



Moroccan Association Against Epilepsy (MSAE): side by side with epileptic patients in Morocco Since 2005

L'Association Marocaine Contre l'Épilepsie (AMCEP): côte à côte avec les patients épileptiques au Maroc depuis 2005



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Conflits d'intérêt: aucun

Introduction :

Epilepsy still constitutes a serious health problem in Morocco and its prevalence is estimated at 1.1% [1]. The great majority of our epileptic patients have a very poor knowledge about epilepsy and most of them resort to maraboutic methods especially in rural areas. On the other hand, at times, our patients suffer from professional and social discriminations.

The MSAE, an non-lucrative association, was created to promote and improve the management of epilepsy, to sensitise patients, their families and all persons concerned by epilepsy (teachers, social workers, pharmacists, students...) in order to eradicate the distorted beliefs about epilepsy. It's also a strategy to collaborate with regional and other national societies involved in epilepsy and of course to support patients and their families to overcome all kind of issues like information material, social and professional difficulties.

Trying to cover not only southern Morocco:

Since the starting of the university Hospital in November 2000, we realized the big gap in education and sensitization of epileptic patients, the big need in education and training for junior and specialized neurologists and the fear of managing epileptic patients by general practitioners [2]; that was the reason of creating in November 2001 a regional society (regional league against epilepsy in Marrakech and its countryside), dealing in both scientific and social aspects of epilepsy. Since 2005, and due to the big need of such societies in all the country, our regional league became a national society, having in charge the coverage of the national territory, because of the inexistence of any society implicated in social aspects of epilepsy; but for scientific purposed the Moroccan league was dealing as possible as it can but mainly in the big cities and focusing its work in the Rabat/Casablanca area.

The progression of our coverage of the Moroccan territory is represented in Figure 1.

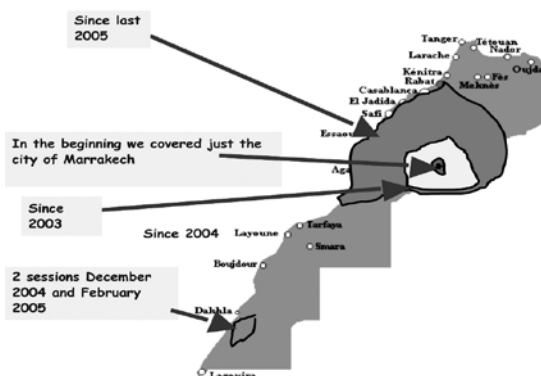


Figure 1: Progression of coverage of national territory since 2001.

MSAE ensures many important activities, but two of them are the main priorities:

1- Inform, educate and sensitize patients and the general public:

In Morocco, as many other similar countries, the distorted beliefs about epilepsy drives patients to maraboutic practices which are sometimes dangerous and often delay or limit the access into medical structures which by the way worsen the prognosis. Two studies done in Morocco, pointed out that nearly ¾ of our epileptic patients consult healers at least once before moving to modern medicine [3].

That is why, MSAE organize biannual social meetings given to patients, their families and all persons interested by epilepsy (Figures 2, 3 and 4).



Figure 2: Organizing committee of the last scientific journey.



Figure 3: the MSAE implicates successfully young doctors, medical students and nurses in the organization of social journeys.



Figure 4: Active participation to one of the social and scientific journey, 9th June 2007.

In addition, our society organizes regular TV and radio programs to sensitize all Moroccan citizens about epilepsy, within this framework the local radio operator is committed to diffuse regularly radio emission about epilepsy, and our specialists answer to all kind of questions during these interviews and lets not forget the different ads and announcements on national newspapers.

A particular interest is given to school teachers, students and workers in factories because of the lack of minor knowledge about epilepsy which can cause exclusion from schooling or work. Also special attention by organizing educative and sensitizing days in schools and factories.

On the other hand, MAAE will start a partnership with mosques' imam (man in charge of calling muslims to prayer), in order to inform Muslims during Friday's prayers about epilepsy, the risks of traditional practices and the need of consulting specialists for a good recovery.

2-A better management of epilepsy in Morocco could not move forward if we still have many cities without neurologist and in which general practitioners are not implicated in this kind of management, especially that there are on the first line in all smaller cities and especially in countryside villages, where specialists are missing.

To help solving these two major problems, MSAE has chosen two main strategies:

A. Covering far cities without neurologist by specialized regular consultations:

Morocco, as some other North African countries, suffers from the inequitable repartition of neurologists on the national territory; this situation makes it difficult the access to specialized consultations for people living in small cities and rural areas, especially in southern Morocco (less than 10% of neurologists for 30% of Moroccan citizens).

Many patients, especially in south Morocco, travel long distances to be consulted in Marrakech, Agadir, Laayoun or Tiznit (the only cities with neurologists in southern Morocco), and often spend too much time, energy and money.

