International League Against Epilepsy (ILAE)
国际抗癫痫联盟(ILAE)
Primary Care Task Force of the Education Council
初级卫生保健教育委员会

Epilepsy Competencies& Learning Objectives for Primary Health Care
初级卫生保健之癫痫能力和知识点

6 Domains | 26 Competencies | 85 Learning Objectives
6 个领域   26 个能力   85 个知识点

1.0 Diagnosis
1.0 诊断
1.1   Define what is a seizure and epilepsy?
1.1   痫性发作和癫痫的定义

1.1.1 Demonstrate working knowledge of what is an epileptic seizure.

1.1.1 说明什么是癫痫发作的工作知识

1.1.2 Demonstrate working knowledge of what is an acute symptomatic (provoked) and unprovoked seizure.

1.1.2 说明什么是急性症状性(诱发的)和非诱发的癫痫发作的工作知识

1.1.3 Demonstrate working knowledge of what is epilepsy.

1.1.3 说明什么是癫痫的工作知识

1.1.4 Demonstrate working knowledge of what is status epilepticus and life-threatening seizure clusters.

1.1.4 说明什么是癫痫持续状态和危及生命的癫痫簇样发作的工作知识

1.2   Demonstrate working knowledge of the main causes of acute symptomatic (provoked) seizures in children and adults.
1.2   说明儿童和成人急性症状性(诱发的)痫性发作主要病因的工作知识

1.2.1 Recognize febrile seizures in children and distinguish between simple and complex febrile seizures.

1.2.1 认识儿童热性惊厥，并区分单纯型和复杂型热性惊厥

1.2.2 Recognize the main causes of acute seizures in children and adults (e.g., stroke, trauma, infections, toxins, drugs, hypertension, metabolic and electrolyte derangements).

1.2.2 认识儿童和成人急性痫性发作的主要原因(如卒中、脑外伤、感染、中毒、药物、高血压、代谢和电解质紊乱)

1.3   Demonstrate working knowledge of the main causes of focal and generalized epilepsies in children and adults.
1.3   说明儿童和成人局灶和全面性癫痫主要病因的工作知识

1.3.1 Demonstrate working knowledge of infectious (e.g., parasitic, bacterial, viral), structural (e.g., birth insults, trauma, stroke, tumours) and metabolic (e.g., hypoglycaemia) causes of epilepsy.

1.3.1 说明感染性病因(如寄生虫、细菌、病毒)，结构性病因 (如出生缺陷、脑外伤、卒中、脑肿瘤) 和代谢性病因(如低血糖) 所致癫痫的应用知识

1.3.2 Demonstrate working knowledge of when to suspect a genetic cause of epilepsy (e.g., absence, myoclonic, generalized tonic clonic).

1.3.2 说明可疑癫痫遗传学病因时的工作知识: 如失神、肌阵挛、全身强直-阵挛性发作

1.4   Identify and describe the semiology (clinical features) of epileptic seizures using standardized ILAE terminology and classification systems.

1.4   应用标准化的 ILAE 定义和分类系统识别和描述癫痫发作的症状学(临床表现)

1.4.1 Extract semiology information from patient history.
1.4.1 从患者病史中提取症状学信息
1.4.2 Extract semiology information from home video recordings.
1.4.2 从家庭视频记录中提取症状学信息
1.4.3 Recognize clinical features which suggest focal vs. generalized onset.
1.4.3 识别局灶性和全身性发作的临床特征
1.4.4 Recognize clinical features of motor seizures (e.g., tonic clonic, myoclonic, tonic, etc) and non-motor seizures (e.g., absence , focal with impaired awareness, etc).
1.4.4 识别运动性(如强直阵挛、肌阵挛、强直等) 和非运动性痫性发作(如失神、局灶性伴意识损害等) 的临床特征
1.4.5 Recognize clinical features of focal and generalized convulsive status epilepticus.
1.4.5 识别局灶性和全身惊厥性癫痫持续状态的临床特征

