



Quality of Life in Epileptic Out-patients at Srinagarind Hospital

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Background

Epilepsy is a common neurological disorder and poses substantial burdens on physical and mental health.

Patients had some psychosocial difficulties such as limiting employment, educational opportunities, and interpersonal relationships. Moreover, anticonvulsants' side effects, lifestyle restrictions and perceived stigmatization affect behavioral functioning and can increase the risk for death.

Health-care providers should screen epilepsy patients for cognitive, emotional, and physical health problems that might negatively affect quality of life.

Objective

To survey the quality of life in Thai epileptic patients.

Subjects and Methods

This study was a hospital based survey at the out-patient clinic at Srinagarind Hospital during January 1, 2005 to March 31, 2005.

Thai patients aged ≥ 15 years with epilepsy according to the ICD-10 diagnostic criteria.

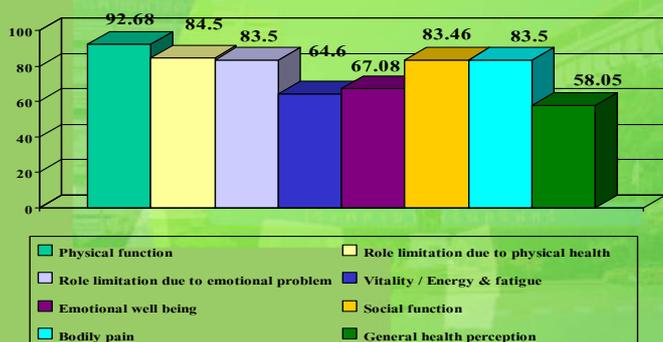
Quality of life measured by the Thai version of the medical outcome study 36 items short form health survey (SF-36).

Data analysis was done with descriptive statistic and scoring method for SF-36

Results

Of 100 epileptic patients recruited, 52 % was male, 59% was married, 59% low education, 47% unemployed, 59 % having total income less than 10,000 Baht per month, aged ranges from 16 – 76 years old with mean age was 37.23 yrs. The mean age of first seizure episode was 28.71 years. The most common type was generalized tonic-clonic seizure (49%), seizure frequency was less than 12 times/year (53%) and used Phenytoin and Sodium Valproate as the anticonvulsants (51% and 42% in sequentially).

From the SF-36 results found that epileptic patients had lower level of general health perception (mean score =58.05, SD =25.1), lesser vitality (mean score = 64.6, SD =22.4) and more depressive and anxiety symptoms (mean score = 67.1, SD =20.2). However, epileptic patients still preserved physical functioning (mean score = 92.7, SD =14.8), less bodily pain (mean score = 83.5, SD =22.4), little affect on role limitations and social functioning. (Figure1)



Discussion

Our findings suggest that the quality of life in Thai epileptic patients might be substantially affected by the presence of depressive and anxiety symptoms. This mood state might influence the general health perception, role limitation and social functioning.

This result is similar as previous studies (Mrabet et al, 2004; Baker et al, 2005; Meldolesi et al, 2006; Tracy et al, 2006) (Table 1).

However, Thai epileptic patients had higher score in role limitation, bodily pain and social functioning than others. The reasons may explain by the socio-cultural difference that Thai-Isan lifestyle is flexible, helping and taking care of sick people. Epileptic patients are permitted to be dependence and under controlled, so they did not distress with role limitation and social functioning.

Domain	Mean (SD)		
	Tunisian	Iran	Thai
1. Physical function	85.5	85.9	92.67(14.83)
2. Role limitation due to physical problem	60.2	75	84.50(32.71)
3. Bodily pain	70.37	57.7	83.50(22.44)
4. General health	55.6	59.8	58.05(25.12)
5. Vitality	59.1	61.4	64.59(22.40)
6. Social functioning	74.67	77.6	83.45(23.54)
7. Role limitation due to emotional problem	55	68.8	83.50(33.79)
8. Mental health	55	59.4	67.08(20.15)

Conclusion

Epileptic patients have many problems include low education, unemployment, low incomes and dependency. Epilepsy affected to emotional well-being and vitality. Qualities of life in epileptic patients are decreased due to more emotional distress than physical limitation.

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