Seizure first aid training for people with epilepsy attending emergency departments and their significant others: the SAFE intervention and feasibility RCT

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Plain English summary

The SAFE intervention and feasibility RCT

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Plain English summary

Limited knowledge of how to manage seizures leads some individuals with epilepsy to visit emergency departments following seizures despite not needing medical attention. Such visits are expensive for the NHS and can be inconvenient for patients.

Part A of this project aimed to develop a self-management course for patients frequently visiting emergency departments for epilepsy, as well as for their significant others, such as family and friends. Having developed the course, a large trial was needed to find out if it would be beneficial. Before doing that we needed to answer the following question: 'can such a trial be done?'. Part B of this project aimed to answer this by conducting a 'pilot randomised controlled trial'. A pilot is like a practice run.

In part A, nine health-care professionals and 23 service users helped us to develop the course, which we called Seizure first Aid training For Epilepsy (SAFE). They considered it acceptable and NHS feasible.

In part B, 53 patients diagnosed with epilepsy (and 38 significant others) were recruited from three emergency departments. Patients were randomly assigned to either an invitation to attend SAFE (with or without their significant other) or usual treatment only. All participants took their medication as usual. Participants were asked to complete questionnaires on their use of emergency departments and confidence managing seizures 3, 6 and 12 months later.

The pilot trial found that emergency departments could not easily identify people to invite, and fewer people agreed to take part than expected (12.5% rather than at least 20%). Those who did take part tended to participate for the full length of the trial, and information on their use of emergency departments 12 months later was obtained in over 90% of cases. Nearly all participants said that they would take part in such a trial again.

Even though parts A and B were carried out successfully, it was difficult to identify potential participants and fewer people agreed to participate than we expected, so a large trial, as currently designed, is not feasible.

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