Some basis for optimism exists. The Bandstra article reviews and discusses school educational programs, founded on the concept that targeting school-age children can help prevent stigma before it develops. A promising illustration is a Grade 5 education program, now implemented in the Ontario school curriculum, developed by Martiniuk et al. In a somewhat older population (Canadian college students) Young et al. developed a questionnaire to reliably examine knowledge and attitudes regarding epilepsy. Following a simple educational intervention (providing a brochure), there was an improvement in knowledge concerning epilepsy, but no corresponding attitudinal change. As Bandstra et al make clear such efforts are positive, but there remains much to be accomplished.

Research Support

With 15,000 new cases annually in Canada, the incidence of epilepsy exceeds that of colon cancer and almost equals that of breast or prostate cancer. Although epilepsy equals stroke as the most prevalent neurological disorder after headache, its annual research support is less than 30% of that available for Parkinson’s Disease and less than 10% of funds for multiple sclerosis research. Stigma likely helps create these disproportionate amounts.

Epilepsy associations thus need to expand the scope of their mandates from only a direct patient support and education function to a political and campaigning role. This effort will hopefully provide more funds for clinical and basic epilepsy research and care and will reduce stigma, the unwanted additional burden of this treatable disorder.

CONCLUSION

We hope this important article by Bandstra and the Camfields will re-focus attention on a vital issue which is easily overlooked in clinical practice, and that it will generate both creative research and vigorous anti-stigma initiatives.
REFERENCES