Original Article

Psychological Distress Among Patients with Epilepsy

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ABSTRACT

Background: Epilepsy is a disorder of the brain characterized by recurrent seizures which are physical reactions to sudden, usually brief, too much electrical discharges in a group of brain cells. Psychological distress often accompanies epilepsy. It badly affects the disease and the treatment outcome. Whereas, familial social support is a positive factor. The objective of the present study was to see the difference of Psychological distress among the patients of Epilepsy; the comparisons on the variables of the study were made between gender, age, marital status, education, socio-economic status and type of Epilepsy. Materials and Methods: Sample comprised of 50 patients with epilepsy. These participants were divided into three subgroups according to their ages that are children, adolescence and adults. Patients were taken from hospitals Islamabad and Muzaffarabad (AJK). Results: The result showed that psychological distress is higher among male patients with generalized epilepsy and among those who are un-married, un-educated, having low socioeconomic status and lower familial social support. Conclusion: It can be concluded that psychological distress is common co morbidity in patients with epilepsy. During treatment, Counseling to the patients and the family can better help in coping with distress during their illness.

Key words: Generalized epilepsy, partial epilepsy, psychological distress, social support

INTRODUCTION

Epilepsy affects people in every country of the world. The prevalence of epilepsy in Pakistan is estimated to be 9.99 per 1000 population. The overall incidence of epilepsy in developed societies has been found to be around 50 cases per 100,000 persons per year. Approximately 160 million population of Pakistan has epilepsy. According to a survey conducted by the World Health Organization, about 50 million people worldwide have epilepsy, with almost 90% of these people being in developing countries. The highest prevalence is seen in males younger than 30 years and living in rural areas. However, it can occur at any age and at any time. Epilepsy is a treatable disease. Wrong perceptions of illness and deep-rooted cultural and religious beliefs have led to stigmatization, marginalization and negative treatment-seeking behavior and attitudes. The suffering is multiplied by problems in employment, marriage, education and lack of familial social support.

Studies showed that patients with epilepsy live with significantly higher levels of psychological distress. Sixty-seven percent of the people with epilepsy reported living with higher levels of psychological distress and, similarly, comorbidity of epilepsy with other psychological complications is very common. Comorbid psychiatric disorders that have been reported among persons with epilepsy, including anxiety, depression, attention-deficit disorder, psychosis and frequency of the seizures, increases. Psychological distress may be the strongest predictor of health-related quality of life, even including seizure frequency and severity, employment or driving status. Adolescents with
epilepsy reported a higher level of anxiety, depression and psychological distress as compared with adolescents without epilepsy. When these patients are not able to find a job due to this disease, worrying about finding employment probably causes even more severe stress. This may be why adults with epilepsy are at a greater risk of developing psychological problems. Social support is one of the predictors that helps patients cope with problems. Lack of social support and lower perceived adequacy of social support have been linked to poorer mental and physical health. Perceived aspects of social support are important for modulating depressive symptoms in chronic medical conditions, including epilepsy.

MATERIALS AND METHODS

The sample comprised of 100 diagnosed patients of epilepsy, divided into three subgroups (i.e., children, adolescents and adults). The participants were taken from different hospitals of Islamabad and Muzaffarabad. Both males and females were taken as participants. Demographic variables such as age, gender, socio-economic status, marital status, education, occupation and type and duration of illness were considered (demographic characteristics of the sample can be seen in Table 1). Those patients who were unable to communicate as well as comprehend the questions were not included in the research. The Kessler psychological distress Scale (K10) and the Multidimensional Scale of Perceived Social Support were used for data collection.

PROCEDURE

The participants were approached after taking permission from the respective hospitals and consent from the participants. Data were taken from the neurology and psychiatry departments of Pakistan Institute of Medical Sciences, Islamabad and Abbas Institute of Medical Sciences, Pakistan. The patients were given full information about the scales and questionnaires and the procedure of completing those questionnaires. Their queries were effectively handled. Patients were assured that their confidentiality will be maintained. They were briefed that the information they will provide will be only used for research purposes.

RESULTS

The results have been analyzed using Statistical package for social sciences. t-test and analysis of variance were applied to determine the difference in mean and standard deviation among the target population. The Table 1 shows that mean, SD and t-values for type of epilepsy on the Kessler Psychological Distress scale. The results in the Table show that male patients scored higher (M=29.7, SD=4.41) as compared with females (M=27.2, SD=8.77). Patients with generalized epilepsy scored higher (M=29.58, S.D=4.34) as compared with patients with partial epilepsy (M=26.57, SD=3.93). Uneducated scored higher (M=29.84, SD=4.35) as compared with educated patients (M=26.91, SD=4.00). Unmarried scored higher as compared with married patients.