1.5   Recognize common seizure mimics.
1.5   识别常见的类似癫痫样发作

1.5.1. Recognize common seizure mimics that do not require active intervention (e.g. night terrors, breath-holding spells, day-dreaming, sleep myoclonus).
1.5.1 识别不需要主动干预的常见类似癫痫样发作（如夜惊、屏气、白日梦、睡眠肌阵挛）
1.5.2 Recognize common seizure mimics that may require active intervention but do not require antiseizure medication/s (e.g., psychogenic nonepileptic seizures (PNES), syncope, migraine).
1.5.2 识别可能需要积极干预但不需要抗发作药物的常见类似癫痫样发作（如心因性非癫痫性发作（PNES）、晕厥、偏头痛）
1.5.3 Recognize clinical features of seizure mimics that pose high risk and may be treatable (e.g., irregular pulse, cardiac arrhythmias, blood pressure abnormalities, sweating, chest pain).
1.5.3 识别具有高风险且可治疗的类似癫痫样发作的临床特征（如脉搏不规则、心律失常、血压异常、出汗、胸痛）

1.6   Demonstrate working knowledge of relevant aspects of the clinical examination in newly diagnosed seizures and epilepsy.

1.6 说明新诊断的痫性发作和癫痫的临床检查相关的工作知识

1.6.1 Identify neurological abnormalities (e.g., focal deficits, impaired awareness, abnormal head circumference, etc).

1.6.1 识别神经系统异常(如部分缺陷、意识损害、异常头围等)

1.6.2 Identify systemic abnormalities (e.g., skin lesions, organomegaly, hypertension, cardiovascular abnormalities, etc).

1.6.2 识别系统性异常(如皮肤病损、脏器肿大、高血压、心脏血管异常等)

1.6.3 Describe common activating manoeuvres to trigger seizures (e.g., hyperventilation, visual stimuli, startle, etc.).

1.6.3 描述常见的触发痫性发作的刺激动作（如过度通气、视觉刺激、惊吓等)

1.7 Decide which initial lab tests should be ordered in patients with epilepsy or recurrent seizures.

1.7 决定癫痫或反复癫痫发作的患者首先应做的实验室检查

1.7.1 Demonstrate working knowledge of when to obtain blood tests (e.g., blood glucose, calcium, electrolytes).

1.7.1 说明何时做血液检查(如血糖、血钙、电解质) 的工作知识

1.7.2 Demonstrate working knowledge of when to obtain brain neuroimaging, e.g. CT or MRI.

1.7.2 说明何时做脑部神经影像学检查, 如 CT 或 MRI 的工作知识

1.7.3 Demonstrate working knowledge of when to obtain an electrocardiogram.

1.7.3 说明何时做心电图检查的工作知识

1.7.4 Demonstrate working knowledge of when to obtain an electroencephalogram (EEG).

1.7.4 说明何时做脑电图检查(EEG) 的工作知识

1.8 Demonstrate working knowledge of implications of test results and pathways to care according to the regional setting.

1.8 根据区域设置，说明检查结果的应用和护理途径的工作知识。

1.8.1 Recognize when blood test results will support management decisions.

1.8.1 认识何时血液检测能支持管理决策

1.8.2 Recognize when brain imaging results will support management decisions.

1.8.2 认识何时脑影像结果能支持管理决策

1.8.3 Recognize when electrocardiogram results will support management decisions.

1.8.3 认识何时心电图结果能支持管理决策

1.8.4 Recognize when EEG results will support management decisions.

1.8.4 认识何时脑电图结果能支持管理决策

2.0 Counselling
2.0 咨询

2.1 Understand and address the culturally appropriate aspects and consequences of the diagnosis of epilepsy, including stigma.

2.1 理解并处理癫痫诊断的相应文化背景和后果，包括病耻感

2.1.1. Provide culturally appropriate examples of the experience of stigma.

2.1.1 提供符合文化背景的病耻感经历的例子

2.1.2. Recognize and address the impact of epilepsy on quality of life in the appropriate cultural context.

2.1.2 认识并处理相应文化背景下癫痫对生活质量的影响

2.2 Provide guidance on specific issues related to epilepsy.
2.2 提供癫痫相关的具体问题的指导

2.2.1 Provide guidance on social issues including school integration, work, marriage, legal, and related matters.

2.2.1 提供社会问题的指导，包括学校融入、工作、婚姻、法律和相关问题。

2.2.2 Provide guidance regarding lifestyle matters, such as driving, sports, alcohol, stress, sleep, recreational drug use, antiseizure medication non-adherence, avoiding burn injury, falls (from heights) and drowning.

2.2.2 提供生活方式的指导，如驾驶、运动、饮酒、压力、睡眠、消遣性毒品使用、避免烧烫伤、坠落（从高处）和溺水

2.2.3 Provide guidance regarding first aid during a seizure such as positioning, breathing, timing, avoiding injuries and crowding.

