IL<mark>III</mark>E-CEA

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE) Commission on European Affairs (CEA)

October 10, 2011

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Secretary: Professor Alla Guekht Moscow, Russia

Professor Alexis Arzimanoglou Lyon, France

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Professor Emilio Perucca Pavia, Italy

Professor Asla Pitkanen Kuopio, Finland

Professor Torbjorn Tomson Stockholm, Sweden

Professor Eugen Trinka Innsbruck, Austria Folketingets Sundhedsudvalg The Standing Committee for Health Denmark

Your Lady/Sir,

It is with great concern that the Commission on European Affairs (CEA) of International League Against Epilepsy (ILAE) has received the news about the impending closure of Dianalund Epilepsy Hospital, the only Epilepsy Centre in Denmark. We are concerned because epilepsy is such a varied condition that any well-functioning system of epilepsy care needs to be hierarchical and include a highest-level reference centre to take care of the most difficult cases and provide facilities also for selected groups of patients. These include in the diagnostic field prolonged combined video and EEG registrations, specialized neuropsychological investigations and evaluation programmes for the selection for epilepsy surgery, including special imaging approaches such as ictal SPECT. In the therapeutic field, the highest level centres provide care for multiple handicapped persons and for patients with non-epileptic psychogenic and other seizures; they also offer vagus nerve and other brain stimulation therapies as well as ketogenic diet for children with intractable seizures. For several of these, the Dianalund Hospital is the only place in Denmark where they are available.

It is generally assumed that in an adequate health system one highest level epilepsy centre needs to be available for a population of 4 to 5 million inhabitants, about the population of Denmark. We understand that the present situation is due to changes in your health care system where five regions take responsibility for their population. It is, however, unrealistic to assume that expertise and facilities for highest level epilepsy care can be built up in parallel for 5 subpopulations of about 1 million each; in addition, such a system would not be cost-effective.

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Professor Eugen Trinka Innsbruck, Austria

> In addition to its role in the national health care for your country, the Danish Epilepsy Centre has also developed into an active and increasingly prolific research institution of excellent international renown whose contributions to the scientific progress in epileptology would be greatly missed if the Centre disappeared.

> For all these reasons, we urgently ask you to ensure the continuous existence and activity of the Danish Epilepsy Centre.

Meis Bales

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