

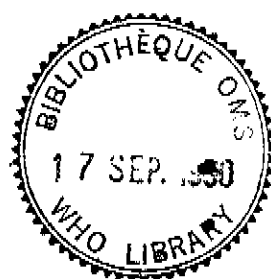
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INITIATIVE OF SUPPORT

TO

PEOPLE WITH EPILEPSY

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Division of Mental Health  
World Health Organization  
Geneva  
1990

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### Initiative of Support to People with Epilepsy

Epilepsy is a disease that presents a heavy burden on patients, their families and their country's economy. Epilepsy hits 0.5 to 4 per cent of each population, the number being higher in developing countries. Out of the 50 million people world-wide, with epilepsy - at least half are either not properly treated or not treated at all. Today, many patients only receive medical care as a result of crippling accidents due to epileptic seizures.

At present, experts are confident that a tremendous improvement can be achieved if care for people with epilepsy becomes an integral part of the primary health care strategy, as ratified in Alma Ata in 1978. There are safe drugs at very low cost that can be used to help in the successful control of epilepsy in a vast majority of cases. Adequate treatment can be provided for, at an average of US\$ 5 per patient per year.

This document represents a set of guidelines to help in the planning, implementation and evaluation of preventive, curative and rehabilitative activities related to epilepsy. It advocates for the integration of epilepsy-related activities into other health programmes - e.g. mental health programmes - instead of being an isolated vertical programme.

Among the different technical tools included in the programme are: i) a glossary of some basic terms related to epilepsy; ii) a brief description of some activities of proven value in reducing the incidence of some forms of epilepsy; iii) a set of basic principles guiding basic treatment of epilepsy; iv) criteria for diagnosis and treatment of epilepsy; v) basic management of febrile convulsions at primary health care level; vi) a dosage schedule for the use of phenobarbitone; vii) flow-charts on the administration of phenobarbitone and the management of its side-effects; viii) guidelines for increasing compliance with treatment; ix) examples of recording forms; x) guidelines for training; xi) a basic bibliography useful at primary health care level.

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## PART I

## INITIATIVE OF SUPPORT TO PEOPLE WITH EPILEPSY: AN OVERALL DESCRIPTION

1. Introduction

Epilepsy is estimated to affect about 0.5 percent of the population around the world. There are striking differences in its prevalence between developed and developing countries; in some regions of the latter the rate reaches 5 percent. Seizures with clonic-tonic manifestation (formerly known as grand-mal type) represent 40 to 80% of all types of epileptic seizures. These conditions - if treated - can be effectively controlled in as much as 80% of the cases, thus preventing the development of chronic forms of epilepsy and its severe socio-economic and personal consequences.

The causes of epilepsy are varied, ranging from prenatal infections and birth trauma to brain lesions due to accidents, stroke, parasitic infestation, infection, intoxication. Genetic factors play an important role in some types of epilepsy. The relative contribution of each of these causes varies greatly across different regions of the world.

People suffering from epilepsy and their families are often suffering from the disease and from the stigma attached to it. The general population and often health staff know little about the nature of epilepsy. Lack of adequate treatment often leads to progressive disablement and severe secondary health damage, e.g. from burns and accidents.

The management of epilepsy should be an integral part of the primary health care strategy. The basic elements of a programme of action addressed to the problems caused by epilepsy are activities necessary for:

- (a) clear policy formulation;
- (b) the introduction of measures of prevention and treatment of epilepsy and the rehabilitation of epileptic patients;
- (c) health education with community participation;
- (d) training of health workers at all levels; and
- (e) the monitoring and evaluation of progress of the programme.

What is proposed here is not a distinct service for epilepsy, but a tool made available to health authorities and health workers to face an important health problem. For many countries this tool may represent a currently non-existing component in their health care system. Its utilization - be it in terms of care delivery, training or research activities - will have to be examined in the light of each country's or region's characteristics, which will ultimately define and determine its application and the extent of its integration into the local, regional and national health and mental health care activities.

## 2. Policy formulation

Two particular issues should be addressed in any policy formulation in relation to epilepsy:

- (a) implementation of activities using an intersectoral approach, involving at least the sectors of education, labour, information and communication, as well as the civic, social and religious sectors in addition to the health sector, in order to get the desired results.
- (b) a sustained and continuous supply of drugs, which can usually be ensured only through the commitment of those empowered to procure (e.g. import from other countries) and distribute them throughout the drug delivery network. It must be emphatically stated that without this specific commitment no programme on epilepsy should be expected to have a significant impact beneficial to the population.

## 3. Preventive measures

Primary prevention of epilepsy is feasible. The Report of the Director-General of WHO to the 39th World Health Assembly already presented the evidence showing that the burden caused by epilepsy can be reduced by preventive methods such as prenatal and perinatal care, immunization, accident prevention and health education:

"The prevalence of epilepsy in the population ranges from 3-5 per thousand in the industrialized world to 15-20 or even 50 per thousand in some areas of the developing world. This tenfold difference in prevalence provides a measure of what could be accomplished by a comprehensive programme of prevention in the developing countries."

## 4. Treatment

In treating epileptic patients, the main goal is controlling seizures and allowing the return of the patient to a functioning level. Two great obstacles to be overcome are non-compliance with treatment and drug side-effects.

Of all forms of seizures, clonic-tonic seizures are by far the most important. It has also been shown repeatedly that phenobarbitone alone - a low cost drug - can satisfactorily control seizures in about 75% of the cases. In the remaining cases alternative or adjunctive drugs will have to be used.

In most instances clinical indicators (e.g. control of seizures and absence of side effects) are sufficient parameters for monitoring. Blood level measurements, however, can be an important tool for safer monitoring and for complicated cases.

Accurate record-keeping is essential both for a sensible follow-up of each patient and for programme evaluation. Simple standardized forms should be used for this purpose. WHO can help in designing these forms according to the specificity of that particular country or region, as well as comparability with information from other sources.

## 5. Rehabilitation

Patients with epilepsy and their families, unfortunately, are very frequently burdened by different types of limitations and rejection due to prejudice and stigma, often caused by ignorance. In many countries prejudice causes disadvantage in many areas of life, it not only prevents patients from getting proper treatment but also from productive functioning in social and economic roles.

Their rehabilitation, therefore, should start with a revision of the local legislation and regulations, which should have a promotive nature instead of a restrictive one; ensuring the implementation of adequate treatment programmes (seizures reduction or elimination with minimum possible side-effects); and furthering family and community education - all of which aim at the social reintegration of epileptic patients.

## 6. Strategy

In order to facilitate programme implementation, initially, one or a few health districts should be selected in which the capacity to care for the epileptic patients is optimal; other measures shown to be useful can be transferred to other districts, eventually covering the whole country.

After a policy is formulated, the following steps should follow:

- (a) development of country's specific guidelines for training, treatment, rehabilitation, information of the families, etc.;
- (b) training of health personnel;
- (c) starting and maintaining a programme at patient level;
- (d) monitoring and evaluation.

All primary health care personnel (e.g. physicians, nurses, auxiliary nurses, attendants, community health workers, etc.) of the selected district(s) should be trained in the identification and/or treatment of persons with clonic-tonic seizures within the context of their activities and the legal requirements of their countries.

Training could comprise a 20-40-hour in-service course, taught by an experienced national instructor. A periodical (6-12-months) evaluation of trained personnel by experienced instructors should be an indispensable part of the training itself, as a regular component of continuing education of health personnel.

Once identified, patients should receive appropriate maintenance treatment and be followed-up in terms of response, side-effects and social adaptation.

Information pertaining to this activity should be recorded by means of simple forms. These forms, adequately processed, can be used for the control of drug distribution, as a case register and as a protocol for case evaluation.

## 7. Training

WHO has prepared teaching materials for training primary health care workers in epilepsy. An annotated bibliography of manuals for the treatment of epilepsy which are particularly suitable for primary health care is available, as well as a syllabus and minimum contents examples for training courses for primary health care workers and supervisors.

Training in care for people with epilepsy should be included in the regular curriculum of health personnel.

#### 8. Families and community participation

One of the principles of Alma Ata refers to the participation of the population in the planning and implementation of health care, organized in the form of primary health care. The need for public education on epilepsy and the scarcity of specialized personnel and resources in most of the world make this choice unavoidable. A series of studies have shown the adequacy and effectiveness of several community-based programmes for the control of epilepsy, both in developed and developing countries.

Community-based treatment is vastly preferable to institutional treatment, and families and patients should be helped and trained to be in charge of their own health and their own treatment schemes whenever practicable and feasible. In order to achieve this, full information should be available and readily accessible to the population - e.g. through health education programmes taught in ordinary schools - and efforts should be made to minimize administrative and other problems that prevent participation. WHO has already produced some examples of informative materials for patients and families.

#### 9. Research needs

According to the Director-General's Report to the 39th World Health Assembly on Prevention of Mental, Neurological and Psychosocial Disorders, two kinds of research programmes should be fostered. These are particularly relevant to WHO activities in the area of epilepsy:

- (1) studies on the distribution of the problem in a specific population and changes in such patterns over time;
- (2) investigations to enable Member States to assess the value - on their own terms - of measures which have been proposed for wide-scale application."

These include studies on, e.g. epidemiology of epilepsy, with special consideration to its etiology, compliance with prescribed treatment, cultural and psychosocial perception of epilepsy and the development of a low-cost, safe, stable and effective anti-epileptic drug. Collaborating centres should thus direct their efforts towards these types of research when considering investigations on epilepsy.

#### 10. Closing remarks

The outline presented here represents a practical approach which could significantly improve the situation of epileptic patients, in a relatively short period of time at a cost affordable to the majority of the developing countries.

More detailed and specific information on this Initiative and further references are available on request at WHO/Headquarters, Division of Mental Health.

## PART II

### TECHNOLOGY FOR THE PREVENTION, TREATMENT AND REDUCTION OF DISABILITY IN EPILEPSY

(A description of technology for use in countries joining  
the Initiative of Support to People with Epilepsy)

#### Introduction

The overall description of the "Initiative of support to people with epilepsy" laid down the principles and basis for designing, implementing and evaluating care for the people with epilepsy.

This companion volume provides information about techniques that can be used in programmes designed to deal with epilepsy. It has been developed on the basis of contributions by experts in different parts of the world and benefitted from critical reviews by nongovernmental organizations active in this field. It contains the following documents:

- Annex 1 A set of definitions of basic terms employed in some WHO documents and the International Classification of Epileptic Seizures and of Epilepsies, Epileptic Syndromes and Related Seizure Disorders (ICE).
- Annex 2 Some actions that are considered to have a proven value in reducing the incidence of some forms of epilepsy. Without aiming to be exhaustive, this listing represents the most recognizable, effective and affordable steps that could diminish the ten-fold difference in the prevalence of epilepsy observed between some developed and some developing countries.
- Annex 3 A set of basic principles guiding treatment of epilepsy.
- Annex 4 Criteria for diagnosis and treatment of epilepsy in Primary Health Care.
- Annex 5 A dosage schedule for the use of phenobarbitone in patients with epilepsy.
- Annex 6 Flow-charts for administration of phenobarbitone:
  - 6A: first month;
  - 6B: second month;
  - 6C: third month.
- Annex 7 A flow-chart of side-effects management.
- Annex 8 Guidelines for increasing compliance.
- Annex 9 Basic management of febrile convulsions at primary health care level.

