

## LETTERS TO EDITOR

### **IMPORTANCE OF HEALTHCARE-SEEKING BEHAVIOR OF PARENTS IN RESPONSE TO CHILDHOOD SEIZURES**

Sir,

We thank Das S for his keen interest in our manuscript entitled "Healthcare seeking behavior after seizures in children"<sup>[1]</sup> and his thoughtful ideas on the issue.<sup>[2]</sup> We wish to offer the following clarifications in response to his comments:

The study was carried out in 2004 with an aim to describe the behavior of parents when their child has convulsions and hence the data was not subjected to further analysis. Parents of children with convulsions who provided consent for participation were included. As per ethical guidelines, those who did not provide consent were not included. Being obvious, this was not stated in the manuscript as the exclusion criterion. The study was carried out in the Indian setting on parents of Indian children with implications for healthcare providers working in Indian setting. Hence, only Indian currency unit was mentioned. I concede that, as pointed out by Srijit Das our study findings could be of some interest and relevance to healthcare providers even in other countries and hence, we could have provided equivalent figures for major international currencies (especially, in terms of US \$).

It is true that mothers, as responders, predominated in the survey. We had not delved into reactions of individual parents and hence investigators have no data to concur with

or refute the reasoning put forward by Das regarding greater number of mothers acting as respondents. In our public hospital, generally mothers accompany their children throughout the hospital stay. In addition, it has been observed that if the child is apparently stable, the male earning members in the family get on with their jobs. As the interviews were conducted within 24 hours of admission, it is possible that mothers had greater chances of being with the child and hence being approached by the investigators with a request to participate in the study.

The important finding in our study is that the parents do not take appropriate steps when faced with a convulsing child, their behavior does not change even when they are counseled specifically in this regard at a previous health contact and that family physicians do not seem to undertake measures to control convulsions in children. Though broad steps like increasing public awareness about appropriate measures to be employed in a convulsing child, enhancing skills of family physicians and improving facilities at clinics so that appropriate measures for control of convulsions can be undertaken, using innovative methods to ensure that parents feel confident to use measures taught were mentioned in the manuscript; limitation of space dissuaded us from giving further details. The knowledge and skills of family physicians will have to be enhanced through continuing medical education and organization of workshops. The professional organizations and regulatory authorities could prescribe minimum facilities that need to be provided by clinics, so that at least life-threatening events could be immediately managed. I think that

the reach of electronic media could be used to educate parents regarding appropriate measures to be taken for a variety of childhood emergencies that occur in a home setting. The healthcare providers need to evaluate their methods of counseling in view of poor recall noticed. Perhaps they need to employ different methods such as demonstration of injury prevention and administration of anti-convulsants on models and mannequins to improve effectiveness.

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## REFERENCES

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2. Das S. Importance of healthcare seeking behavior of parents in response to childhood seizures. Indian J Med Sci 2008;62:372-3