

PSYCHOLOGICAL FEATURES AND QUALITY OF LIFE IN 50 ADULT EPILEPTIC PATIENTS AND THEIR CAREGIVERS FROM THE LECCO EPILEPSY CENTER

A. Salmaggi^a, A. Petruzzi^{a,b}, A. Rigamonti^a, C.Y. Finocchiaro^c, P. Borelli^a, E. Lamperti^b, A. Silvani^b, R. Regazzoni^a, L. Stanzani^a

^a Department of Neurosciences – Unit of Neurology – Stroke Unit, “A. Manzoni” Hospital, Lecco, Italy

^b Department of Neurology – Unit of Neurology II, Fondazione I.R.C.C.S. Istituto Neurologico “C. Besta”, Milan, Italy

^c Faculty of Psychology, Vita-Salute San Raffaele University – Milan, Italy

INTRODUCTION

Epilepsy is one of the most common neurological disorders which can impair physical, psychological and social functioning of patients, in that they may experience loss of control and independence, fear and depression¹. Such patients' impairment can negatively affect also caregivers' quality of life (QoL). Patients and caregivers have to face a social environment characterized by stigma. In Italy, to date, the majority of studies focus on psychological difficulties of epileptic patients, whereas the relationship between patients' and caregivers' psychological state has rarely been analyzed.

Thus, we sought to evaluate psychological state of epilepsy patients and their caregivers' one. We also assessed the existing relation between psychological features and some clinical and demographic information, such as number of antiepileptic drugs (AEDs), epilepsy duration and education level of patients and their caregivers.

MATERIALS AND METHODS

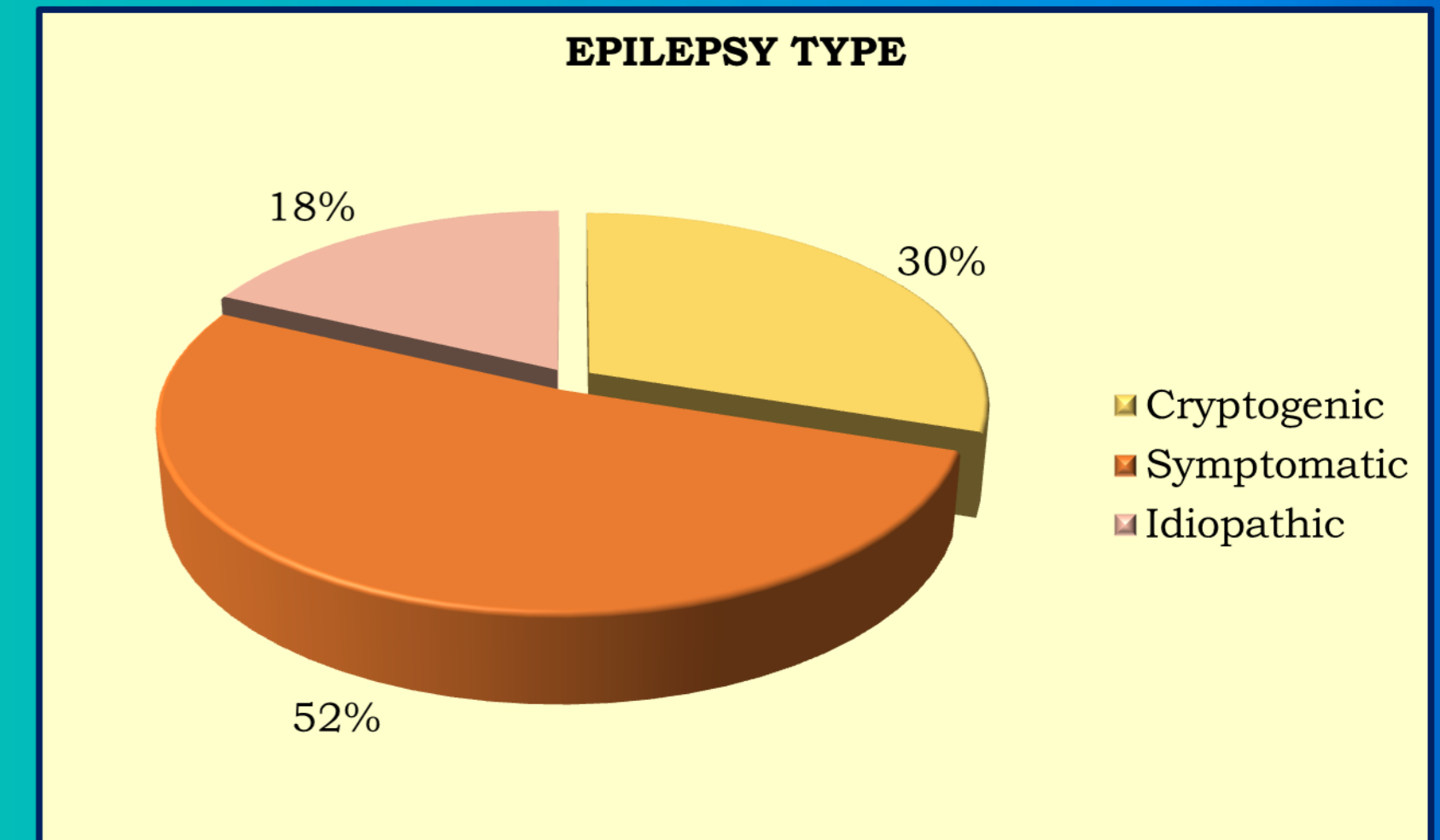
50 consecutive adult patients fulfilling inclusion criteria (age 18-80, absence of significant motor and cognitive deficits, absence of oncological disease, absence of their own caregiver) and attending the epilepsy clinic of “A. Manzoni” Hospital for a follow-up visit and their caregivers were involved in the study.