- Annex 10 An example of recording forms that can be used for clinical follow-up, drug supply control and for creating a case-register.
- Annex 11 Guidelines for training.
- Annex 12 WHO Publications on Epilepsy: a listing of reports of meetings and other publications on epilepsy, produced by WHO.
- Annex 13 Annotated directory of training manuals on epilepsy: this directory has been extracted from the document WHO/MNH/MND/90.6 "Annotated Directory of Mental Health Training Manuals - 3rd Edition" and lists some training manuals addressing exclusively epilepsy. These are directed towards a variety of different levels of health workers and have been selected for their particular usefulness for the management of epilepsy at primary health care level.
- Annex 14 Annotated directory of mental health training manuals with a reference to epilepsy: this directory has also been extracted from the above-mentioned WHO document. It lists some selected training manuals - primarily aimed at mental health care in general but containing a section dealing specifically with epilepsy. Like the manuals listed in Annex 13, they have been produced in view of the management of mental health in primary health care and are also useful for a variety of health workers.

Annex 1

GLOSSARY

Clonic

An adjective describing a state of muscles in which rigidity and relaxation succeed each other.

Convulsions

Attacks of discontinuous muscle contractions of the body musculature. Their character (tonic, clonic or tonic-clonic), distribution and their way of spread may give valuable diagnostic hints. Generalized convulsions may be: 1) epileptiform - marked by concomitant loss of consciousness and followed by total amnesia; 2) non epileptiform: a) at the spinal cord or brain stem level; and b) clonic - at the brain stem.

Epilepsy

A chronic brain disorder of various etiologies (classified in the International Classification of Epilepsies - see below) characterized by spontaneous recurrent attacks of discontinuous contractions of the body musculature due to excessive discharge of cerebral neurons. It is associated with a variety of clinical and laboratory manifestations (classified in the International Classification of Seizures - see below). Its characteristics (whether tonic, clonic or tonic-clonic), distribution and way of spreading may give valuable diagnostic indications.

Febrile convulsion

Age-related disorder (6 months to 6 years) with important genetic predisposition. It is characterized almost always by generalized seizures (sometimes lateralizing or focal features occur) showing during an acute febrile illness. The majority of febrile convulsions are brief and uncomplicated, but a minority may be prolonged and followed by transient or permanent neurological sequelae. Controversy exists concerning the risks of developing later epilepsy. Essentially, this condition is a relatively benign disorder of childhood. Difficulty sometimes arises in differentiating this condition from fever-triggered epileptic fits. However, in the latter, convulsions are usually prolonged (up to one hour), more lateralized and a history of epilepsy may be positive in the family, and EEG abnormality is seen after the first week.

Fit

Synonym for seizure.

Ictus

Synonym for seizure.

Seizure

1. Attack of cerebral origin affecting a person in apparent good health or causing a sudden aggravation of a chronic pathological state. Such attacks consist of sudden and transitory abnormal phenomena of a motor, sensory, autonomic, or psychic nature resulting from transient dysfunction of part or all of the brain. Seizures can be classified in many different ways; see International Classification of Epileptic Seizures, below.

Status epilepticus

A condition characterized by an epileptic seizure that is sufficiently prolonged or repeated at sufficiently brief intervals, so as to produce an unvarying and enduring epileptic condition. It is a medical emergency and requires urgent intensive treatment.

Tonic

An adjective describing a state of continuous tension and rigidity of muscles.

Tonic-clonic

An adjective describing the succession of the tonic and clonic phases in the course of a convulsive seizure, especially in the major generalized convulsive seizure.

International Classification of Epileptic Seizures

- I. PARTIAL SEIZURES (seizures beginning locally)
  - A. Simple partial seizures (consciousness not impaired)
    1. With motor symptoms
    2. With somatosensory or special sensory symptoms
    3. With autonomic symptoms
    4. With psychic symptoms
  - B. Complex partial seizures (with impairment of consciousness)
    1. Beginning as simple partial seizures and progressing to impairment of consciousness
      - a. With no other features
      - b. With features as in A.1-4
      - c. With automatisms
    2. With impairment of consciousness at onset
      - a. With no other features
      - b. With features as in A.1-4
      - c. With automatisms
  - C. Partial seizures secondarily generalized
- II. GENERALIZED SEIZURES (bilaterally symmetrical and without local onset)
  - A. 1. Absence seizures  
2. Atypical absence seizures
  - B. Myoclonic seizures
  - C. Clonic Seizures
  - D. Tonic seizures
  - E. Tonic-clonic seizures
  - F. Atonic seizures
- III. UNCLASSIFIED EPILEPTIC SEIZURES (inadequate or incomplete data)

Abstracted from: Epilepsia 22:489-501, 1981.

INTERNATIONAL CLASSIFICATION OF EPILEPSIES; EPILEPTIC SYNDROMES  
AND RELATED SEIZURE DISORDERS (ICE)

1. Localization-related  
(focal, local, partial)

2. Generalized

---

Idiopathic (Primary)

- 1.1 - Benign childhood epilepsy with  
centro-temporal spike  
- Childhood epilepsy with  
occipital paroxysms  
- Primary reading epilepsy

- 2.1 -Benign neonatal familial convulsions  
-Benign neonatal convulsions  
-Benign myoclonic epilepsy in infancy  
-Childhood absence epilepsy (pyknolepsy)  
-Juvenile absence epilepsy  
-Juvenile myoclonic epilepsy  
(impulsive petit mal)  
-Epilepsies with grand mal seizures  
(GTCS) on awakening

Other generalized idiopathic epilepsies  
=Epilepsies with seizures precipitated  
by specific modes of activation

---

Cryptogenic

1.3 defined by:

seizure type (see ICES)  
clinical features  
etiology  
anatomical localization

---

Cryptogenic or symptomatic

- 2.2 -West syndrome (infantile spasms,  
Blitz-Nick-Salaam Krämpfe)  
-Lennox-Gastaut syndrome  
-Epilepsy with myoclonic-astatic  
seizures  
-Epilepsy with myoclonic absences

---

Symptomatic (Secondary)

- 1.2 - Temporal lobe epilepsies  
- Frontal lobe epilepsies  
- Parietal lobe epilepsies  
- Occipital lobe epilepsies  
- Chronic progressive epilepsia  
partialis continua of childhood

= Syndromes characterized by seizures  
with specific modes of  
precipitation

- 2.3.1-Nonspecific etiology  
-Early myoclonic encephalopathy  
-Early infantile epileptic  
encephalopathy with suppression bursts

Other symptomatic generalized  
epilepsies

- 2.3.2 Specific syndromes  
Epileptic seizures may complicate  
many disease states.

---

3. Undetermined epilepsies

- 3.1 With both generalized and focal  
seizures  
-Neonatal seizures  
-Severe myoclonic epilepsy  
in infancy  
-Epilepsy with continuous  
spike-waves during slow wave  
sleep  
-Acquired epileptic aphasia  
(Landau-Kleffner syndrome)

Other undetermined epilepsies

- 3.2 Without unequivocal generalized  
or focal features

---

4. Special syndromes

- 4.1 Situation-related seizures  
(Gelegenheitsanfälle)  
-Febrile convulsions  
-Isolated seizures or isolated status  
epilepticus  
-Seizures occurring only when there is  
an acute or toxic event due to factors  
such as alcohol, drugs, eclampsia,  
nonketotic hyperglycemia

Annex 2

PREVENTIVE ACTIONS IN EPILEPSY

The following actions have been shown to be effective in reducing the incidence of epilepsy, in decreasing impairment in people who suffer from the disease and in rehabilitating people disabled by epilepsy. It should be borne in mind, however, that disorders due to a variety of causes - such as epilepsy - require multiple strategies for the prevention of both the disorder and its consequences.

PRIMARY PREVENTION

GENETIC COUNSELLING

The value of genetic counselling lies not only in the assessment of specific risks for the offspring but also - and more importantly - in reassuring people of the greater probability of not having children with epilepsy, thus decreasing stigma and discrimination of people with epilepsy.

PRENATAL CARE

Adequate prenatal care through the control and decrease of pregnancy problems such as miscarriages, hemorrhage, eclampsia and toxemia, may help in decreasing the risk of epilepsy. Also, immunization of pregnant women may have the same result.

SAFE DELIVERY

Complications of delivery, such as coiling of the umbilical cord and hypoxia can be reduced both by providing comprehensive prenatal care and back-up services for high risk pregnancies. Improving the quality of birth attendance has also the power of reducing a variety of other obstetric complications that could contribute to later seizures.

IMMUNIZATION

Immunization for vaccine-preventable diseases, like diphtheria, pertussis, tetanus, measles and tuberculosis, has the power not only of reducing direct brain injury caused by those diseases, but also of reducing infection-related febrile episodes that bring about the risk of febrile convulsions.

CONTROL OF PARASITIC AND INFECTIOUS DISEASES

Diseases such as cysticercosis, malaria, schistosomiasis and meningitis - more frequent in developing countries - are considered to increase epilepsy frequency. Most of them are preventable and efforts should be directed towards their eradication.

CONTROL OF FEVER IN CHILDREN

By preventing febrile illnesses through immunization and control of infectious and parasitic disease and through lowering the body temperature of a feverish child, by means of antipyretics, cool bath or compresses.

## PREVENTION OF HEAD INJURIES

Head injuries - most commonly as a result of traffic accidents - may result in epilepsy and are preventable through traffic regulations, speed limits, penalization of drunk driving, use of seat belts, child safety seats and cycle helmets.

## TREATMENT OF HYPERTENSION

Adequate control of high blood pressure can result in a decrease of stroke, both in terms of its mortality rate and of its consequences, epilepsy included, hence the preventive value of this action.

## SECONDARY PREVENTION

### EARLY DRUG TREATMENT WITH ADEQUATE FOLLOW-UP

Recent studies have shown that with early effective anti-epilepsy drug treatment, up to 80% of patients with epilepsy can be expected to go into remission (many permanently) both by suppressing seizures and by inhibiting the evolution of the epileptic process itself, thus preventing the establishment of chronic forms of epilepsy.

### EDUCATION TO PATIENTS AND IMMEDIATE ENVIRONMENT ABOUT TREATMENT

Drug compliance is fundamental for the success of the treatment, as well as for preventing status epilepticus and side-effects, once the drug treatment has been started. Hence, the great importance for educating patients and their families in this respect, making them responsible participants in the adequate maintenance of the treatment.

### EDUCATION TO PATIENTS AND IMMEDIATE ENVIRONMENT ABOUT LIFE-STYLES

People with epilepsy should be educated in relation to some potential risk situations, like swimming alone, driving etc, and how to handle those situations. They should also be informed about the risks of alcohol- and drug-taking, which affects not only the epileptic process itself but has also potentially dangerous interactions with the drug treatment.