2.2.3 提供对痫性发作的急救指导，如位置、呼吸、时间、防止损伤和拥挤

2.2.4 Provide guidance regarding need for emergency medical care (e.g., prolonged seizures, seizure clusters, lack of recovery, breathing difficulties).

2.2.4 提供对急诊医疗需求的指导（如时间较长的发作、簇状发作、不能缓解、呼吸困难）

2.2.5 Provide guidance to people with epilepsy regarding self-management (e.g., knowing about their disease, understanding disease treatment, laboratory tests, reliable sources of information and other available resources as community services, non-governmental organizations, etc.).

2.2.5 提供癫痫患者自我管理的指导（如知晓疾病、理解疾病治疗、实验室检查、可信的信息来源和其他可获取的来源，如社区服务、非政府组织等）

2.3 Communicate information about the causes and consequences of the specific type of epilepsy.
2.3 关于特殊类型癫痫的原因和后果的交流信息

2.3.1 Provide guidance regarding culturally-determined misconceptions regarding epilepsy (e.g., spiritual or religious origins and witchcraft, contagiousness, insanity).

2.3.1 就文化决定的针对癫痫的错误观念提供指导（如精神或宗教起源和巫术、传染性、精神错乱）。

2.3.2 Provide guidance regarding the avoidance of harmful practices (e.g., exposure to fire, blood-letting, scarification, exposure to hazardous substances).

2.3.2 提供有关避免有害行为（如接触）的指导（如火灾、放血、划痕、接触有害物质）

2.3.3 Educate people with epilepsy, their families and the public about the causes and frequency of epilepsy.

2.3.3 教育癫痫患者及其家属和公众关于病因和癫痫发作的频率

2.3.4 Demonstrate working knowledge and provide guidance regarding common measures to prevent epilepsy (e.g., latrines, pig farming and handwashing to prevent neurocysticercosis, safety belt or helmet to prevent traumatic brain

injury, prenatal care to prevent birth injuries, etc).

2.3.4 说明工作知识和提供预防癫痫的措施的指导（如注意厕所和养猪卫生，并洗手以预防脑寄生虫病，戴安全带和安全帽预防脑外伤，产前护理预防出生损伤等）

2.3.5 Educate people with epilepsy and their families about the disease specifics (e.g. prognosis, risk factors for seizure worsening, risk of death etc.).

2.3.5 教育癫痫患者及其家属了解疾病的具体情况（如预后、癫痫恶化的危险因素、死亡风险等）

2.3.6 Educate people with epilepsy and their families on serious consequences of epilepsy (e.g. accidents, injury and death, including sudden unexpected death in epilepsy (SUDEP)) and measures to decrease these risks.

2.3.6 对癫痫患者及其家属进行癫痫严重后果的教育（如事故、伤害和死亡，包括癫痫猝死（SUDEP））和降低这些风险的措施

2.4 Counsel women with epilepsy of childbearing age about the implications and management of epilepsy.

2.4 咨询育龄期癫痫妇女癫痫的影响和管理。

2.4.1 Provide guidance regarding contraception and interaction with antiseizure medications.

2.4.1 提供有关避孕和抗癫痫药物相互作用的指导

2.4.2 Provide guidance regarding pregnancy, including teratogenicity of the various antiseizure medications (e.g. valproate).

2.4.2 提供有关妊娠的指导，包括各种抗癫痫药物（如丙戊酸钠）的致畸性

2.4.3 Provide guidance regarding post-partum activities e.g. breastfeeding and child care.

2.4.3 为产后活动提供指导，例如母乳喂养和儿童保育

2.5 Demonstrate working knowledge regarding issues related to elderly with epilepsy (e.g., comorbidities and drug interactions).

2.5 说明与老年癫痫相关问题的工作知识（如共病和药物相互作用）

2.6 Provide counselling specific to children with epilepsy and their parents (e.g. lifestyle, cognitive function, parenting).

2.6 为癫痫儿童及其父母提供专门的咨询（如生活方式、认知功能、养育方式）

2.7 Communicate to patients and carers the diagnosis of non-epileptic events and the need for different treatment.

2.7 向患者和护理人员沟通非癫痫事件的诊断和不同治疗的需求

3.0 Pharmacological Treatment
3.0 药物治疗
3.1 Demonstrate working knowledge about common antiseizure medications.
3.1 说明常用抗癫痫药物的工作知识。

3.1.1 Demonstrate working knowledge regarding benefits and risks of antiseizure medication (e.g., common and serious adverse effects).