Mean age was 47 yrs. in patients and 55 in caregivers.

The most frequent diagnoses were cryptogenic and symptomatic epilepsy.

Both patients and caregivers were administered:

- Hospital Anxiety and Depression Scale;
- 36-Item Short-Form Health Survey.



RESULTS

Anxiety, depression and QoL values of both patients and their caregivers did not differ significantly from the normative sample. We did not find any statistically significant differences between patients' and caregivers' psychological features. Additionally, no statistically significant correlation was found between epilepsy duration and patients' and caregivers' psychological features.

Concerning number of AEDs, patients which took more than one drug reported lower values of “Vitality” ($p < .05$) and “Social Functioning” ($p < .05$) than their own caregivers.

We found that caregivers with higher education level presented lower “Vitality” values than caregivers with lower education level ($p < .05$). Finally, when we compared patients with pharmaco-resistant epilepsy (according to ILAE definition) with non-pharmaco-resistant ones, we found lower values of “Mental Health” in patients with pharmaco-resistant epilepsy ($p < .05$).

More than one drug (N=19)

SF-36 subscales	Mean patients sample	Mean caregiver sample	T-test
VITALITY	57.89	73.16	$p < .05$
SOCIAL FUNCTIONING	67.58	86.05	$p < .05$

Cryptogenic (N=15) vs. Symptomatic (N=26)

SF-36 subscale	Patients with cryptogenic epilepsy (Mean)	Patients with symptomatic epilepsy (Mean)	T-test
General Health	66	54.23	$p < .05$

CONCLUSION

In agreement with some of the available evidence from the literature², our caregivers of epileptic patients did not differ from normative values in psychological features and QoL. Similar data about caregivers have been reported by other groups and differ from those reported in other chronic neurological diseases³.

Patients also did not differ from general population, nevertheless the use of more than one AED negatively influenced patients' vitality level and their normal social activities. Similar impairment appeared in mental health levels of patients with pharmaco-resistant epilepsy.

The available literature on epilepsy patients is in agreement with a decrease in QoL, but there is a conflict related to patients with well-controlled epilepsy, in that some researches reported that in these patients QoL is similar to that of healthy persons⁴, other studies showed instead that these patients have higher rates of depression than the general population⁵.

Although absent impact of epilepsy on psychological state both in adult patients and their own caregivers may partly be accounted for by the absence of severe cases in this study, this also suggests that stigma is not relevant in this context, thereby underlining the multidimensional nature of such construct.

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