

O1119 The health seeking behaviour of patients with encephalitis prior to hospitalisation: results from the ENCEPH-UK, a programme of inter-related studies in the UK

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Background: Late diagnosis and treatment of encephalitis is associated with poorer outcomes. Previous research has illustrated that there are delays in recognition of encephalitis as well as delays in treatment starting which are often related neuroimaging. ENCEPH UK, a NIHR funded programme of studies aimed to address some of these issues, to describe details the clinical features to aide the diagnosis of encephalitis and help predict its outcome.

Materials/methods: The ENCEPH-UK study is an NIHR funded programme for applied research with inter-related studies including a retrospective cohort building on the UK Health Protection Agency (now called Public Health England) Aetiology of Encephalitis in England study. In this study patients, with suspected encephalitis, were recruited over a two year period from 2005 to 2007. Potential cases of encephalitis were identified from 24 hospitals across three regions in England with predetermined inclusion and exclusion criteria. The same criteria were applied in the prospective cohort study, which, recruited adults from 30 hospital sites across the UK between 2012 and end of December 2015.

Results: Findings suggested some patients had multiple health care consultations prior to their ultimate hospitalisation. Autoimmune cases had the highest number of prior visits for example up to 11 different consultations whereas those with Herpes simplex virus encephalitis had fewer prior health care visits, on average two visits. The presenting symptoms correlated with the speed of admission with those patients experiencing seizures and flu like illness being hospitalised quicker, compared to those whose presentation was related to confusion or personality changes. These differences also highlighted variation in the health care costs prior to admission.

Conclusions: Previous work has established that there are delays in investigating and treating encephalitis in the hospital setting. Treatment delayed beyond 48 hours of admission have worse outcomes. To our knowledge no previous work has explored the presentations prior to hospitalisation and what the triggers are for referral to secondary care. Furthermore, it has not been established whether delays in getting into hospital in the first place have an impact on the speed of investigations and treatment and indeed on overall outcomes.