

Epilepsy in general practice: patients' psychological symptoms and their perception of stigma

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Introduction and methods

LIFE events and difficulties without sufficient support put patients at increased risk of depression, and women are usually two or three times more at risk than men.¹ The experience of epilepsy and the label itself have negative consequences, and previous research has suggested a negative impact in terms of expected social roles on men in particular.^{2,3} Chaplin *et al*⁴ described a group of recently diagnosed patients, and found that the frequency of seizures and how recent these were also related to adverse psychosocial consequences. Jacoby⁵ described patients who had no recent seizures and were candidates for a trial of drug withdrawal. She found that their psychosocial functioning was high, and only 14% reported the perception that they were stigmatized. We aimed to assess the psychological state and felt stigma of men and women over 15 years with active epilepsy in six general practices.

The methods have been described previously.⁶ The patients were sent a composite questionnaire, which included questions about the frequency of seizures, the Hospital Anxiety and Depression Scale (HAD scale),⁷ and a measure of perceived stigma which was adapted and used by Jacoby.⁵ The HAD scale was scored in the way described by Zigmond & Snaith.⁷ They found that scores on either of the anxiety or depression sub-scales of 8 or more were likely to indicate borderline or definite anxiety or depression. Felt stigma was defined by Jacoby as one or more positive responses to three questions asking patients whether other people were uncomfortable with them, treated them as inferior, and preferred to avoid them. Data were not available for all characteristics of all patients, so the relevant denominator is provided. Proportions were compared using the chi-squared test. Multiple logistic regression was used to calculate adjusted odds ratios.

Results

Out of 283 patients, 251 (89%) returned completed questionnaires: their mean age was 51 (range 17–90) years; 54% were men. Seventy-nine out of 247 patients (32%) reported that they had experienced one or more epileptic attacks in the previous 6

months. We analysed age, sex and the patients' reports of an attack of epilepsy in relation to psychosocial well-being in terms of the likelihood of having: (1) an anxiety score of 8 or more; (2) a depression score of 8 or more; and (3) a stigma score of 1 or more. Patients were divided into three groups aged 16–39, 40–59, and 60 years or more. Patients of 40 years or more versus those under 40 were significantly more likely to have depression scores of 8 or more (20% versus 5%). Patients less than 60 years versus those of 60 or more were more likely to have a stigma score of 1 or more (30% versus 10%). There was no significant association between sex and any of the outcomes — namely, perception of stigma, and symptoms of anxiety or depression — with 16% of the men and 15% of the women having depression scores of 8 or more.

The relationship between a recent epileptic attack and outcomes is shown in Table 1. As these psychosocial factors are likely to be interrelated, a logistic regression procedure was undertaken and the relative odds calculated after adjustment for other variables which included age, anxiety score, depression score and the perception of stigma. For the group who reported an epileptic attack in the previous 6 months, compared to the group without them, the adjusted relative odds for anxiety was 1.2 (95% confidence interval 0.6–2.6; $P = 0.66$), for depression it was 3.0 (95% CI 1.2–7.9; $P = 0.02$), and for perceived stigma it was 3.0 (95% CI 1.4–6.2; $P < 0.01$).

Discussion

In this study, we found that, compared to patients who reported no epileptic attacks in the prior 6 months, patients who reported one or more attacks had a three times greater chance of having symptoms predictive of depression or borderline depression. Patients who reported no epileptic attack in the previous 6 months were no more likely to perceive themselves as stigmatized than the patients studied by Jacoby who had had no seizures for 2 years or more,⁵ but those who reported epileptic attacks in the prior 6 months had a three times greater chance of feeling stigmatized. Whereas men are usually two or three times less likely than women to have high depression scores, in this study, men with epilepsy did not differ from women in terms of likelihood of depression. Patients who report epileptic attacks in the previous 6 months are at greater risk of depressive symptoms

Table 1. The relationship between one or more epileptic attack in the previous 6 months, and anxiety, depression and stigma scores.

	Epileptic attack in previous 6 months?	
	Yes	No
	Rate (%)	Rate (%)
Anxiety score		
8 or more	36/77 (47)	36/159 (23)
Depression score		
8 or more	21/76 (28)	15/163 (9)
Stigma score 1 or more	32/76 (42)	22/160 (14)

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and felt stigma. These patients may gain from more frequent monitoring and advice with the aim of better seizure control and providing psychosocial support.

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