

Anxiety and Depression in Caregivers of Adult Patients With Epilepsy

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Abstract

Introduction: Epilepsy is one of the most common neurological disorders, with the prevalence rate of being second only to stroke. The abrupt and repetitive nature of seizures can lead to many serious psychological problems, including stigma and patients with epilepsy (PWE) sometimes conceal their condition from their neighbors, relatives and even families, which can cause feelings of isolation and self-abasement. Seizures impact upon PWE in various ways, restrictions from driving, worries of seizure onset in public settings, low marriage rates, low education levels and low participation rates in entertainment activities. Depression and anxiety are the most common psychological comorbidities in PWE. Psychological comorbidity in PWE relating to depression has prevalence of 12-50% and for anxiety a prevalence of 4.3-52.1%. Recently the psychological status in caregivers of patients with chronic disease has been receiving increasing attention. Previous studies have shown that caregivers of PWE are at high risks of experiencing depression and anxiety comorbidity, even reaching up to 50%, and 58% respectively.

Materials and methods: 99 patients with epilepsy and their care givers who attended the Dept. of Psychiatry, Maharajahs Institute of Medical sciences, Nellimarla, Vizianagaram, and Andhra Pradesh over period of 2 months were enrolled. This is a cross sectional study. After taking informed consent, a semi structured interview was conducted for patients and their caregivers. Anxiety and depression were assessed using HAM-A and HAM-D respectively for caregivers.

Results: Among 99 patients, 45 are male and 54 are females. Among the caregivers, spouses are 47 and parents 52. The mean HAM-A score among caregivers is 15.11 (standard deviation: 4.5) with 46% having mild anxiety, 50% having moderate anxiety and 1% having severe anxiety. The mean HAM – D score is 15.44 (standard deviation: 7.8) with 12% having mild depression, 2% having moderate depression and 55% having severe depression.

Conclusion: Caregivers of patients with epilepsy are seen with an increased risk of anxiety and depression. This affects the care of the patients with epilepsy. Hence identifying the anxiety and depression in caregivers and appropriately managing them is important to improve the quality life in patients with epilepsy.

Key Words: Quality of life, Epilepsy, Depression, Anxiety, care giver burden.

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I. Introduction

Epilepsy is a major health problem worldwide ^{1,2} because it imposes a degree of burden on the individuals who have it and also because these individuals' suffering and disabilities affect their family and their society. Depression and anxiety are the most common psychological comorbidities in persons with epilepsy. Psychological comorbidity in the patients relating to depression has a prevalence of 12–50%, and for anxiety a prevalence of 4.3 – 52.1%. Recently, the psychological status in caregivers of patients with chronic disease has been receiving increasing attention. According to the World Health Organization (WHO), the primary caregiver is the person in the patient setting who voluntarily assumes the role of caregiver in a broad sense and is willing to make decisions for the patient and to cover the patient's basic needs directly or indirectly. Through the simple act of caring and being responsible for another person, caregivers may come to experience a degree of burden, which is defined as a multifactorial construct that includes emotional, psychological, physical, and financial aspects along with related feelings such as shame, grief, anger, and guilt. The level of burden is classified as either objective (which refers to changes in the routines of the home, family, social relationships, work, free time, or physical health) or subjective (which consists of fatigue, including impact on mental health). The caregivers of patients with epilepsy are often parents, spouses, family members, or friends of the patient, and

they are often referred to as “forgotten patients” because they experience emotional problems such as anxiety, depression, loneliness, frustration, anger, isolation, fear, and concerns about care. A literature review revealed that the presence of epilepsy in the family causes mental disorders and negative changes in family dynamics, in which the family of a person with epilepsy experiences a significant level of stress. This chronic stress and daily hassles cause profound objective and subjective burden for caregivers of relatives with severe mental illness. Research has shown psychological distress such as anxiety, depression and insomnia among caregivers of psychiatric out-patients to be twice as high as in the general population. Previous studies have shown that caregivers are at high risks of experiencing depression and anxiety comorbidity, even reaching up to 50%, and 58%, respectively. Studies have shown that about 50% of mothers with children with epilepsy are prone to depression and anxiety; the consequences of epilepsy and the occurrence of mental disorders, including anxiety, create a significant emotional burden for caregivers. In addition, there is misinformation about and a poor understanding of epilepsy in primary care settings, which result in significant stress for both patients with epilepsy and their families. Nurses are also in a unique position to interact with individuals and family members¹³ so that they can provide the necessary knowledge, skills, and support caregivers need in order to maintain quality of care at home. However, family caregivers need more and better access to appropriate resources, such as knowledge, to improve their understanding of care giving and assistance of their family members, better self-management skills to strengthen their self-efficacy levels for better adaptation, and most importantly, the support of doctors, nurses, rehabilitation experts, and social workers.