### PREVENTION OF SOCIAL HANDICAPS

This is best achieved with the cooperation of district doctors, health workers, teachers and families, by encouraging a proper attitude from parents and teachers, which involves regular and normal educational and professional opportunities together with the avoidance of overprotection and taunting from peers. It is most useful with children.

## TERTIARY PREVENTION

### PSYCHOSOCIAL AND VOCATIONAL REHABILITATION

Psychosocial and vocational rehabilitation depends on improved public attitudes towards epilepsy and people with epilepsy. Those people with epilepsy are just as safe working as non-epileptic workers and should be given the opportunity of holding down a suitable job, the final step in the rehabilitation process. It has a strong positive benefit on the morale of the person with epilepsy and at the same time represents an important productive contribution to the economy.

#### PSYCHOSOCIAL SUPPORT

The organization of self-help groups of patients and families has the non-negligible effect of creating a network of mutual support that can be very helpful in establishing advocacy activities for more adequate treatment programmes, for improved societal attitudes and for introducing progressive legislation modifications.

#### REMOVAL OF RESTRICTIVE LEGISLATION AND REGULATIONS

Legislation and regulations should have a promotive nature, instead of a restrictive one. Rather than restricting what a person with epilepsy can do, it should be specified under which circumstances he or she is allowed to do what, e.g., specifying in which circumstances (when free of seizures, being under regular treatment, etc) a driving license may be issued to a person with epilepsy, instead of forbidding persons with epilepsy to drive vehicles altogether.

Annex 3

Basic principles of the treatment of epilepsy at PHC level

- a) The programme should start focusing on those suffering from established repeated typical generalized tonic clonic seizures. These should not occur only in the context of other acute illnesses such as fever. Such cases are easily identified with a local name for the disease and are usually known to the local community.
- b) Treatment should be based mostly on the use of phenobarbitone. This is very effective in the treatment of established and repeated typical generalized tonic clonic seizures. It is of low cost and it is easy to use. In most cases side-effects are time-limited and acceptable. In those few cases where side-effects are unacceptable, patients should be referred to high-level care.
- c) A proportion of treatment failures will have to be tolerated by health workers, either because of failure of phenobarbitone to reduce seizure frequency, or due to unacceptable side-effects. Resources however, must be concentrated on providing this treatment to those identified cases who can tolerate it. As a rough estimate, about 75% of those included would benefit from such a programme.
- d) Once the treatment needs of this majority of patients with GCTS has been satisfactorily met with the use of phenobarbitone, attention should be drawn to the use of alternative or adjunctive drugs - like phenytoin, carbamazepine, valproate and ethosuximide and to those who failed to respond to phenobarbitone or to those who have other clinical types of epilepsy.
- e) The programme can only work if governments and any other agencies providing health care ensure that an adequate and continuous supply of phenobarbitone is made available at an affordable cost.
- f) The form of epilepsy to be treated in primary health care is clinically recognizable, so that specialized equipment for investigation and diagnosis is not mandatory.
- g) There has been concern expressed for the needs of those who fail to respond to phenobarbitone and for those who cannot tolerate phenobarbitone. It has also been pointed out that certain cases of epilepsy are difficult to identify and treat and that sophisticated back-up must be provided to take referrals of these cases. These needs could only be met with expensive equipment, highly trained experts and relatively expensive medication. The same applies to the issue of monitoring phenobarbitone and its metabolites in blood. These arguments have put off both policy-makers and those working in the field. It has meant that the great majority of those with epilepsy have not received a simple and effective treatment.
- h) The notion of 'Health for All' should mean that in the first instance we concentrate on the needs of those in greatest need. Obviously, whenever facilities and equipment for diagnosis and management of treatment are available, they should be incorporated into the procedures, within the framework of primary health care strategy.

Annex 4

Inclusion criteria for diagnosis  
and treatment of epilepsy in PHC settings

- A. 2 or more seizures in the last 12 months occurring in the absence of:
- fever
  - alcohol or other drug intoxication or withdrawal,
- AND
- B. loss of consciousness lasting at least 1 minute,
- AND
- C. Tonic movements, such as generalized stiffening,
- AND/OR
- D. Clonic movements, such as thrashing about,
- AND at least one of E1 - E6
- E. 1. Sphincter disturbance, i.e. loss of urine or faeces during the fit.  
2. Sleep, drowsiness or confusion after the fit.  
3. Muscle soreness after the fit.  
4. Fit injury, such as tongue biting or head cut.  
5. Froth coming out of the mouth.  
6. Falling.

Referral criteria for epilepsy in PHC settings

1. Patients less than 2 years of age.
2. Patients who have seizures in pregnancy only.
3. Patients with clinical evidence of:
  - a) liver disease
  - b) kidney disease
  - c) cardiac disease
  - d) recent or progressive neurological disease, including head trauma
  - e) hypertension (TA $\geq$ 180/110mm Hg).
4. Patients with seizures occurring only in the presence of fever (T $\geq$ 38°C).
5. Failure to control seizures by the application of measures specified in Annex 6.

Annex 5

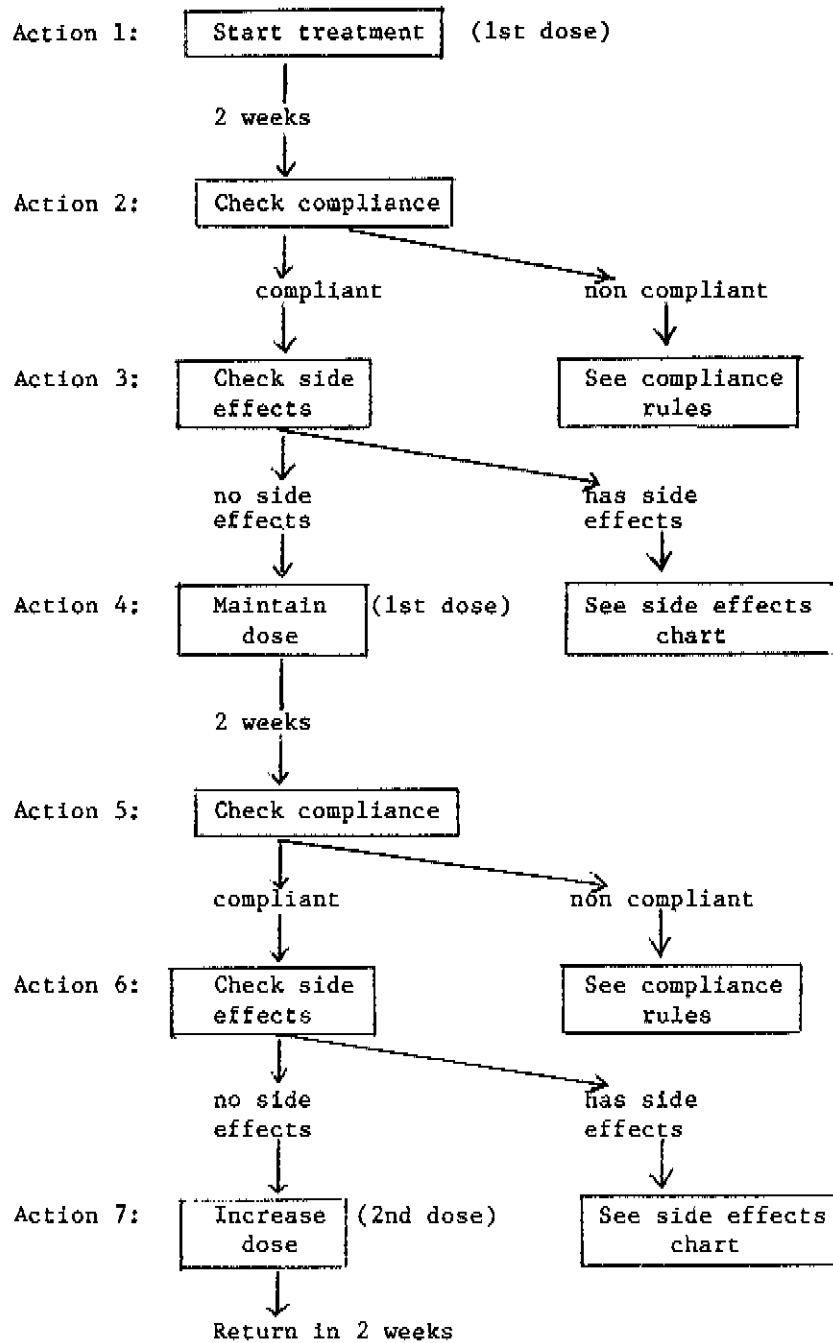
Plan of Administration of Phenobarbitone\*

DOSE	AGE (Weight)			
	2-5 yrs (up to 15 kg)	6-10 yrs (15-20 kg)	11-14 yrs (21-30 kg)	15+ yr (31 kg+)
1st dose (starting dose)	15 mg	25-30 mg	45-50 mg	50-60 mg
2nd dose (maintenance dose)	25-30 mg	50-60 mg	75 mg	100-105 mg
3rd dose (maximum dose)	45-50 mg	75 mg	100 mg	150 mg

\* Dosage variation depends on whether available tablets are in 30 and 60 mg or in 50 and 100 mg

