"DROP ATTACKS": A CHECKLIST FOR CONSIDERING DIFFERENTIAL DIAGNOSES

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OUR QUESTION:

Are we ruling out causes other than atonic seizure in cases of "drop attacks"?

Population:

17 cases identified, 11 Male + 6 Female,
Mean Average Age: 38.8 years

Method:

Review of electronic notes, clinic letters, GP patient profiles

ECHOCARDIOGRAM

Done in 0%, Considered in 0%

HEART RATE

Done in 41.2%, Considered in 41.2%

ECG

Done in 35.3%, Considered in 94.1%

MEDICATION REVIEW

Done in 11.8%, Considered in 11.8%

SITTING/STANDING BP

Done in 0%, Considered in 23.5%

TILT TABLE

Done in 0%, Considered in 0%

DVT

Done in 5.9%, Considered in 11.8%

PE

Done in 0%, Considered in 0%

BLOOD GLUCOSE

Done in 5.9%, Considered in 17.6%

NEURO EXAM

Done in 17.6%, Considered in 17.6%

2 patients had issues found (sinus bradycardia, hypoglycaemia) purely incidentally, and not in the context of considering "drop attacks". 1 patient had family history of heart defects but no echocardiogram. 1 patient had Perampanel worsening drop attacks.

NEXT STEP:

Apply the checklist in clinics & measure again in 12 months time.