We started since April 2006 by insuring four monthly specialized consultations in cities without neurologists: like Ouarzazate, and since February 2008 in Kelaa Sraghna, sponsored by Sanofi-Aventis and the French League Against Epilepsy. Our experience started in Ouarzazate

was very successful; and since October 2006, we had transferred many patients from Marrakech out and in-patients to Ouarzazate. And we also started the EEG unit with a trained technician, who prepared EEG for our neurologists to be interpreted twice a week, and for urgent cases we use scan and email or send them to us. All these activities initiated in Ouarzazate solved many problems in this isolated city from the rest of Morocco, by the Atlas Mountains. A few times during the winter season, the road are blocked between Marrakech and Ouarzazate, and to find at least trained general practitioners locally will be much better than trying to reach Marrakech (Figure 5) .



Figure 5: Patients and families in the waiting room in the out patients pavilion in El Kelaa des Seraghna's hospital in April 2009.

In the end this initiative will prevent people from expensive displacement to Marrakech.

This approach will attenuate on the other hand medical demand in the neurology department of Marrakech and could assure a better management of neurological diseases in general and particularly epilepsy in cities without neurologists.

B. Working side by side with general practitioners;

because of the big number of epileptic patients in Morocco (more than 340,000), with a high proportion of distort beliefs and resorting to maraboutic practices, the small number of specialists (nearly 80 neurologists for hole the country, counting 34 millions inhabitants (2); and the feeble implication of general practitioners in epilepsy management (because they have not enough knowledge about it and they fear when facing epileptic patients).

We realize that the best and simple way to improve management of epilepsy is to focus on general practitioners; so, we established different collaborations with local health authorities and pharmaceutical laboratories to cover these regional sessions for training and sensitizing general practitioner. We started in 2001 in Marrakech, then in Kelaa Sraghna (80 km north from Marrakech), in Essaouira (170 west), in Casablanca (240 km north-west), and in Ouarzazate (200 km south). In 2008 a regular program will be instituted for these meetings (Figure 6).



Figure 6: Scientific meeting for general practitioners.

The perspectives of MSAE:

In short term, MSAE will consolidate its main priorities: on one hand, educate and inform general public and sensitize epileptic patients and their families; and on the other one, improving the management of epilepsy in Morocco, especially in cities without neurologist with the partnership of general practitioners.

Since December 2006, patient's cards and brochures were distributed to all adherents and during 2008, posters in Arabic, vulgarising epilepsy, highlighting bad aspects of traditional practices, plus showing good and bad attitudes in reaction to any case of epilepsy. It will be widely distributed all over the country through pharmacists, which will reach more widely the population in the Moroccan territory than just using the general practitioners.

We will start video projections in public transport and spot TV programs about epilepsy, to assure more sensitization concerning epilepsy.

In mean and long term, we expect

MSAP will cover more than 70% of Moroccan territory, and will create delegations in other big cities, up to March 2013 we have 4 active delegations (Casablanca since 2006, Agadir since 2009, Safi since January 2012 and Settat since January 2013); a bimonthly bulletin will be set-up to keep adherents and practitioners updated.

We expect to actualize the driving licence legislation for epileptic patients because since its first launching in 1973, it has not been updated, so unusable. MSAP will better collaborate with the Moroccan League Against epilepsy, to decentralize epilepsy surgery in Morocco because since 2004, when it was started in Rabat city, it remains concentrated only in big university hospitals (Rabat, Casablanca, Fes and recently in Marrakech), and nowhere else.

In the end, we hope to establish good relationship between other neighbouring North African francophone countries, and especially sub-Saharan countries, to share and also to diffuse our experiences.

Conclusion

The Moroccan society against epilepsy, in spite of its young age, is trying to improve the management of epilepsy in Morocco by focusing on two main points:

-Implicating general practitioners as an inevitable partner.

-Insisting on the education and sensitization of epileptic patients, their families and the general public.

Maybe some of the reasons of the dynamism and efficacy of our young society are the mixture of experienced persons involved with epilepsy and social activities, giving very efficient ideas and a younger staff, working hard in many commissions.

In the end, we hope to generalize our social activities to other cities in Morocco, through delegations, and to establish collaboration between our society and other societies and institutions, especially in African countries.

References

- 1- Itri M, hadj Khalifa. Les cahiers du médecine 1998 ; 9:35-7.
- 2- Kissani N. Relationship between general practitioners and specialists in Morocco. Eur J Gen Pract. 2007;12: 1-2.
- 3- Louhab N, Jafoui M, Stoti N, Kissani N. Prospective evaluation of traditional practices for epileptic patients of Marrakech. Epilepsia 2005; 46, Supp 6: 356.