Disparities in treatment and outcomes of patients with epilepsy have been identified in several distinct patient populations. Racial and ethnic minorities are disproportionately affected with Black Americans reporting higher frequencies of seizures, hospitalizations and emergency room (ER) visits and lower antiepileptic drug (AED) adherence than whites according to the Centers for Disease Control and Prevention.

Epilepsy in general is more common in people of Hispanic background than in non-Hispanics. Some research suggests that this is due to higher risk of birth and head trauma, stroke and cysticercosis. Even though the incidence of epilepsy in Spanish-speaking adults is twice as high as any other demographic, they are mainly unaware of epilepsy. In a large-scale survey of 760 Spanish-speaking adults in 7 major metropolitan centers, researchers found that 21% report no awareness of epilepsy (Sirven, et al., 2005).

In addition, studies revealed that African American, Hispanic, and non-English-speaking patients underwent surgical treatment for epilepsy at rates significantly lower compared to white patients. Black Americans are more likely to develop epilepsy over a lifetime than white Americans and have higher seizure frequency and scores on the Beliefs about Medicine Questionnaire (BMQ) indicating a higher mistrust of medications.

The barriers that influence these outcomes may include (Nathan and Guitierrez 2013):

- Fear of treatment,
- Lack of access to care,
- Communication barriers,
- Low levels of education,
- Lack of trust between patient and physician, and
- Lack of social support.

For these reasons more patient, general and physician education is needed to help decrease these disparities.