EPO-054

Epilepsy and employment: classification of workplaces and optimized legislation in Austria – a qualitative study

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Background and aims: People with epilepsy face difficulties in obtaining or keeping employment. The question whether epilepsy must be disclosed during the application process is of central importance. In extreme cases, people with epilepsy can be dismissed under the term of violation of confidence.
Methods: 12 personnel managers and five occupational health practitioners underwent a telephone interview concerning the opportunities and limitations of job applications by people with epilepsy in Austria. The interviews were analyzed by the qualitative method of content analysis (Kuckartz). The legal situation was also analyzed.
Results: Employers are confident that co-workers with epilepsy can be managemed well in case a value system and first responders are in place. The Austrian law permits only retrospective juridical clarification. The authors developed a classification system for work places with "D-0" meaning no health or financial danger (e.g. office workers), "D-1" poses still no health hazard but includes regular work with cash (e.g. salespersons), and "D-2" with potential medical implications for the person with epilepsy or any other person at the workplace (e.g. industrial worker). With D2, occupational health practitioners evaluate the applicant`s medical fitness for the job without disclosing medical details. We designed a "compartment model of medical information in the application process" to guarantee that the occupational physician is the only person who learns about the applicant`s medical details.
Conclusion: A practical and simple classification of workplaces and concept for keeping medical information confident are presented. These measures may result in diminishing enacted and felt stigma in the working world.
Disclosure: No conflicts of interests concerning this publication. Markus Leitinger reports travel grants from UCB Pharma and speaker`s honoraria from Eisai, unrelated to the present work.

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Hand Postures and Localization in Pediatric Patients at Video EEG Monitorization

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Background and aims: One third of pediatric patients with epilepsy are resistant. Epilepsy surgery can be applied to appropriate patients when antiepileptic therapy is insufficient in resistant epilepsy. Long-term video EEG monitoring is performed to evaluate suitability for epilepsy surgery.
Methods: The hand postures of patients with generalized or focal epilepsy who underwent video EEG monitoring in our department during ictal activity and the relationship of these postures with the epileptogenic zone. Hand postures of patients during ictal activity were classified into six subgroups; fist, politician fist, cup, pincer, extended hand and pointing. Epileptogenic foci of the patients were classified as generalized and focal.



Hand positions

Results: 523 patients who were monitored in the VEM unit were screened, and 55 patients were evaluated. Hand postures were evaluated by three different researchers at different times and independently of each other. The most common epileptic hand postures were "fist" and "politician fist". Extended hand, cup, pointing and pincer postures were seen with decreasing frequency. The epileptogenic zone of 18 patients out of 55 could not be differentiated and was found to be generalized. It was observed that 14 patients originated from the temporal, 9 patients from the frontocentral, 8 patients from the frontotemporal, 3 patients from the temporoparietal, 2 patients from the frontocentrotemporal and 1 patient from the central region.
Conclusion: Fist, politician's fist and extended hand posture were evaluated as contralateral lateralized sign, and pincer, pointing hand and cup postures were evaluated as ipsilateral lateralized signs.
Disclosure: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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