the appropriate support.
What was known before your paper was published?

Others had estimated that people with epilepsy were more at risk of harming themselves than people who do not have epilepsy. But they did not use the same sort of data that we had access to, which allowed us to make more precise estimates.

Why did you conduct this research?

We wanted to understand the level of risk of self-harm in people with epilepsy. This had been investigated before but we were able to predict this more precisely with the data we used. We didn’t know whether there were specific other factors among people with epilepsy that might influence their risk of self-harm and we wanted to investigate this.

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 invited to join the clinical advisory panel for the British charity Epilepsy Action. She will be able to use her work to inform these discussions.

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