II. Materials And Methods

This cross sectional study was carried out on adult patients and their caregivers of in the department of neurology OPD at KGH hospital ,Visakhapatnam from August 2019 to September 2019. A total of 99 patients and their care givers of aged >18 years were taken in this study

Study Design: cross sectional study

Study Location: This was a government general hospital based study done in department of Psychiatry, Maharajahs Institute of Medical sciences, Nellimarla, Vizianagaram, and Andhra Pradesh.

Study Duration: August 2019 to September 2019.

Sample size: 99 patients.

Inclusion criteria:

1. Patients with epilepsy aged >18 years
2. Caregivers of patients with epilepsy aged >18 years .

Exclusion criteria:

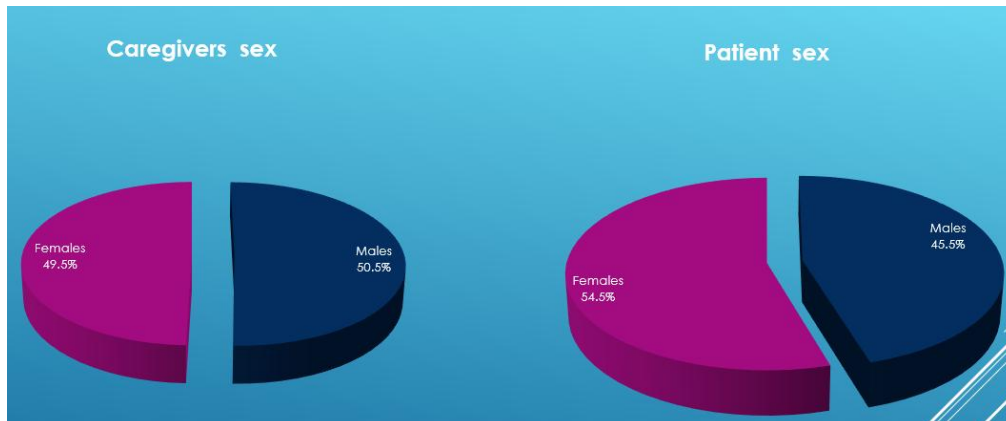
1. Patients and Caregivers unwilling to participate in the study
2. Participants aged < 18 years

III. Results

Among 99 patients, 45 are males and 54 are females. Among the caregivers, spouses are 47 and parents 52.

The mean HAM-A score among caregivers is 15.11 (standard deviation: 4.5) with 46% having mild anxiety, 50% having moderate anxiety and 1% having severe anxiety.

The mean HAM-D score is 15.44 (standard deviation: 7.8) with 12% having mild depression, 2% having moderate depression and 55% having severe depression.