Table 2 shows the mean, SD and F-values for ages on the Kessler Psychological Distress Scale. The results in the Table show that the adolescents score higher (M=29.60, SD=4.5) as compared with children (M=23.00, SD=1.0) and adult patients (M=28.4, SD=4.18). Patients with a lower socioeconomic status scored higher (M=29.69, SD=4.34) as compared with patients from the middle (M=28.30, SD=4.04) and upper socioeconomic status (M=24.71, SD=3.90).

Table 3: Mean and standard deviation difference between sub scale of multidimensional scale of perceived social support and gender (N=100)

| Social support           | Male (n=48) | Female (n=52) | t   | P   |
|-------------------------|------------|---------------|-----|-----|
| Social support of family | 12.70      | 17.69         | 4.05| 0.05|
| Social support of friends| 16.68      | 17.84         | 5.08| 0.66|

PDS - Psychological distress scale, df = 98

Table 3: Mean and standard deviation difference between sub scale of multidimensional scale of perceived social support and gender (N=100)

| Social support | Male (n=48) | Female (n=52) | t   | P   |
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The Table 3 also shows the mean, SD and t-values for gender on the social support subscales. The results in the table show that females receive more family and friends social support as compared with males. However, males receive more support from significant others as compared with females.

**DISCUSSION**

The results of the study indicated a higher prevalence of psychological distress in males as compared with the females. This can be because of the reason that males have more socioeconomic responsibilities as compared with females. Our culture also plays an important role in this, as it is believed that men have all the responsibilities as they are the bread earner of the family and they are supposed to be more strong and capable enough to bear all the burdens of the family. These social stressors result in more psychological distress in men as compared with women.

It is also noted that unmarried people are more likely to have psychological distress as compared with married people [Table 1]. This could be because of the reason that most people, especially in rural areas, consider epilepsy as insanity and, therefore, do not marry. The results also indicated a low prevalence of psychological distress in educated patients. As is evident from the previous researches[6] as well as present findings, educated patients have more awareness about the disease and have knowledge about the treatment as well, and so they have less psychological comorbidities. Psychological distress was also found to be higher in adolescents as compared with children and adults [Table 2]. The findings of this study also indicate a higher prevalence of psychological distress in patients with a lower socioeconomic status. As patients belonging to the lower class have less privileges of life, have unsupporting environment and unhealthy life styles, these people get more psychological distress as compared with people from the middle and upper class.

Social support plays a very important role in the life of patients, especially those having serious mental conditions. These mental conditions are those psychiatric comorbid conditions like psychosis, bipolar disorders and major depressive disorders etc., which adversely affect the quality of life of the patients having epilepsy. Because of these conditions, the patients need more social support from their families.[16] It was observed from the findings that female patients having epilepsy receive more familial social support as compared with men [Table 3]. This can be because females are more emotional as compared with males; thus, they might be able to share their feelings more freely and readily. By doing so, the females perceive having someone to talk to as having adequate social support. On the other hand, males are expected to live up to certain social expectations that have been set and that if they were to share their feelings, it would be deemed as a sign of weakness. Hence, males tend to perceive lower social support because they are more likely to feel that they have no one to express their feelings to. It can be concluded that perceived social support from family is more prevalent in females as compared with males. Females who are more likely to stay in the same clique and share personal talks are more likely to perceive higher social support as compared with male patients. The study had several limitations, such as: the data collection for this research was confined to a limited area and, therefore, the findings of this research cannot be applied to the whole population. Mostly, patients who belonged to rural areas had difficulty in communicating as well as sharing their experiences and feelings. In rural areas like villages in AJK, the patients do not have much awareness of the disease and therefore consider it as insanity rather than a disorder and do not come for treatment.

The findings of this study indicate that psychological distress is a common comorbidity in patients with epilepsy. It is advisable for health care professionals to assess the psychiatric and physical comorbidities among patients with a history of seizures potentially to improve patient health outcomes. The families of the patients having epilepsy should be given awareness and knowledge about this disorder and its related psychological comorbidities so that the patients could receive sufficient support from their families regardless of their gender.

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