3.1.1 说明有关抗癫痫药物的益处和风险的工作知识（如常见和严重的不良反应）

3.1.2 Identify indications for common antiseizure medications according to seizure type.

3.1.2 根据发作类型确定常用抗癫痫药物的适应症

3.1.3 Demonstrate working knowledge about common interactions between antiseizure medications and other drugs (e.g. oral contraceptives, antibiotics, treatment of tuberculosis, human immunodeficiency virus, etc.).

3.1.3 说明抗癫痫药物和其他药物（如口服避孕药、抗生素、结核病治疗药物、抗人类免疫缺陷病毒药物等）之间常见相互作用的工作知识

3.1.4. Demonstrate working knowledge about the role and limitations of antiseizure medications' levels monitoring.
3.1.4 说明有关抗癫痫药物水平的监测的作用和缺陷的工作知识

3.2 Recommend appropriate therapy based on epilepsy presentation.
3.2 推荐根据癫痫表现的合理治疗

3.2.1 Recommend appropriate therapy according to seizure type.
3.2.1 推荐根据癫痫类型的合理治疗

3.2.2 Choose the appropriate antiseizure medication and dosage in elderly patients.
3.2.2 对老年患者选择合适的抗癫痫药物和剂量

3.2.3 Choose the appropriate antiseizure medication and dosage in children.
3.2.3 对儿童患者选择合适的抗癫痫药物和剂量

3.2.4 Choose the appropriate antiseizure medication and dosage in women who are in childbearing age or pregnant.
3.2.4 对育龄期或孕期的癫痫妇女选择合适的抗癫痫药物和剂量

3.2.5 Recommend individualized titrations of optimal dosing for patients including starting and discontinuing medication
3.2.5 为患者推荐最佳剂量的个体化滴定，包括开始和停止用药

3.2.6 Communicate information regarding the antiseizure drug regimen (e.g., long term treatment, what to do with missed dosages, what to do in the setting of diarrhoea and vomiting).
3.2.6 沟通有关抗癫痫药物方案的信息（如长期治疗、如何处理漏服、出现腹泻和呕吐怎么办）

3.2.7 Implement good practices on pharmacological treatment (e.g. monitoring adherence, scheduling, dosing).
3.2.7 实施药物治疗的良好实践（如监测依从性、计划、剂量）

3.3 Implement appropriate management strategies for the main causes of epilepsy according to local/regional setting (e.g. infective causes, metabolic, toxins, etc.).
3.3 对癫痫的主要病因根据当地/区域环境实施适当的管理策略（如感染原因、代谢、毒素等）

3.4 Identify patients who are drug resistant according to the current ILAE definition.
3.4 根据当前的 ILAE 定义确定耐药患者

3.5   Demonstrate knowledge of when patients are in remission.
3.5   说明何时可定义为患者病情缓解的知识

3.5.1 Advise patients about lifestyle issues and need for continued medication when they achieve remission.

3.5.1 在患者达到缓解时，建议他们注意生活方式问题，并在必要时继续用药

3.6   Demonstrate the ability to provide initial management of patients with uncontrolled seizures.
3.6   说明对发作控制不佳的癫痫患者提供初步管理的能力

3.6.1 Know how to manage common causes for breakthrough seizures.

3.6.1 了解如何处置癫痫发作的常见原因

3.6.2 Recognise when to reassess the diagnosis.

3.6.2 认识何时重新评估诊断

3.6.3 Know when revision of antiseizure medication regimen is needed, following the first trial (choice of medication, dosage, adherence, etc.).

3.6.3 在第一次试验（药物选择、剂量、依从性等）后，了解何时需要修改抗癫痫药物方案

4.0 Referral
4.0 转诊

4.1   Demonstrate working knowledge about management of patient referral to a higher level of care.
4.1   说明患者转诊至更高级别护理管理的工作知识。

4.1.1 Recognize when to refer (e.g. failure to control seizures, epilepsy with significant neurological abnormality, psychiatric or somatic comorbidity, genetic counseling, intellectual disability etc.).