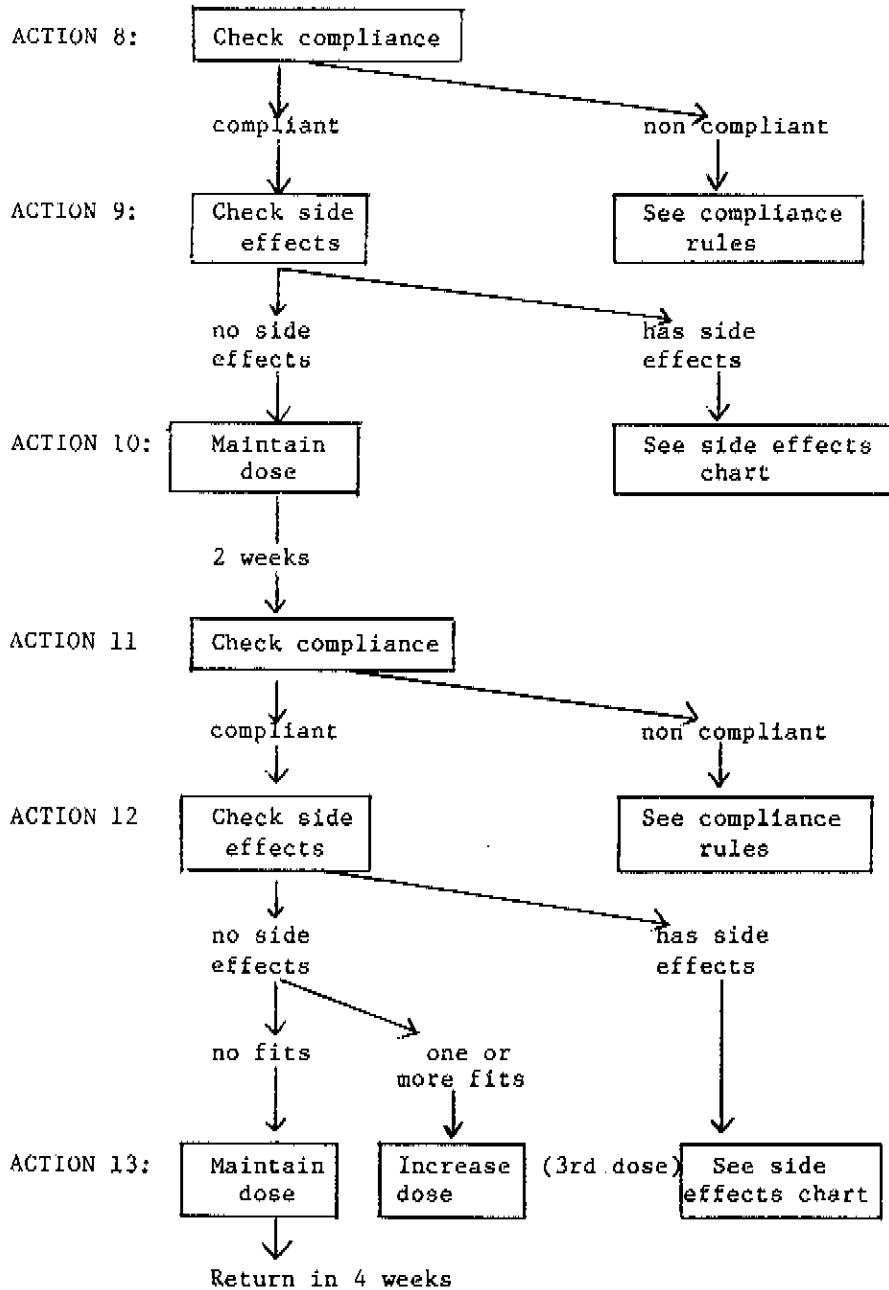
Annex 6A

Plan for administration of phenobarbitone  
(1st month)



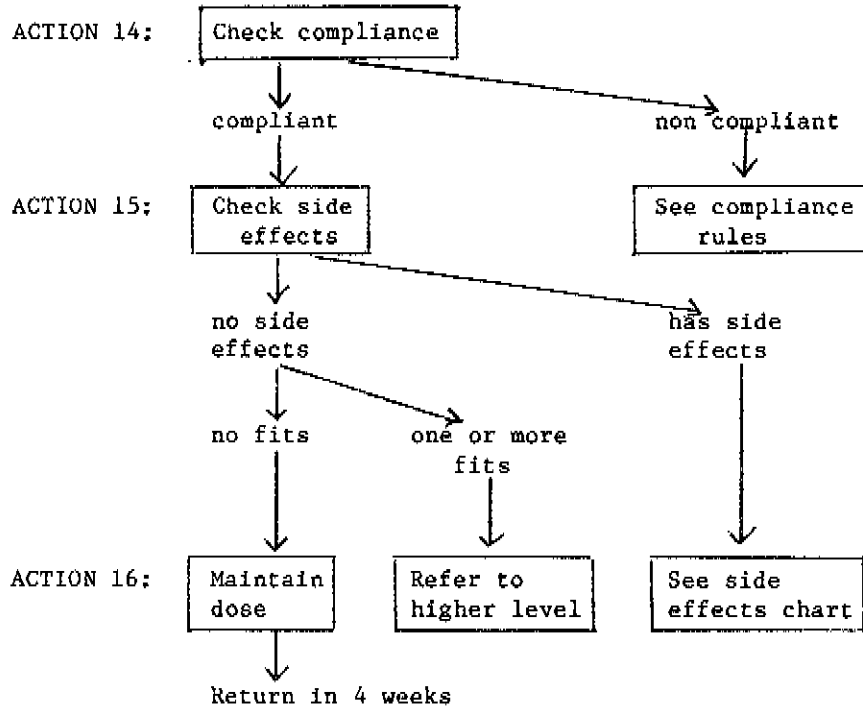
Annex 6 B

Plan for administration of phenobarbitone  
(2nd month)



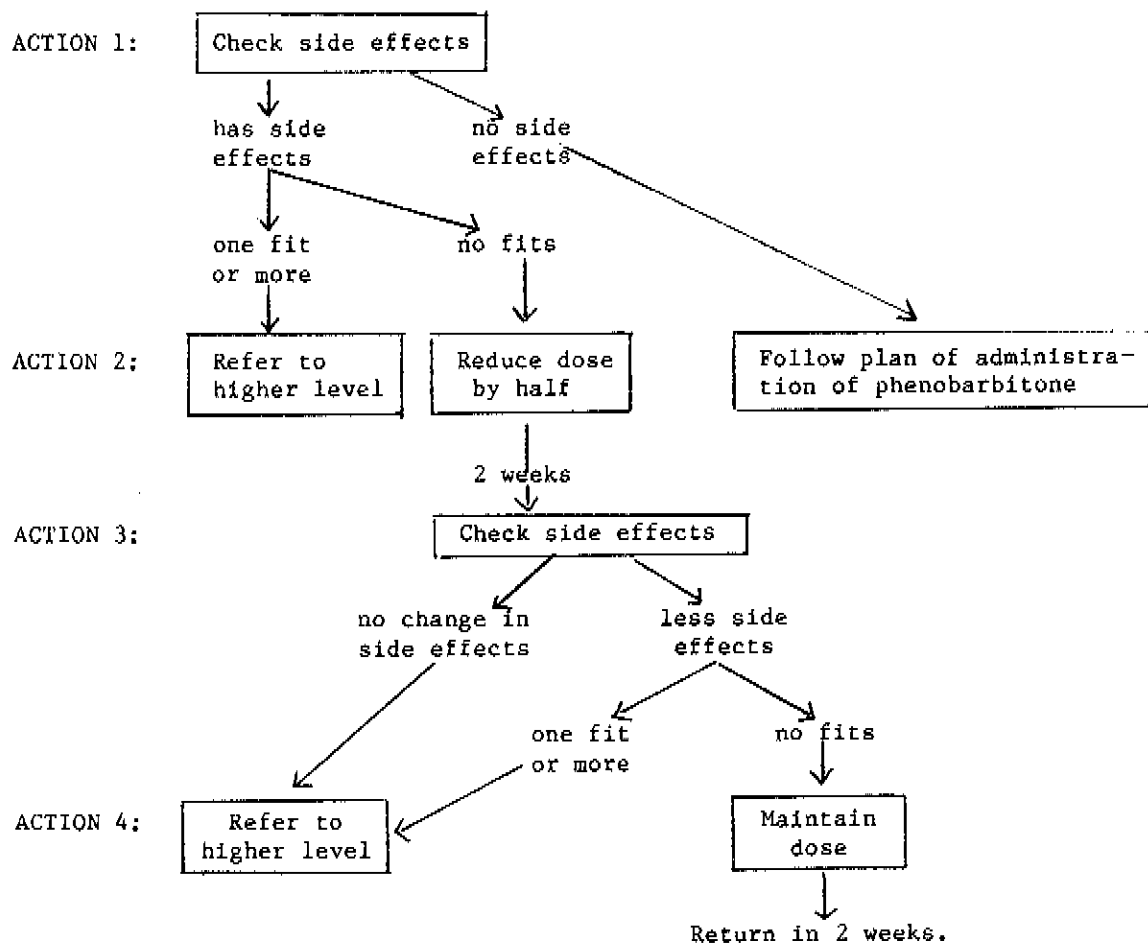
Annex 6 C

Plan for administration of phenobarbitone  
(3rd month onwards)



Annex 7

Side effects chart  
(Somnolence/drowsiness/lethargy/ataxia/\*)



\*In case of nausea and vomiting for 48 hours or more, skin rash, jaundice, hyperactivity, irritability, conjunctivitis or sore throat - refer immediately to higher level.

Annex 8

Promoting compliance

The patient adherence to any prescribed treatment will increase if:

- a) the patient perceives his clinical condition (in this case, seizures) as a problem;
- b) the patient is convinced that the proposed treatment has a reasonable probability of improving his clinical condition (i.e. decreasing the magnitude of the problem);
- c) if the side-effects (and all other inconveniences involved) are bearable and justified in terms of the expected benefits;
- d) if the treatment procedures are easy to follow.

In the particular case of treatment with phenobarbitone (before starting the treatment and during all its duration) the patient is also to be warned in a clear and understandable way, that:

- e) the goal of the treatment is the reduction of seizures to a minimum possible. For some patients this could represent no more seizures, but for others, only less seizures;
- f) the treatment has no immediate effect; it takes a few weeks (2-6) before the drug reaches a protective blood level;
- g) prescribed dose should not be altered by the patient and his/her family, regardless of the degree of seizure control. Only the health worker can modify the prescribed dose;
- h) abrupt interruption of drug intake should be avoided at all costs as this may precipitate continuous seizure. Provisions should be made for timely procurement of the drug.

The language, the terms and the contextual meaning must be those of the patient. It is also important to enquire about the reasons for non-compliance and to deal appropriately with those reasons.

The following procedures have successfully proven to help in promoting compliance with treatment:

1. Use of family reminders;
2. Linking drug intake to specific daily activities; and
3. Increased home visits with repeated explanation of:
  - the necessity for continuous long-term treatment, and
  - possible side-effects.

Annex 9

BASIC MANAGEMENT OF FEBRILE CONVULSIONS AT PRIMARY HEALTH CARE LEVEL

In some children, fever can cause seizures - the so-called febrile convulsions. It may be due to brain immaturity or to other predisponent factors. Febrile convulsions are more frequent among children aged from 6 months to 6 years.

When facing an episode of febrile convulsions, two measures are of immediate importance:

- 1) Lowering the body temperature of the child, through the use of an adequate type and dosage of an antipyretic drug and/or cool baths or compresses; and
- 2) Treating the basic condition originating the fever. (It should be borne in mind that fever in children may have different implications according to the geographic setting. For instance, in regions where malaria is endemic, a febrile convulsion should raise the suspicion of cerebral malaria and the child should be treated accordingly).

Particular attention should be given to local beliefs and practices which favour wrapping up feverish children in order to avoid "the cool". Keeping the child warm should be strongly warned against.

No anti-epileptic treatment should be initiated after only one episode of a febrile convulsion; treatment of epilepsy should be started only if a non-febrile convulsion occurs.

If the child presents convulsions only during febrile episodes it is better to prevent them through early use of antipyretics and cooling down the body temperature and through the early treatment of the condition causing fever.

Mothers should be particularly reassured that the risk of a child with one episode of a febrile convulsion, developing later into epilepsy, is only marginally higher than that of children who never suffered a febrile convulsion. By the age of 7 years, only about 3% of all children who have had a febrile convulsion will have had one non-febrile convulsion.



Annex 10B

Patient's Form

Side 1.

---

Name:.....  
Address:.....  
Sex:..... Age:.....

Date of visit	No. of fits since last visit	Dose prescribed	No. of tablets	RETURN (date)	Comments

Side 2.

---

Display of one year calendar, by month.

