Epilepsy or seizures

Bibliographic reference	**Cronin et al. (1998)**
Study type	Case control
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	Ireland
Number of patients	N=177 adults N=488 control group
Study population	Inclusion: patients attending a seizure clinic of a university hospital, N=80 male, N=97 female, N=80 male, mean age 36yrs (range 14 to

	80yrs), median age at onset of epilepsy was 14yrs (range 1 to 63yrs)
Controls	Control group from patients attending an ante natal clinic
Results	N=4 EMA +ve, +ve for coeliac disease on biopsy, frequency of CD 1:44 (control N=2 EMA +ve, frequency of CD 1:244)
Source of funding	Not reported
Conflicts of interest	
Comments	

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Djurić et al. (2010)**
Study type	Comparative cross-sectional survey
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	Serbia
Number of patients	N=125 children with idiopathic epilepsy N=150 healthy children
Study population	Inclusion: 72 girls, 53 boys mean age 10.51 ± 3.53 (range 2 to 18 years)

Control	Healthy children
Details of coeliac testing	Serum IgA (radioimmunodiffusion) IgA tTG with human recombinant tTG (ELISA, Euroimmun) Endoscopic small bowel biopsy if serologically positive (CD confirmed with ESGHAN recommendations)
Results	3 with epilepsy had positive IgA tTG but only one (0.8%) had biopsy-proven CD (Marsh IIIa; others Marsh 0) 1 (0.6%) in control group had positive IgA tTG and positive biopsy (Marsh IIIa) (difference p>0.05)
Source of funding	Not reported
Conflicts of interest	Not reported
Comments	

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Peltola et al. (2009)**
Study type	Case control
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? YES (consecutive sample recruited) 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = LOW
Country	Finland
Number of patients	N=48 patients with therapy-resistant, localisation-related epilepsy N=71 healthy blood donors
Study population	Inclusion: patients with therapy-resistant, localisation-related epilepsy (>1 seizures/month despite prior treatment with at least 2 antiepileptic drugs) attending an outpatient clinic All were on antiepileptic medication (13 monotherapy, 35 polytherapy)

<table>
<tr><td></td><td>One in each group had concomitant autoimmune disorders (systematic lupus erythematosus, Sjögrens syndrome, Henoch-Schönlein syndrome; none had T1D)
One patient had a prior diagnosis of CD (this patient did not have a biopsy)

<table>
<tr><th></th><th>Temporal lobe epilepsy with hippocampal sclerosis (n=16)</th><th>Temporal lobe epilepsy without hippocampal sclerosis (n=16)</th><th>Extratemporal epilepsy (n=16)</th></tr>
<tr><td>Mean age (range) (years)</td><td>42 (24/60)</td><td>43 (17-63)</td><td>44 (17-64)</td></tr>
<tr><td>Number female/male</td><td>10/6</td><td>7/9</td><td>6/10</td></tr>
<tr><td>Mean duration of epilepsy in years (range)</td><td>27 (12-47)</td><td>29 (10-61)</td><td>33 (3-45)</td></tr>
<tr><td>Mean seizure frequency (mean per month [range])</td><td>3 (1-10)</td><td>3 (1-25)</td><td>6 (1-30)</td></tr>
</table>
</td></tr>
<tr><td>Control</td><td>Consecutive healthy blood donors</td></tr>
<tr><td>Details of coeliac testing</td><td>IgA EMA antibodies (indirect immunofluorescence method using human umbilical cord as substrate)
IgA anti-tTG antibodies (Quanta Lite tTG ELISA, INOVA Diagnostics, Inc, San Diego, CA; > 20 AU were considered positive)
IgA and IgG AGA with standard enzyme immunoassay with crude gliandin antigen (G3375, Sigma, St Louise MO, USA; lower limit of positivity for IgA was 0.2 AU/ml and 10 AU/ml for IgG)
CD defined as severe partial or subtotal villous atrophy with crypt hyperplasia in the small bowel and subsequent clinical, serological or histological recovery on a GFD</td></tr>
<tr><td>Results</td><td>4.2% (2) had biopsy confirmed CD
(table in the study says 3 had CD but the text says 2 have CD and one did not have biopsy)

Of the 2 patients with biopsy-confirmed CD:
- one patient with normal bowel histology but immunohistochemical findings suggesting CD and who subsequently developed severe partial villous atrophy with crypt hyperplasia
- one had severe villous atrophy with crypt hyperplasia
- both had had temporal lobe epilepsy with hippocampal sclerosis

None of the controls had biopsy-confirmed CD</td></tr>
<tr><td>Source of funding</td><td>Not reported</td></tr>
<tr><td>Conflicts of interest</td><td>Paper reports that there were none</td></tr>
<tr><td>Comments</td><td></td></tr>
</table>

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Pratesi et al. (2003)**
Study type	Case control
Study quality	
Country	Brazil
Number of patients	N=255 patients with epilepsy N=4405 control
Study population	Inclusion: adults and children with epilepsy attending 2 clinics, N=119 children; N=49 female, mean age 7.97yrs, median age 8yrs (range 1 to 14yrs), N=136 adults; N=64 female, mean age 30.27yrs, median age 29yrs (range 15 to 65yrs)
Control	N=2034 children, N=2371 adults
Results	N=2/255 (N=1 adult, N=1 child) with coeliac disease; 1:127 Control N=15/4405 with coeliac disease; 1:293
Source of funding	Not reported
Conflicts of interest	
Comments	

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