4.1.1 确认何时转诊（如癫痫发作无法控制、癫痫伴有明显的神经系统异常、精神或躯体共病，遗传咨询、智力残疾等）

4.1.2 Know how to access information about referral options within the health care system.

4.1.2 了解如何获取医疗保健系统内转诊选项的信息

4.1.3 Know how to triage the referral (e.g., urgency, type of service, level of care) within the available health care system.

4.1.3 了解如何在可用的医疗保健系统内对转诊进行分类（如紧急程度、服务类型、护理水平）

4.1.4 Communicate appropriate referral information to a higher level of care.

4.1.4 将适当的转诊信息传达给更高级别的治疗

4.1.5 Communicate to the patient and caregivers the rationale for referral and the actions required.

4.1.5 向患者和护理人员沟通转诊的理由和需要采取的行动

5.0 Emergencies
5.0 紧急情况

5.1   Demonstrate the ability to implement emergency treatment plans for children and adults in and outside the hospital setting.
5.1   说明在医院内外实施儿童和成人紧急治疗计划的能力

5.1.1 Recognize the conditions or elements that constitute an emergency.

5.1.1 识别构成紧急情况的条件或要素

5.1.2 Implement emergency management for prolonged or sequential / clustered seizures .

5.1.2 对长时间或连续/簇状癫痫发作实施应急管理

5.1.3 Recognize that altered level of consciousness may be related to seizures and take appropriate action.

5.1.3 认识到意识水平的改变可能与癫痫发作有关，并采取适当的行动

5.1.4 Appropriately manage or advise regarding risk of or actual injuries.

5.1.4 对伤害或实际受伤的风险的适当管理或建议

5.1.5 Appropriately manage or advise regarding drug intoxication or adverse reactions.

5.1.5 对药物中毒或不良反应的适当管理或建议

5.1.6 Implement initial management for psychiatric emergencies (e.g. psychosis, self-harm, harm to others, agitation, suicidal ideation, etc.).

5.1.6 对精神性突发事件（如精神病、自残、伤害他人、躁动、自杀意念等）实施初步管理

5.1.7 Demonstrate working knowledge of local guidelines and resources for the management of emergencies.

5.1.7 说明当地应急管理指南和资源的工作知识

5.2   Demonstrate the ability to manage focal and generalized convulsive status epilepticus in children and adults.

5.2   说明儿童和成人局灶性和全身性惊厥性癫痫持续状态的管理能力

5.2.1 Implement emergency management (e.g., Airway Breathing Circulation, emergency first line drugs, laboratory work up, cardio-respiratory monitoring).

5.2.1 实施应急管理（如气道呼吸循环、急救一线药物、实验室检查、心肺监护等）

5.2.2 Recognize when to refer to a higher level of care.

5.2.2 认识到什么时候应该求助于更高级别的治疗

5.2.3 Recognize and manage common causes or precipitants of status epilepticus (e.g., non-adherence to medication, intoxication, metabolic and electrolyte disturbances, infection, etc.).

5.2.3 认识和管理癫痫持续状态的常见原因或诱因（例如，未遵守服药、中毒、代谢和电解质紊乱、感染等）

6.0 Comorbidities
6.0 共患病
6.1   Demonstrate the ability to recognize and provide initial management of common psychiatric comorbidities.

6.1   说明对常见精神病共病的识别和初步管理的能力

6.1.1 Recognize psychiatric comorbidities, such as depression, anxiety, psychosis , alcohol and substance abuse, suicidality, behavioural disorders.

6.1.1 识别精神病共病，如抑郁、焦虑、精神病、酒精和药物滥用、自杀、行为障碍

6.1.2 Institute initial management in accordance with WHO mhGAP, including

referral when appropriate.

6.1.2 根据 WHO mhGAP 进行初始管理，包括适当的转诊

6.2 Demonstrate the ability to recognize and provide initial management of common somatic multi-morbidities.

6.2 说明能够识别常见躯体多种共患病并提供初步治疗的能力

6.2.1 Recognize somatic multi-morbidities that are important in the management of people with epilepsy (e.g. diabetes, hypertension etc).

6.2.1 认识癫痫患者管理中重要的多种躯体共患病（如糖尿病、高血压等）

6.2.2 Institute appropriate initial management of multi-morbidities in individuals with epilepsy.

6.2.2 对癫痫患者的多种共患病进行适当的初始管理

6.2.3 Institute appropriate management of epilepsy in the presence of multi-morbidities.

6.2.3 在存在多种共患病的情况下，对癫痫进行适当的管理

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