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## PARENTAL NONADHERENCE TO THEIR CHILDREN'S EPILEPSY TREATMENT PLAN

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**Introduction:** Parental nonadherence to their child's epilepsy treatment plan may result in reoccurrence of seizures. It may be unintentional, such as healthcare inaccessibility, or intentional, parents not following the treatment plan in fear of side effects, poly-therapy and multiple dosing being too much of a burden.

**Objectives:** To examine adherence to antiepileptic drugs (AEDs) in a cohort of parents, whose children have epilepsy, and assess the barriers to treatment from their perspective.

**Methods:** A cross sectional study was conducted using a questionnaire. 46 parents of children, being treated in a tertiary centre for epilepsy, answered questions assessing demographics, usage of various medications and alternative medicine methods, individual barriers to adherence and their beliefs surrounding epilepsy treatment.

**Results:** 91.3% of respondents were female (mean age 38.63 (SD±5.86) years). The children's mean age was 7.84 (SD±3.57) years and 54.3% of them were female. 47.8% of children had focal seizures, 37% – generalized seizures and 15.2% of parents did not know what type of seizures their child experienced. On average, the children took 2.33 (SD±1.48) AEDs and 2.13 (SD±0.911) food supplements. 91% of respondents experienced difficulties adhering to their children's epilepsy treatment plan. The most common problems were (1) AEDs having an unpleasant taste (45.65%) (2) or being too difficult to swallow (30.44%), (3) some experienced obstacles when buying AEDs (23.9%). 20% had difficulty getting the prescription from their doctor and 11% had missed a dose because they ran out of AEDs. 2% believed AEDs were not necessary to control their child's epilepsy, 22% thought the prescribed medications were not effective, and 39% believed food supplements help keep epilepsy under control. The amount of AEDs and food supplements combined negatively correlated with parent's age ( $p=0.021$ ), while the amount of food supplements used positively correlated with their education ( $p=0.021$ ). The amount of AEDs depended on the frequency of seizures ( $p=0.002$ ). Children with focal seizures took significantly less food supplements than those with generalized seizures ( $p=0.007$ ).

**Conclusions:** Most parents experience difficulties adhering to their children's epilepsy treatment plan. Education, age and seizure type plays a role in the amount of medications and food supplements children with epilepsy receive, however only the amount of seizures makes a difference in how many AEDs they take.

**Keywords:** Epilepsy, antiepileptic drugs, adherence to treatment.