There are many exigencies or internal/external demands that overburden an individual’s personal resources. Dealing with these stressful situations demands cognitive and behavioural efforts that may or may not be efficient. A chronic disease such as epilepsy can be an important stress factor, and inability to deal with the condition can bring psychological difficulties and emotional discomfort.

Epilepsy is chronic disease and needs long term management because most seizures occur without warning. Many clients spend their lives anticipating inappropriate behaviour, embarrassment and self injury. Clients with epilepsy often have a poor self-image, feelings of inferiority, self-consciousness, guilt, anger, depression and other emotional problems. Support groups and psychoeducation can be very helpful.

A person with epilepsy has spontaneous recurring seizures caused by a chronic underlying condition. It is estimated that there are approximately 55,00,000 persons with epilepsy in India. In the United States it is estimated that approximately 2.7 million people suffer from active epilepsy, with 200,000 new cases being diagnosed each year. The prevalence of epilepsy in Canada is 5.2 to 5.6 per 1000 persons, and generally 5 to 10 per 1000 persons in other developed countries.

The investigator during her clinical experience observed that living with epilepsy causes lot of stress and strain on client as well as his or her care givers. Adaptation to demanded change due to this illness becomes a matter of great concern. Parents become very apprehensive and are helpless at the sight of a child suffering from convulsion. They might conceal the diagnosis, feel embarrassed and guilty, may have erratic mood changes, will get fed up to continue long term medication; missing the appointments with physician is quite common. “Why me?” is the bothersome and unanswered question which disturbs their life.

Caregivers are under constant tension about their child’s future, worried about their education, financial independence, marriage and social acceptance. This results either in neglect or over-protection. “Who will take care after me?” adds to their agony. These emotional concerns raise the anxiety and depression in the caregivers which can get transmitted to the clients with epilepsy to the extent that their quality of life is adversely affected.

**Objectives**

- To assess the levels of anxiety and depression in epileptic clients.
- To find out the association between (a) anxiety and selected socio-demographic variables, and (b) depression and selected socio-demographic variables.
- To prepare comprehensive self care information booklet to help clients with epilepsy.

**Review of literature**

*Section I: Studies related to epilepsy*

Lewis, et al (2007) reported that the incidence of epilepsy is high during the first year of life, declines through childhood and adolescence, plateaus in middle age, and rises sharply again among the elderly. The population with the highest prevalence of new onset epilepsy is those...
over the age of 60. About 450,000 children ages 15 and younger develop epilepsy each year, of these, 315,000 are school-aged children. Children and adolescents are more likely to have epilepsy of unknown or genetic origin.

History shows that fear and superstition surrounding epilepsy dates back to ancient times, when people believed that seizures were caused by demonic possession. Still today, despite progress made in public education, misconceptions continue to influence societal attitudes and behaviour towards people with epilepsy. Misconceptions about epilepsy persist in many countries. These may range from the idea that people with epilepsy are incapable of living normal productive lives, to the belief that they are under the influence of supernatural powers.

Xinjun et al (2008) investigated associations between hospitalisation for epilepsy and (a) socio-economic status and (b) occupation. A total of 22,638 men and 16,871 women over 30 years were hospitalised for epilepsy during the study period. Low education and low income (both men and women) and being an unskilled/skilled worker (only men) were associated with slightly but significantly increased risks. Among men, increased risk was noted for waiters, launderers and dry cleaners, clerical workers, other construction workers, sales agents and drivers. Among women, increased risk was observed among cooks & stewards and administrators & managers. The study shows that socioeconomic status and occupation sometimes carry significantly increased risks of hospital admission for epilepsy.

Section II: Studies related to anxiety and depression in epilepsy

Yousafrazi & Taj (2009) conducted a study on the frequency of depression in epileptic patients coming to neurology clinic of tertiary care hospital and also to find an association of clinical and demographic variables of epileptic patients with depression. Depression was diagnosed using semi structured interview based on ICD-10. Out of total 100 patients 55 percent were males, 47 percent married and mean age of patients 25.5±4.34 years. About 60 percent patients were found depressed at the time of interview. Male patients, being married and coming from low socioeconomic stratum were significantly associated with depression. Depression was found to be highly prevalent psychiatric morbidity in epileptic patients. Men, married status, uncontrolled epilepsy and low socioeconomic group were more prone to have depression.

Lonev et al (2008) assessed children presenting with a first seizure (aged 7-17 years). These patients completed the Revised Child Manifest Anxiety Scale (n = 22) and Children’s Depression Inventory (n = 20). Scores were compared with: (a) published norms, and (b) control patients with new medical signs. Compared with the published norms, children reported greater total anxiety, worry/oversensitivity, and social concerns/concentration. However, compared with the control patients, no difference was seen between groups. Total Children’s Depression Inventory scores were higher than for published norms and control patients. Children with a first seizure reported greater interpersonal problems, ineffectiveness, and negative self-esteem than published norms, and increased negative mood, ineffectiveness, anhedonia, and negative self-esteem than control patients.

Stefanello et al (April 2010) found epilepsy to be associated with increased risk of suicide. The study was conducted to evaluate the frequency of suicidal behaviour in people with epilepsy and to identify characteristics that are associated with suicidal ideation in epilepsy. In 139 of 171 people with epilepsy the frequencies of suicidal thoughts, plans, and attempts during lifetime were 36.7, 18.2 and 12.1 percent, respectively. The conditions which were strongly associated with suicidal thoughts were anxiety, depression and two or more standardised psychiatric diagnosis in epileptic clients.