---

Annex 11

GUIDELINES FOR TRAINING

1. Training the community health worker (CHW).

The training of community health workers should be geared towards the simple recognition of patients with GTCS, motivation of diagnosed and confirmed cases to attend clinics; and the monitoring of compliance and side-effects. They should also be able to assess and intervene meaningfully in the social problems faced by the patient at work, school, home or marriage. The CHW should be able to dispense prescribed doses of phenobarbitone to patients and appreciate the importance of a continuity of drug supplies.

Their training for the recognition of seizures can be reinforced where possible by video films of seizure types. The use of seizure-profile charts to monitor patient progress should be taught. Motivation and education of family members can be learnt using innovative methods like socio-drama, singing and simulated practice. Didactic lectures can be reinforced by manuals written in the local language, easy to understand and richly illustrated with pictures that clearly depict the intended message. Such manuals should be locally produced or adapted to reflect local nuances.

Clinical training should include the care of the patient during and after a seizure, including the recognition and therapy of status with parenteral drugs before referral. Training modules on these aspects are available (MEDEX). The CHW will need to be trained to teach family members of a patient how to protect the patient from injury during a seizure. An excellent training manual on this is published by WHO. In addition the most important adverse effects of treatment should be known to the CHW.

The CHW must appreciate his limitations and must learn the importance of early referral of complicated cases.

2. Training the health centre personnel

Apart from training in the diagnosis, initiation and maintenance of drug therapy in the patient with epilepsy, the health centre personnel shall be trained to possess the managerial skills necessary for the implementation of the effective primary care of epilepsy. In particular, they must be trained in the procedures for inventorying, ordering, issuing, receiving and auditing of drug supplies. They should be able to ensure authorized stock levels of phenobarbitone (calculated from estimated rate of drug use plus an extra predetermined amount) to ensure that there is no sudden shortage.

3. Training at the district level

A pervasive problem in the developing countries is that of district health personnel whose training is inadequate to enable them to function effectively in community district-based health care. As a result of medical training that is curative and hospital-based, the medical doctors often show inertia and apathy in the face of change and uncertainty about the distribution of responsibilities in a primary care setting.

Clearly, the major aim of training at the district level will be to reorientate district health workers towards primary health care. They will need to devote considerable periods of time to supervision rather than to direct patient care. For this they need to acquire managerial abilities and community-coordination skills.

Managerial training will be aimed at the effective provision of facilities for drug storage, transport and distribution while training in effective planning, evaluation and monitoring of the community programme will also receive priority.

#### 4. Training at Health Profession Schools

It has been recognized that the problem of relevance of medical school curricula to the needs of the district health system can only be tackled by reorientating schools to provide relevant community-based training. For example, a Nigerian medical school has introduced a curriculum that equips medical graduates with the basic skills needed to plan, implement, manage and evaluate a primary health care delivery system. Such reorientation is essential not only in medical schools but in all schools for health personnel so that the entire health team can be well motivated towards a district-based community health care practice.

The teaching of epilepsy as a subject in most health profession schools (particularly medical school) in developing countries is commonly fragmented and uncoordinated, and it is this lack of effective teaching about epilepsy that is responsible for the fact that health profession doctors, other than those with a special interest in and experience with epilepsy; are poorly informed about the subject. A more systematic, integrated approach covering epilepsy in all its aspects as a subject on its own can be more helpful.

Ample attention should also be given to the way epilepsy has been considered and treated prior to the introduction of epilepsy care in primary health care. Information should likewise be provided particularly about traditional healing practices, their possible benefits and their possible dangers.

Annex 12

WHO Publications on Epilepsy

On several occasions WHO has held meetings on the management of epilepsy and published subsequent reports. The main such reports are:

- (1) Juvenile Epilepsy: Report of a Study Group (TRS 130, 1957 (98));
- (2) Report on a Meeting on Terminology and Classification of Epilepsy (Geneva, 30 September - 4 October 1968 (425));
- (3) Epilepsy: Report on a Seminar (Bangalore, 19-23 June 1975, SEA/Med Educ/256 (918));
- (4) Drug Treatment for Neuropsychiatric Disorders in developing Countries: Report on a Consultation (Geneva, 22-24 March 1976 (1019));
- (5) Report on the First Task Force Meeting on Epilepsy (Paris, 20-21 April 1982);
- (6) Community Control of Epilepsy: Report on an Informal Consultation for the Development of a Strategy and Protocol (Geneva, 11-14 March 1985).

Several other publications on epilepsy have also been put out by WHO:

- (1) Organization of Care for Epileptics in the Developing Countries (P. Bernard and J. Kugler, MH/69.5, Geneva (429));
- (2) Epilepsy: Some Numerical Data (Third World Statistics Report, 8/6, 1955 (54));
- (3) Mortality from Epilepsy, 1956-1968 (World Health Statistics Report, 24: 552-580, 1971 (597));
- (4) Drugs for Treating Mental Illness and Epilepsy in Developing Countries (WHO Chronicle, 31(2): 53-55, 1971 (1085));
- (5) Dictionary of Epilepsy, Part I: Definitions (H. Gastaut, WHO nonserial pub., 1973 (698));
- (6) Epilepsy in the Developing Countries (WHO Chronicle, 33(5): 183-186, 1979 (1412));
- (7) Epilepsia: Manual para trabajadores de salud P. Robb (Publicacion Cientifica, 447, 1985, PAHO/NIH (2074));
- (8) Prevalencia de epilepsia en Medellin, Colombia, 1983 (Boletin de la Oficina Sanitaria Panamericana, 104(4): 331-344, 1988);
- (9) Drugs in Epilepsy, WHO Drug Information, 1989, 3(1): 28-39.

Annex 13

Annotated directory of training manuals on epilepsy

ADMINISTRATORS' MANUAL ON THE TREATMENT OF EPILEPSY WITH PHENOBARBITONE

1. Language: English
2. Author: not stated
3. Date and place of publication: 1990
4. Publisher: Available at WHO - Division of Mental Health, 1211 Geneva 27, Switzerland
5. Sale: not for sale
6. Field covered:
  - Introduction
  - General objectives
  - Supervision and monitoring
  - Coordination and logistics
  - Counselling
  - Continuing education
  - Community participation
7. Intended for: Supervisors, administrators and managers in mental and/or general health programmes
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated, but is a guide for service management, particularly useful as an adjunct to formal instruction
12. Evaluation method: not included
13. The length is: 8 pages, typed A4
14. This manual, prepared at a WHO-sponsored workshop, is one of a three-part learning set on epilepsy, the two others being one directed to primary health care workers and the other to patients and families. Together these three are intended to be a basic reading in training for implementation of epilepsy programmes in primary health care settings.

CARE OF A PERSON WITH EPILEPSY

1. Language: English
2. Author: not stated
3. Date and place of publication: 1990
4. Publisher: not yet published. Available at WHO - Division of Mental Health. 1211 Geneva 27, Switzerland
5. Sale: not for sale
6. Field covered:
  - Introduction
  - Definitions
  - Causes of epilepsy
  - Clinical features
  - The management of epilepsy
  - Psychosocial advice
7. Intended for: Primary health care workers
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not included, but it is a self-learning manual and also useful as an adjunct to formal instruction
12. Evaluation method: not included
13. The length is: 10 pages, typed A4
14. This manual, prepared at a WHO-sponsored workshop is one of a three-part learning set on epilepsy, the two others being one directed to administrators/supervisors of primary health care services and the other to patients and families. Together these three are intended to be a basic reading in training for implementation of epilepsy programmes in primary health care settings.

EPILEPSY AND YOU

1. Language: English
2. Author: not stated
3. Date and place of publication: 1990
4. Publisher: not yet published. Available at WHO - Division of Mental Health, 1211 Geneva 27, Switzerland
5. Sale: not for sale
6. Field covered:  
  
Objectives  
Epilepsy and its causes  
Epileptic fits  
Treatment
7. Intended for: Patients and families
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not included, but must be an informative manual for patients and families
12. Evaluation method: not included
13. The length is: 4 pages, typed A4
14. This manual, prepared at a WHO-sponsored workshop, is one of a three-part learning set on epilepsy, the two others being one directed to administrations/supervisors of primary health care services and the other to patients and families. Together these three are intended to be a basic reading in training for implementation of epilepsy programmes in primary health care settings.

EPILEPSY DIAGNOSIS AND TREATMENT  
(Epilepsia. Diagnostico y Tratamiento)

1. Language: Spanish
2. Author: Maria Cristina Escobar Fritzche; Eduardo Medina Cardenas (eds)
3. Date and place of publication: 1990
4. Publisher: Ministry of Health - Chile (Normas Técnicas 1990)
5. Sale: unknown
6. Field covered:

Introduction  
Classification  
Differential diagnosis  
Electroencephalography  
Treatment  
Febrile convulsions  
Generalized clonic-tonic epileptic state  
Epilepsy and pregnancy  
Programme guidelines for the care of epileptic patients in Health Services  
Suggested readings  
Annexes: Clinical recording forms, control variables

7. Intended for: Physicians (both generalists and neurologists), nurses, social workers and nursing aides
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not included, but represent technical norms emanating from the Ministry of Health to be acted upon in their services
12. Evaluation method: not included
13. The length is: 41 printed pages
14. This manual was prepared and revised by a group of neurologists and neuropediatricians under the sponsorship of Chile's Ministry of Health/WHO/PAHO after being analyzed throughout the country. It is intended to represent the official guidelines on planning, services delivering and evaluation in the field of epilepsy.

EPILEPSY: A GENERAL PRACTICE PERSPECTIVE

1. Language: English
2. Author: Simon D. Shorvon
3. Date and place of publication: 1988
4. Publisher: Ciba-Geigy, Basel, Switzerland
5. Sale: unknown
6. Field covered:

Definitions

The epidemiology of epilepsy and primary health care  
Classification of epileptic seizures  
The aetiology of epilepsy  
Diagnosis and differential diagnosis of epilepsy  
Drug treatment of epilepsy  
Social aspects of epilepsy  
Prognosis of epilepsy

7. Intended for: Physicians (general practitioners), although could be of use to nurses
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated, but must be a self-learning manual
12. Evaluation method: not included
13. The length is: 93 printed pages plus 1 folder with basic recommendations and dosage schedule tables
14. This manual is very didactic, clearly written and quite detailed in sections on drug treatment. It contains a section on the epidemiology of epilepsy, unfortunately limited to data on US and UK only. Graphics and illustrations are good; language however limits its use only to doctors or nursing personnel with university degree.

EPILEPSY. A MANUAL FOR HEALTH WORKERS (Scientific Publication 447)  
(Epilepsia: manual para trabajadores de salud/Epilepsia: manual  
para trabalhadores de saude)

1. Language: English/Spanish/Portuguese
2. Author: Preston Robb
3. Date and place of publication: 1981
4. Publisher: PAHO/WHO, 525 Twenty-third Street N.W., Washington, D.C. 20037, USA
5. Sale: US\$ 6.00
6. Field covered:
  - Introduction
  - Etiology and prevention
  - Classification of epilepsies
  - Clinical picture
  - Treatment
  - Social aspects
  - Prognosis
  - Appendixes: International Classification of Epilepsy
  - Development of children
  - Lumbar puncture
  - Anticonvulsants and their dosages
  - Follow-up form
  - Glossary
  - Short bibliography
7. Intended for: Health workers in general, both in developing and developed countries
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated, but must be a self-learning manual
12. Evaluation method: not included
13. The length is: 90 printed pages
14. Originally produced by the US National Institute of Health and then incorporated by PAHO/WHO as a scientific publication. Its language makes it more appropriate to physicians, although it could be useful also to other health workers.

