



Association of British Neurologists

Deaths Associated with Neurological Conditions in England 2001 to 2014

Data analysis report
Neurology Intelligence Network
Public Health England

ABN QUALITY COMMITTEE COMMENTS 13-03-2018

Overall important issues:

1. Epilepsy mortality is up to three times higher in areas of deprivation compared with other areas
2. Mortality in epilepsy is risk-based, and often preventable; higher levels in particular areas suggest that the risks are not being managed as well as in other areas; there may also be barriers to accessing care in areas of deprivation
3. The mortality figures for neurological conditions point to an increase in the number of people with long-term neurological conditions over time, and a resulting increase in the amount of care provision required
4. Neurological conditions don't travel alone: co-morbidity is high (at least 50% die from another cause – cancer, falls, resp, cvs, however, the other 50% have neurological condition as cause of death)
5. More people with neurological conditions die in care homes (versus home) compared with other conditions; many more die in hospital (49%) compared to cancer (40%)

Reasons behind the data:

1. Epilepsy: People with epilepsy tend to drift down the socio-economic scale, and may be over-represented in areas of social deprivation
2. Improved ascertainment (improved diagnosis and awareness) may play a significant role in long-term neurological conditions death recording
3. The benefit to longevity of treatment of other conditions (e.g. Cancer, cardiovascular disease) may increase prevalence of later-life conditions such as Parkinson's disease
4. Later life frailty may predispose to certain conditions (e.g. falls leading to TBI)

Limitations in the data:

1. Death certificate recording can be unreliable, and data quality can be an issue; reporting is likely to have improved from 2007 onwards; the report lists a range of appropriate caveats
2. We lack comparator data: within areas of deprivation, unable to compare service provision; benchmark against other countries is not easy with this data

Areas of importance for the future:

1. Although it is a crucial issue, we are unable to confidently determine the impact of acute neurology care, and the benefit of (epilepsy) specialist nurses from the mortality data; comparisons across areas of similar deprivation index with and without such resources would be very useful.
2. The report should be a stimulus to increase service provision for neurological conditions in all settings (home, hospital, care home) as prevalence of these

Ormond House, 27 Boswell Street, London WC1N 3JZ

Tel: +44 (0)207 405 4060 Fax: +44 (0)207 405 4070 email: info@theabn.org www.abn.org.uk

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3. conditions is increasing over and above all cause mortality; we need to look at how this can be achieved
4. We should look carefully at what barriers exist to improving neurological conditions care and how we might overcome these?
5. The report highlights a need for change in attitude towards neurological conditions – cultural change is possibly the hardest to achieve, but the most important



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