Conceptual Framework: conceptual framework used in this study is based on the Betty Neuman’s system model.

Methodology

The research design of the study was cross-sectional. Purposive non-probability sampling technique was used. The sample included 60 subjects.

Inclusive criteria: Clients diagnosed with epilepsy, aged 15-74 years, visiting OPD of selected private hospital, those able to read, write or understand English or Marathi, those willing to participate in the study, were included.

The tool utilised for data collection included two sections i.e. demographic variables and standardised Anxiety-Depression Scale. The tool was validated by 15 experts.

Reliability - Spilt half method was used to calculate reliability. The reliability coefficient was found to be significant i.e. 0.75 for Anxiety scale and 0.79 for Depression scale.

Data Collection - The semi structured interview technique was used for data collection. Descriptive and inferential statistics was used in the form of SPSS 10 software for processing and analysis of gathered data.
Results

The findings of the study with reference to the objectives of the study were as follows:

Total Anxiety score and Total Depression score:

24 (40%) subjects having Anxiety of which -

- 12 (50%) subjects showed Borderline abnormal Anxiety score (8 – 10).
- 12 (50%) subjects showed Abnormal Anxiety score (11 – 21).
- 36 (60%) subjects did not show anxiety.

9 (15%) subjects were having Depression of which –

- 7 (77.78%) subjects showed Borderline Abnormal Depression score (8 – 10).
- 2 (22.22%) subjects showed Abnormal Depression score (11 – 21).
- 51 (85%) subjects did not show Depression.

Anxiety: OR = 18.33  95% CI: 4.33 – 77.55

Depression: OR = 3.65  95% CI: 0.83 – 15.69

Aaffected work present showed a risk of having anxiety 18.33 times and depression 3.65 times than that of subjects whose work was not affected due to epilepsy.

Discussion

As per study done by Kendurkar et al (2004) out of 120 patients of epilepsy assessed, 68 (56.7%) were found to be suffering from depression. The various subtypes of epilepsy did not differ significantly on diagnostic subtypes of depression, symptoms constellation, and severity and in terms of patients suffering from depression than those without it. Depression was found to be associated with duration of epilepsy (more than 3 years). Depression was not significantly related to demographic variables and type of treatment for epilepsy.

Case-control survey was performed by Nubukpo et al. (2004) in 196 persons above 18 years to assess prevalence of anxiety and depression among epileptic patients and to compare it with control population in Republic of Benin (West Africa), using Goldberg’s Depression and Anxiety Scale. Results confirm that anxiety and depression are common troubles found in epileptic patient, both often occurring at the same time. Epileptic patients displayed a severe anxiety (79.8%) and a severe depression (89.6%) than in control subjects (12.3% and 46.9%). Neither the sex, nor age, nor life environment (urban/rural), nor frequency of fits hold significant influence over anxiety and depression.

Attarian et al showed that achieving a seizure-free state of at least 6 months’ duration did not protect patients from developing a depressive disorder, and seizure frequency did not correlate with the severity of depression.

Quality of Life in Epilepsy-89 instrument (QOLIE-89), failed to find any correlation between the monthly seizure frequency, type and the QOL in epilepsy.

Lehrner et al. investigated 56 consecutive patients from Germany with temporal lobe epilepsy and found that depression was the single strongest predictor for each domain of health-related quality of life, even after controlling for seizure frequency, seizure severity and other psychosocial variables.

Nurses play a vital role in caring for clients with epilepsy in outpatient as well as inpatient settings. We need to keep in mind psychosocial aspect of epilepsy and have to assess the anxiety and depression level in clients with epilepsy. Nurses can plan the care in holistic approach for clients with epilepsy.

Nursing Implications

Nursing practice and services: It includes promotive,
preventive and rehabilitative services. Nurses play an important role in lending supportive and educative care to the clients with epilepsy using different methods of teaching in the hospital and community. Nurses can assess the effective adaptation of client to modified lifestyle.

Nursing Education: Nurse Educator can help students understand regarding the various psychological aspects of disease condition like Epilepsy.

Nursing Administration: The nurse administrator can plan for continuing education programmes for the nurses working in medical, neurology and psychiatric units and apprise them of Anxiety and Depression in epileptic client and their impact on quality of life of client with epilepsy.

Nursing Research: The findings of the study give base for future descriptive, quasi experimental and experimental studies in the same field and collateral studies to build a wider base of nursing knowledge and evidence.

Conclusion

There is a significant level of anxiety and depression in clients with epilepsy. Keeping in mind the above aspects, investigator has prepared a comprehensive self-care information booklet to guide clients with epilepsy and their care giver.

Recommendations

- Another study by using larger sample in different setting to confirm these study findings is recommended.
- A study can be conducted to assess the effectiveness of comprehensive self care booklet on levels of anxiety and depression in clients with epilepsy.
- A comparative study can be done to assess the effectiveness of meditation on anxiety / depression level in epileptic patients with control and experimental group.

References


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Guidelines for Authors

The Nursing Journal of India (NJI) invites contributions for publication including research articles, short reports, review articles, opinions and any other material that may be relevant related to Nursing Practice, Management, Education or Training.

The articles should follow the following sequence: Title; Name(s) of author(s) with designation; Complete address for correspondence; Abstract (in research articles); Introduction or background; Literature Review (in short); Methodology; Results and Discussion; Conclusion; References - recent references (5-10) should be used. Ideally, the articles should be 1500 to 2000 words long. Illustrations, diagrams, photographs should be preferably in black and white; if in colour, these should have good reproducibility.

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