A GUIDE TO THE MANAGEMENT OF EPILEPSY

1. Language: English
2. Author: Anne Watts
3. Date and place of publication: 1986
4. Publisher: Private Hospitals Association of Malawi
5. Sale: unknown
6. Field covered:
  - Finding the patients
  - Taking history
  - Explanations
  - Drug treatment
  - Results to be expected
  - When to stop treatment
  - Drug reactions
  - Drug in pregnancy
  - Treating the under five's
  - Use of treatment card
  - Ways to encourage attendance
7. Intended for: Primary health care workers, useful also for village and community health workers
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated, but must be a self-learning manual
12. Evaluation method: not included
13. The length is: 9 pages, typed A4
14. A very practical guide with accessible language at all levels of care. Although written by an expatriate doctor, it is quite adequate at village level for many African countries.

HANDBOOK ON EPILEPSIES FOR PHYSICIANS - 3rd edition

1. Language: English
2. Author: not stated
3. Date and place of publication: 1979
4. Publisher: Comprehensive Epilepsy Program, University of Minnesota,  
2829 University Avenue Southeast - Suite 608, Minneapolis, Minn. 55414, USA
5. Sale: US\$ 3.00
6. Field covered:  
  
Diagnosis and treatment of epilepsy  
Educational resources  
Community resources
7. Intended for: All types of health workers and even lay people (community  
leaders, patients and families, etc.)
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated, but must be a self-learning manual and a  
source book on epilepsy-related issues
12. Evaluation method: not included
13. The length is: 90 pages, typed A4/offset/typed pages and several leaflets
14. A highly interesting description of a very comprehensive programme for the  
management of epilepsy. In addition to health services specifically, it  
contains a wealth of information on educational resources (ranging from  
"Bibliography on epilepsy for patients and other lay people" to "Emergency  
identification aids for persons with epilepsy") and on community resources  
(covering issues ranging from legal aspects to work issues peculiar to  
persons with epilepsy).

HOW TO HELP WITH EPILEPSY

1. Language: English
2. Author: Caroline A. Pickering, illustrated by Paul G. Otieno
3. Date and place of publication: 1987, Kenya
4. Publisher: The Kenya Association for the Welfare of Epileptics, P.O. Box 44599, Nairobi
5. Sale: Not specified
6. Field covered:

Introduction

Traditional beliefs about epilepsy in Kenya  
The problems that face people with epilepsy  
Coping with epilepsy  
A person with epilepsy is ...  
A history of epilepsy  
What is epilepsy  
The causes of epilepsy  
The brain and how it works  
Types of seizures  
What to do when a person has a seizure  
The doctor and drugs  
How the drugs work  
Discontinuing drugs  
Side-effects of drugs  
Help other than medical  
The parents' role  
Managing a child with epilepsy

7. Intended for: General public and patients and their families
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: No
11. Methods of use: Self learning material, but could be used as reference material together with education sessions
12. Evaluation method: No evaluation method included
13. The length is: 34 pages (17 x 24 cms) with extensive illustrations (line drawings) and figures
14. This is not a manual for health workers, although it might well be informative for this group. Rather it can be used by health workers (a) to give to patients and their families when treating them for epilepsy and (b) use in conjunction with other health education activities concerning epilepsy. It is simply written, but very comprehensive, needing perhaps a good level of secondary education if it is to be used as self learning material.

UNDERSTANDING EPILEPSY: A MANUAL FOR CLINICAL OFFICERS

1. Language: English
2. Author: John M.C. Mudenda
3. Date and place of publication: 1987
4. Publisher: not stated
5. Sale: unknown
6. Field covered:

Preface  
Acknowledgements  
Dedication  
Introduction  
Pre-test Rating Scale  
Introduction to Epilepsy  
Anatomy and physiology of the brain  
Types and classification of epilepsy  
Causes of epilepsy  
Clinical features of epilepsy  
Diagnosis and management of epilepsy  
Summative evaluation  
Bibliography and references

7. Intended for: Primary mental health care workers (clinical officers, nurses, social workers and teachers)
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: included, in fact this manual is a sequential self-learning manual with specific learning objectives for each unit
11. Methods of use: A self-learning manual
12. Evaluation method: included: it has one evaluation section at the end of each unit and a summative evaluation at the end of all units
13. The length is: 60 pages, typed A4
14. Prepared for Psychiatric Clinical Officers, this manual might be useful for other health workers as well. One of its limitations is a very sketchy unit on treatment and management of epilepsy, as compared to the other units. Contains some excerpts from other books.

Annex 14

Annotated directory of mental health training manuals  
with a reference to epilepsy

COMMUNITY MENTAL HEALTH CARE

1. Language: English
2. Author: V.B. Wankiiri
3. Date and place of publication:
4. Publisher: Duplicated copy of author's typescript available, WHO, Division of Mental Health, Geneva
5. Sale: not for sale
6. Field covered:
  - Introduction - Common causes of mental health problems
  - Promotion of mental health and prevention of mental illness in the community
  - History taking and examination of mental states
  - Society and mental illness
  - Depression
  - Anxiety reactions and related disorders
  - Hysterical reactions
  - Psychosomatic disorders
  - Acute confusional reactions
  - Manic-depressive psychoses
  - Schizophrenia
  - Chronic organic psychoses
  - Alcohol dependence and related disorders
  - Drug dependence and drug abuse
  - Epilepsy
  - Mental subnormality
  - Brief notes on drugs which may be used in mental illness
7. Intended for: Health workers
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: to enable health workers to promote community mental health, prevent mental illness as well as identify, manage and follow-up patients with mental health problems within the context of the family and the community
11. Methods of use: Self-learning manual
12. No evaluation methods included
13. The length is: 107 typed pages
14. A very useful, detailed manual for the objectives mentioned above.

HEALTH FACILITIES MANUAL - Vol. 1  
(Manual das Unidades Sanitárias)

1. Language: Portuguese
2. Author: Secretariat of Health and Environment
3. Date and place of publication: 1986, Porto Alegre, Brazil
4. Publisher: Secretariat of Health and Environment, Rio Grande do Sul, Brazil, Av. Borges de Medeiros, 1506, 6<sup>o</sup> andar, 90.000 Porto Alegre, RS, Brazil
5. Sale: not for sale
6. Field covered:
  - Introduction
  - Alcoholism
  - Psychoses
  - Chronic complainers
  - Epilepsy
  - Mental retardation
7. Intended for: Health workers in general (from primary health care to mental health care workers)
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: Yes
10. Learning objectives: not stated
11. Methods of use: A self-learning manual as an adjunct to continuing supervision
12. Evaluation method: not included
13. The length is: 30 printed pages
14. This manual is one section (G) of a training and procedures' manual covering all areas of functioning of outpatient health facilities of all levels of complexity (from isolated outposts to the more complex regional health centre). Section G deals with the integration of mental health care into the overall general health system with detailed guidelines on care identification, management and referral, including record keeping and information processing. Since it specifies specific goals, it is a useful instrument for monitoring and evaluating health facilities' performance.

A MANUAL FOR THE MANAGEMENT OF SOME COMMON MENTAL DISORDERS

1. Language: English
2. Author: J.M. Ben-Tovin, D.I. Ben-Tovin, M. Bukowski
3. Date and place of publication: February 1983, Botswana
4. Publisher: no publisher stated. Copy available from WHO Division of Mental Health, Geneva
5. Sale: apparently not for sale
6. Field covered:
  - Chapter 1 - Psychiatric Emergencies:
    - A. Acutely disturbed patient
    - B. Attempted suicide
  - Chapter 2 - Epilepsy
  - Chapter 3 - Schizophrenia
  - Chapter 4 - Alcoholism
  - Chapter 5 - Pelu, palpitations and headaches
7. Intended for: both general nurses and doctors and primary health care workers/family welfare educators. Each section has a special piece dealing with the needs of the latter and practical activities which they can undertake
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated but could be used as self-learning or as an adjunct for a teaching programme
12. No evaluation methods included
13. The length is: 36 A4 typed pages, double space. Offset publication
14. A useful model of a short training manual covering the topics stated, with fairly clear instructions to health workers about what to do. Others may wish to follow the model when producing a text for their own country. The addition of learning objectives together with a means for evaluating whether these objectives have been reached might be an advantage.

MANUAL OF MENTAL DISORDERS FOR PRIMARY HEALTH CARE PERSONNEL

1. Language: English and Hindi
2. Author: N.N. Wig and R. Srinivasa Murthy
3. Date and place of publication: 1981, India, reprinted 1983
4. Publisher: Indian Council of Medical Research  
Ansari Nagar, Post Box 4508, New Delhi 110 029
5. Sale: price not stated
6. Field covered: Five priority conditions:
  - Acute and Chronic Psychosis
  - Epilepsy
  - Depression
  - Mental Retardation
7. Intended for: Primary health workers and supervisory staff including nurses
8. Description of common mental health problems as case studies: Yes
9. Learner requested to make sequential decisions to tackle problems: Yes
10. Learning objectives: Well-stated with help of flowcharts
11. Methods of use: The material can be used for self-learning as well as an adjunct for lectures
12. Evaluation methods: At the end there is useful section of self-assessment and evaluation with the help of case history vignettes
13. The length is: 46 pages
14. It deals with recognition and simple management of the conditions at primary care level. There is useful section of health education material related to the above priority conditions. Much of this has been incorporated into the Manual of Mental Health for Multipurpose Workers (described on p. 4).

MANUAL OF MENTAL DISORDERS FOR PHC PHYSICIANS

1. Language: English
2. Author: N.N. Wig and R. Parhee
3. Date and place of publication: 1984, India
4. Publisher: Indian Council of Medical Research  
Ansari Nagar, Post Box 4508, New Delhi 110 029
5. Sale: price not stated
6. Field covered:
  - Organization of training programmes
  - Methods of evaluation and follow up
  - Common psychiatric conditions seen at primary health care level (divided into nine common groups of mental disorders)
  - Counselling
  - Psychotherapy
  - Psychotropic drugs
  - Appendices: List of common psychotropic drugs
  - Pre and post training assessment procedures including some good case history vignettes
  - Glossary of common psychiatric terms
7. Intended for: Doctors working at primary health care level as well as for their trainers
8. Description of common mental health problems as case studies: Yes
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: included
11. Methods of use: Self-learning manual, also useful to formal instruction
12. Evaluation methods: included
13. The length is:
14. A manual for training the trainers. Useful for effective clinical practice but also for training health workers.

