Long-term seizure, quality of life, depression, and verbal memory outcomes in a controlled, mesial temporal lobe epilepsy surgical series using Portuguese-validated instruments

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Introduction

Surgical intervention as a treatment option for epilepsy remains largely underutilized\(^1\),\(^2\) despite robust, positive evidence from randomized clinical trials of mesial temporal sclerosis (MTS).\(^3\),\(^4\) However, improvements in health-related quality of life (HRQOL) are substantially difficult to assess in limited, short-term studies.\(^5\) Nonetheless, such assessments are important with regard to patient aims.\(^6\) In a multicenter trial of resective epilepsy surgery, Spencer et al.\(^7\) demonstrated that the quality of life in epilepsy (QOLIE) improves early regardless of the seizure outcome; however, sustained and further developments are related to seizure relief, for which the rate decreases beyond 2 years after MTS surgery.\(^8\),\(^9\) Moreover, seizure freedom-related gains that are of paramount importance\(^10\) may be hampered by social- (e.g., the “burden of normality”)\(^11\) and treatment-related drawbacks (e.g., new memory deficits and mood disorders).\(^12\) It has been reported that drug toxicity and depression are the highest QOLIE predictors in drug-resistant,\(^13\) well-controlled,\(^14\) and surgical patients.\(^15\) Furthermore, there are notable regional differences worldwide in access to care, socioeconomic disparities, comorbid conditions, treatment choices,\(^16\) and rehabilitation,\(^17\) which should also be considered.

Since the beginning of our surgical program in 2000 in Brasilia, Brazil, we have preoperatively administered freely translated quality of life (QOL) questionnaires and psychometric instruments; however, the reliability and reproducibility of these tools is not sufficient and is a problem encountered by everyone in the field. The existence of discrepancies in the application of non-validated tests to different populations has long been noted.\(^10\) Therefore, lengthy efforts (from 2000 to 2012) have been made by different research groups to overcome the translation, synthesis, back translation, expert committee review, and pretesting.
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