MANUAL OF MENTAL HEALTH CARE FOR MULTIPURPOSE WORKERS - 2nd edition

1. Language: English
2. Author: R. Srinavasa Murthy (ed).
3. Date and place of publication: ICMR, ACMH no. 5 1988, Bangalore, India
4. Publisher: National Institute of Mental Health and Neurosciences  
P. O. Box 2900  
Bangalore 560029  
India
5. Sale: not specified
6. Field covered:
  - Mental health as part of general health care
  - Brain and behaviour
  - Mental illness - features, type, causes and treatment
  - General approach to the mentally ill
  - Psychoses
  - Epilepsy
  - Neuroses
  - Mental retardation
  - Mental health education
  - Responsibilities of health workers
7. Intended for: Multipurpose workers of public health centres
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: Self-learning manual or as an adjunct for lectures or workshops
12. No evaluation methods included
13. The length is: 62 printed pages
14. A short training manual for multipurpose workers to help them deal with the mentally ill and educate people to increase awareness about mental health problems in order to correct their misconceptions and unscientific practices. The manual helps identify people with mental illness in their areas, suggesting bringing them to primary health centres for initiating treatment and then providing instruction on managing them in the community. This is the second and revised edition of a previous one called "Manual of Mental Health for Multipurpose Workers".

MANUAL OF MENTAL HEALTH FOR COMMUNITY HEALTH WORKERS

1. Language: English/Nepalese
2. Author: Dr Mahendra K. Nepal, Dr Christine S. Wright
3. Date and place of publication: 1988, Nepal
4. Publisher: Health learning materials project, Institute of Medicine, P.O. Box 2533, Maharajgunj, Nepal
5. Sale: Cost rupees 50/-
6. Field covered:
  - Causes of Mental Illness
  - Brain and Behaviour
  - Interviewing a Mentally Ill Patient
  - Diagnosis of mental illness
  - Psychosis
  - Neurosis
  - Epilepsy
  - Mental Retardation
  - Alcoholism and Drug Abuse
  - Psychosexual Disorder
  - Practical Aspects of Mental Health Services in the Community
  - Medication for Mental Illness
  - Glossary of technical terms used
  - Suggestions for record forms
7. Intended for: Although the title mentions Community Health workers, the text is in a form that is suitable more for qualified nurses, medical assistants/clinical officers
8. Description of common mental health problems as case studies: The manual does provide descriptions of cases to illustrate the problems
9. Learner requested to make sequential decisions to tackle problems: Not in a flowchart form, but descriptions of managements for the various mental disorders are set out in decision making format
10. Learning objectives: not stated
11. Methods of use: not explicitly stated, but would be a resource for self-learning or as an adjunct to instruction and as a practical manual
12. Evaluation method: No evaluation methods included
13. The length is: 124 pages (17 cms x 24 cms in size)
14. A well written manual, the language is possibly somewhat more complicated than would normally be required for non-physician health workers. It provides a useful model for others working to produce a manual. Of particular note is the inclusion of case examples in the text and clear instructions concerning treatment and management.

MANUAL OF MENTAL HEALTH FOR MEDICAL OFFICERS

1. Language: English
2. Author: M. K. Isaac, C.R. Chandrashekar, R. Srinivasa Murthy.
3. Date and place of publication: 1985, Bangalore, India.
4. Publisher: National Institute of Mental Health and Neurosciences  
P. O. Box 2900  
Bangalore 560029  
India

5. Sale: not stated

6. Field covered:

Mental Health as part of General Health  
Brain and behaviour  
Mental disorders  
History taking and mental status examination  
Major mental disorders  
Minor mental disorders  
Childhood mental disorders including mental retardation  
Epilepsy  
Treatment of mental disorders  
Implementation of mental health care at primary health care

There are also appendices on (a) mental health education  
(b) information needed for case records of patients with psychosis, neurosis, mental retardation and epilepsy  
(c) timetable for a two-week course given to general medical officers

7. Intended for: General medical officers
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: Self-learning manual or adjunct to formal instruction
12. No evaluation methods included
13. The length is: 120 typed pages
14. A useful manual which aims to help with the integration of mental health care into the existing general health system by training medical officers to identify people with mental illnesses and manage them in the community.

MANUAL OF MENTAL HEALTH FOR PRIMARY HEALTH CARE PHYSICIANS

1. Language: English
2. Author: Kazi, H.G.
3. Date and place of publication: 1987. Hyderabad, Pakistan
4. Publisher: SCIPS Publications  
Institute of Psychiatry Sind  
P.O. Box 366  
Hyderabad, Sind, Pakistan
5. Sale: Free copies from the address above
6. Field covered:
  - Introduction
  - Classification of psychiatric disorders
  - History taking and interview techniques
  - Symptoms and signs of mental illness
  - Mental mechanisms
  - Neuroses
  - Affective disorders
  - Schizophrenia
  - Organic psychoses
  - Mental retardation
  - Epilepsy
  - Drug dependence
  - Sexual disorders
  - Psychotherapeutic drugs
7. Intended for: Primary health care physicians; also useful for those interested in the management of psychiatric patients
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: A self-learning manual, to be used also as an adjunct to training courses
12. Evaluation method: not included
13. The length is: 36 printed pages
14. This manual was prepared to be used as an adjunct to training courses sponsored by WHO in Pakistan. In the form of a mini textbook, it contains useful information on psychiatry mostly to physicians, due to the level of language.

MANUAL OF MENTAL HEALTH FOR THE PUBLIC HEALTH OFFICER  
AT DISTRICT LEVEL

1. Language: Thai
2. Author: Several authors
3. Date and place of publication: 1982. Bangkok, Thailand
4. Publisher: Department of Medical Services  
Ministry of Public Health, Thailand
5. Sale: not stated
6. Field covered:
  - Introduction
  - Foreword
  - How to use this manual
  - Concepts in mental health
  - Mental (psychotic) disorders:
    - Identification and management of patients and their families
  - Psychological (neurotic) disorders:
    - Identification and management of patients and their families
  - Epilepsy
  - Substance abuse
  - Learning disorders in children
  - Mental retardation
  - Physical illnesses with a psychological basis (Psychomatic disorders)
  - Conclusion
  - Annexes: 1. Case vignettes  
2. Directory of mental health services in Thailand
7. Intended for: Public health officers (physicians, nurses, social workers, etc.), particularly those in functions of training and supervision at district level
8. Description of common mental health problems as case studies: Yes. Case vignettes of different types of mental disorders
9. Learner requested to make sequential decisions to tackle problems: Yes
10. Learning objectives: included
11. Methods of use: Self-learning manual, but also an adjunct to formal instruction
12. Evaluation method: not included
13. The length is: 134 typed pages
14. A detailed manual, presented as a mini textbook to enable public health officers to train and supervise primary health care workers in mental health action.

MANUAL OF PRIMARY MENTAL HEALTH CARE FOR GENERAL PRACTITIONERS

1. Language: Arabic
2. Authors: Dr Ahmed Nayer Kotry, Dr Faha Baasher
3. Date and place of publication: 1987; place not stated but probably Alexandria, Egypt
4. Publisher: This manual was prepared and printed with the support of WHO/EMRO, Alexandria
5. Sale: not stated
6. Field covered:

Mental and psychiatric disorders  
Classification of mental and psychiatric disorders  
Problems of mental health:  
1) Major functional psychiatric disorders  
2) Social isolation  
3) The retirement crisis  
4) Other mental disorders: epilepsy and addiction  
Psychiatric emergencies:  
Suicide  
Agitation  
Questionnaires for detecting psychiatric disorders

7. Intended for: General practitioners
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: To identify and treat psychiatric disorders in the context of primary health care
11. Methods of use: Part of a training programme on mental health
12. Evaluation method: Includes questionnaires on evaluation before and after training
13. The length is: 68 printed pages
- 14.

MANUAL OF PSYCHIATRY FOR PRIMARY HEALTH CARE WORKERS  
(Manual de Psiquiatria para Trabajadores de Atención Primaria)

1. Language: Spanish and Chinese (as yet not printed)
2. Author: C.E. Climent, M.V. de Arango
3. Date and place of publication: 1983, Washington, USA
4. Publisher: Organizacion Panamericana de la Salud, 525 23rd Street, N.W., Washington D.C. 20037, USA
5. Sale: price not specified
6. Field covered:
  - Introduction
  - Patient's history
  - General principles in psychiatric interview
  - Illustrated questionnaire of the symptoms
  - The more frequent psychiatric syndromes
7. Intended for: Health workers in primary health care
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not included but appear suitable for self-learning
12. Evaluation method: not included
13. The length is: 100 printed pages
14. Useful educational material for primary health care workers. It is simple and easy for low-level trained staff.

A MANUAL ON CHILD MENTAL HEALTH AND PSYCHOSOCIAL DEVELOPMENT

- Part I: For Primary Health Care Physicians
- Part II: For the Primary Health Worker
- Part III: For Teachers
- Part IV: For Workers in Children's Homes

1. Language: English
2. Author: A working group convened by WHO/SEARO
3. Date of publication: 1982
4. Publisher: WHO/SEARO as offset documents, SEA/MENT/65, 66, 67 and 68
5. Sale: not for sale
6. Field covered:  
  
Part I is divided largely according to problems  
1. Introduction, 2. General Principles in Management of Child Mental Health problems, 3. Epilepsy, 4. Severe Overactivity, 5. Severe Mental Retardation, 6. Enuresis, 7. Functional Complaints, 8. Stammering  
Part II: General Introduction, Child Mental Health Problems: General, During the Pregnancy, From Birth to Three Years, From Three to Six Years, From Six to Twelve Years, From Twelve to Sixteen Years  
Part III: General Introduction, Mental Health and Development, Promotion of Mental Health and Development, Child Mental Health Problems: General, From Six to Twelve Years, From Twelve to Sixteen Years  
Part IV: General Introduction, From Birth to Six Years, From Six to Twelve Years, Adolescence
7. Intended for: As stated in the titles to each section
8. Description of common mental health problems as case studies:
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Method of use: Written for self-learning but in most instances would be better used to complement teaching sessions
12. Evaluation methods: not included
13. Length: Part I: 6 pages, Part II: 45 pages, Part III: 25 pages and Part IV: 37 pages
14. These are produced as a set so that the information provided in each is compatible. The manual for the physicians is not intended as an exhaustive text but is meant to provide the physician with sufficient resources to be able to handle referrals from say primary health care workers, made according to the recommendations of part 2, in such a way that the physician's actions complement those of the primary health care worker.

MENTAL HEALTH MANUAL  
(Manual de Salud Mental)

1. Language: Spanish
2. Author: B. Saraceno, F. Asioli, G. Tognoni
3. Date and place of publication: June 1986, Nicaragua
4. Publisher: Ministry of Health, Nicaragua, with support from WHO/PAHO and from the Istituto "Mario Negri", Italy
5. Sale: price not specified
6. Field covered:
  - Introduction
  - Diagnosis
  - Variables indicators
  - Intervention strategies
  - Psychopharmacology
  - Emergencies
  - Alcoholism
  - Epilepsy
  - Epidemiology
7. Intended for: Mental health workers (psychiatrists, other physicians, psychologists, social workers, nurses, occupational therapists)
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not included, but must be a self-learning manual
12. Evaluation methods: not included
13. The length is: 93 printed pages
14. This manual places strong emphasis on the rational use of psychotropic drugs in the treatment of mental illness, with over one third of the booklet being devoted to the chapter on psychopharmacology (includes MAOI's, Lithum). The chapter on interventions however has a strong emphasis on how to develop services integrated into general health care.

MENTAL HEALTH MANUAL FOR CLINIC NURSES IN LESOTHO

1. Language: English
2. Author: V.B. Wankiiri
3. Date and place of publication:
4. Publisher: No publisher stated, but it has been produced through the technical and financial assistance of WHO
5. Sale: apparently not for sale
6. Field covered:
  - Unit 1: Introduction
  - Unit 2: Promotion of mental health and prevention of mental illness in Lesotho
  - Unit 3: Identification and management of acutely disturbed patients
  - Unit 4: Identification and management of patients with chronic psychiatric illness
  - Unit 5: Identification and management of a depressed patient
  - Unit 6: Identification and management of an epileptic patient
  - Unit 7: Identification and management of persons who are dependent on alcohol
  - Unit 8: Physical disorders of emotional origin
  - Unit 9: The use of flow charts for identification and management of patients with mental health problems
  - Unit 10: Definitions of psychiatric terms
7. Intended for: Clinic nurses
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated but could be used as self-learning manual
12. No evaluation methods included
13. The length is: 68 A4 typed pages, double space. Offset publication
14. It is a useful model for promotion of mental health and prevention of mental illness in Lesotho. It gives general information for identification and management of acutely disturbed patients, patients with chronic psychiatric illnesses, depressed patients, epileptic patients, persons who are dependent on alcohol and patients with physical disorders of emotional origin.

NEUROPSYCHIATRY IN PRIMARY HEALTH CARE  
A FIELD GUIDE

1. Language: English
2. Author: Dr W.G. Jilek
3. Date and place of publication: 1988, Bangkok, Thailand
4. Publisher: Produced while Dr Jilek was working as UNHCR Refugee Mental Health Coordinator in Thailand
5. Sale: not for sale
6. Field covered:
  - Section A: Psychiatric Disorders
    - Basic Classification for Case Management Decision
    - Psychiatric Assessment
      - I. History Taking
      - II. Mental Status Examination
      - III. Clinical Observation
    - Symptoms of Psychiatric Disorder
    - Posttraumatic Stress Disorder
    - Chemotherapy of Psychiatric Patients
    - Logotherapeutic Counselling
  - Section B: Epilepsy
    - Types of Epileptic Seizures
    - Symptoms of Epileptic Seizures
    - Possible Causes of Epileptic Seizures
    - Treatment of Epileptic Seizures
    - Basic Anti-Epileptic Medication
  - Section C: Alcohol Abuse
    - Biochemistry of Alcohol
    - Alcohol Effects on Body Organs
    - Alcohol Effects on the Unborn Child
    - Alcohol Effects on the Central Nervous System
    - Principles of Counselling on Alcohol Problems
7. Intended for: Unclear but is probably Western-trained health and social service professionals working in UNHCR or UNBRO-assisted camps for Indochinese refugees
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: As an adjunct to formal instruction
12. Evaluation method: no evaluation methods included
13. The length is: 32 printed A4 pages
14. This manual provides a set of very condensed "lecture notes" concerning the areas set out in paragraph 6 above. This is not a manual, nor indeed does it claim to be one. It's title is a field guide, and it would have to be used in conjunction with more practical teaching.

PRACTICAL PSYCHIATRY FOR HEALTH WORKERS AND NURSES

1. Language: English
2. Author: J.M. Cushnie and D.I. Ben Tovim
3. Date and place of publication: 1987, London, UK (ISBN 0 582-77708-9)
4. Publisher: Churchill Livingstone (Tropical Health Series) Longman Group UK Ltd, Longman House, Burnt Mill, Moslow, Essex CM20 2JE, UK
5. Sale: 4.95 pounds sterling
6. Field covered:
  - Psychiatry and primary health care
  - The cycle of normal development
  - Talking to patients
  - Taking a psychiatric history
  - Important signs and symptoms, diagnoses and classification
  - Organic mental disorders
  - Epilepsy
  - Schizophrenia
  - Affective disorders: disorders of mood
  - Brief reactive psychoses
  - Alcohol and drug abuse
  - Neurotic disorders
  - Personality disorders
  - Psychiatric disorders in childhood & adolescence
  - Mental subnormality
  - Puerperal disorders
  - Psychiatric emergencies
  - Psychiatric first aid and compulsory treatment
  - Forensic psychiatry
  - Treatment
  - Glossary
  - Index
7. Intended for: General health workers including nurses
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Method of use: Self-learning manual
12. Evaluation method: not included
13. The length is: 160 printed pages
14. This practical manual was developed from training programmes carried out in Botswana.

PRIMARY CARE IN MENTAL HEALTH. MANUAL FOR CLINICAL TRAINING AND PRACTICE

1. Language: English
2. Author: Hauli, J.G., Coche, B.A., Neki, J.S., Tomov, T.
3. Date and place of publication: Undated (About 1982), Dar es Salaam
4. Publisher: Draft only available in mimeograph. Mental Health Resource Centre, Muhimbili Medical Centre, Dar es Salaam
5. Sale: Not available commercially
6. Field covered:
  - Psychiatric history taking, Case Management
  - Community education
  - Dealing with Target conditions
    1. Acute psychosis
    2. Chronic psychosis
    3. Common emotional disorders
    4. Major epilepsy
    5. Mental retardation
7. Intended for: General health workers at health centre and post level (e.g. nurses and medical assistants)
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: Yes
10. Learning objectives: not specifically stated
11. Method of use: Could be used in self learning or as an aid to teaching by mental health professionals. Contains vignettes and flowcharts and is practically oriented
12. Evaluation method: not included
13. The length is: 110 pages, typed A4
14. A manual produced for the Tanzanian mental health programmes which set itself a limited number of target conditions with which to deal.

PSYCHIATRY IN PRIMARY HEALTH CARE

1. Language: English
2. Author: Shridhar Sharma
3. Date and place of publication: 1986, Ranchi, Bihar, India
4. Publisher: Central Institute of Psychiatry, Directorate General of Health Services, New Delhi, India
5. Sale: not for sale
6. Field covered:
  - Psychiatry in primary health care
  - Concept of illness
  - Interview techniques
  - History taking and mental status examination
  - Classification of mental disorders
  - Neuroses
  - Psychosocial problems
  - Psychosocial aspects of fertility control
  - Depression
  - Personality disorders, alcohol and drug dependence
  - Psychosexual disorders
  - Psychosomatic disorders
  - Headache
  - Sleep disorders
  - Acute psychotic illnesses
  - Chronic psychotic illnesses
  - Acute organic psychosis
  - Chronic organic psychosis
  - Psychiatric problems among children
  - Epilepsy
  - Psychopharmacology
  - Psychiatric emergencies
  - Psychiatric rehabilitation
  - Psychiatric aspects of death and dying
  - Organizing mental health services in India
  - Appendix
7. Intended for: Trainers in mental health and undergraduate medical students and general physicians
8. Description of common mental health problems as case studies: No
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: not stated but could be used as self-learning manual
12. No evaluation methods included
13. The length is: 150 printed pages
14. This manual is a part of the material used in a mental health training programme carried out in Ranchi, India. It offers useful information in psychiatry which would be helpful in providing necessary knowledge and skills to health workers. It is presented in the form of a mini-textbook.

SELF-LEARNING MANUAL ON ASSISTANCE TO:

- 1) Severely mentally disturbed (psychotic) persons
- 2) Mildly mentally disturbed (neurotic) persons
- 3) Persons with epilepsy
- 4) Substance abusers

1. Language: Thai
2. Author: not stated
3. Date and place of publication: not stated
4. Publisher: Korat Psychiatric Hospital, Bangkok, Thailand
5. Sale: Price not stated
6. Field covered:
  - Introduction (How to use)
  - Pre-test
  - Case vignettes
  - Post-test
7. Intended for: Village and community health workers, but also general public information
8. Description of common mental health problems as case studies: Yes
9. Learner requested to make sequential decisions to tackle problems: Yes
10. Learning Objectives: included
11. Methods of use: Self-learning manual (also possibly used as an adjunct to formal instruction)
12. Evaluation Method: Pre- and post-tests included
13. The length is:
  1. 16 printed pages
  2. 32 printed pages
  3. 24 printed pages
  4. 32 printed pages
14. This series is a very didactic and useful one aiming at giving everybody in the community some basic knowledge on how to assist persons with a wide range of mental and behavioural disorders. They are particularly useful for village and community workers.

TEACHING MANUAL IN MENTAL DISORDERS

1. Language: Bengali
2. Author: Division of Mental Health  
Institute of Post Graduate Medical Research (IPGMR), Dhaka, Bangladesh
3. Date and place of publication: August 1985, Dhaka, Bangladesh
4. Publisher: Division of Mental Health, IPGMR, Dhaka, Bangladesh
5. Sale: Price not stated
6. Field covered:
  - Preface
  - Instructions
  - Anxiety Neurosis
  - Hysteria
  - Psychosis
  - Depression
  - Epilepsy
  - Mental Retardation
7. Intended for: Community health workers (and other health workers) in villages
8. Description of common mental health problems as case studies: Yes
9. Learner requested to make sequential decisions to tackle problems: Yes (flow-charts included)
10. Learning Objectives: included: to be able to diagnose and treat mental disorder seen in the context of daily work of village health workers; each category of mental disorder is described with clinical descriptions and treatment, and referral patterns are described; flow-chart for diagnosis and management of epilepsy is translated into English
11. Methods of use: Self-learning manual, also useful as adjunct to formal instruction
12. Evaluation Method: not included
13. The length is: 44 printed pages
14. This is a manual translated and adapted from Wig and Murty's "Manual on Mental Disorders for Primary Health Care Personnel" (see p. 31), hence dealing with recognition and simple management of conditions found at primary health care level.

TRAINING GUIDE FOR MENTAL HEALTH

1. Language: Urdu
2. Author: Professor M.H. Mubbashar
3. Date and place of publication: Rawalpindi, Pakistan
4. Publisher: Available from author; Professor M.H. Mubbashar  
Department of Psychological Medicine  
Rawalpindi Medical College  
Rawalpindi
5. Sale: no charge
6. Field covered:  
  
Introductory chapters: Role of mental health in general  
health  
Causes of mental illness  
  
Psychosis  
Epilepsy  
Mental Retardation  
Drug Abuse  
Responsibilities of multipurpose workers  
Health education material
7. Intended for: Multi-purpose workers
8. Description of common mental health problems as case studies: Yes
9. Learner requested to make sequential decisions to tackle problems: No
10. Learning objectives: not stated
11. Methods of use: Self-learning manual
12. Evaluation methods: Flowcharts and case history vignettes have been used  
for illustration
13. The length is: 83 pages
14. Language is simple. Stress is on learning skills.