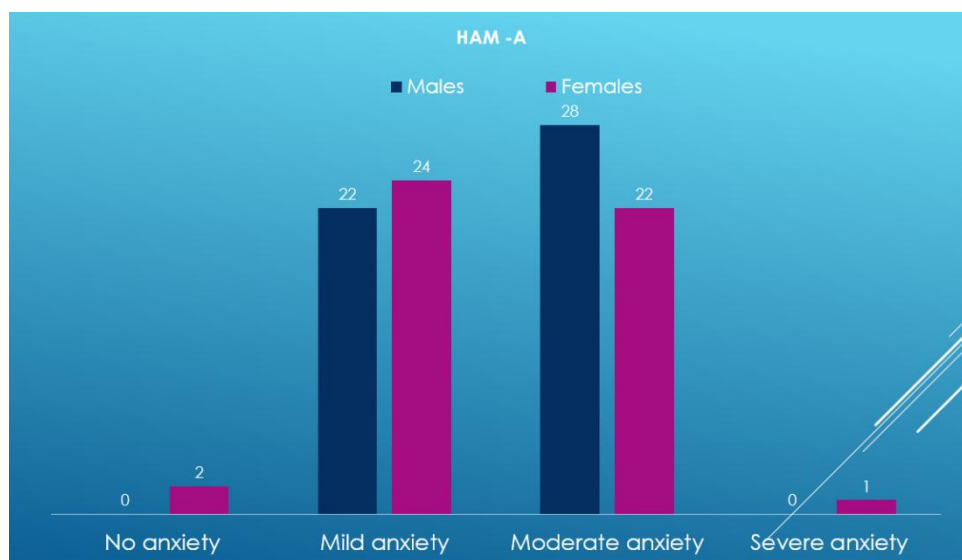
	Patient age	Caregiver age	HAM A	HAM D
Mean	42.72	44.29	15.11	15.44
Std. Deviation	13.928	13.304	4.576	7.881

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Gender	Patient gender		Caregiver gender	
	Frequency	Percent	Frequency	Percent
Males	45	45.5	50	50.5
Females	54	54.5	49	49.5
Total	99	100.0	99	100.0

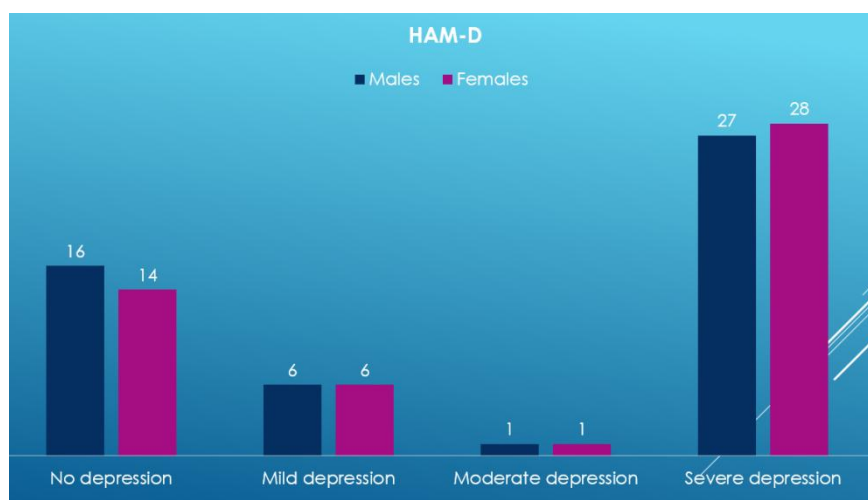
HAM A scoring distribution

	Males	Females	Total
No anxiety	0	2	2
Mild anxiety	22	24	46
Moderate Anxiety	28	22	50
Severe anxiety	0	1	1
Total	50	49	99



HAMD scoring distribution

	Males	Females	Total
No depression	16	14	30
Mild depression	6	6	12
Moderate Depression	1	1	2
Severe depression	27	28	55
Total	50	49	99



IV. Discussion

The current study focuses on the prevalence of caregiver burden especially depression and anxiety. This study emphasises that caregiver depression and anxiety needs as much focus as patients with epilepsy because of the higher prevalence rates found in this study, compared to the literature. According to a study by Xue-rui Zhu et al¹⁵ study 41 (31.30%) individuals and 44 (33.59%) individuals out of 131 patients were diagnosed with anxiety and depression. These values are lower when compared to that of the present study where 97.9% were suffering from anxiety and 69.6% were suffering from depressive symptoms. In the same study, on HAM A, 18% had mild anxiety, 10% had moderate anxiety, 11% had severe anxiety. These values are also lower when compared to the present study in 99 patients showing 46% mild anxiety, 50% moderate anxiety and 1% severe anxiety. Similarly scores on HAM D in Xue-rui Zhu et al study shows 30% mild depression 12% moderate depression and 2% severe depression, when compared to present study which showed values of 12% mild depression, 2% moderate depression and 55% severe depression. Another study by Anitha Jeyagurunathan et al, a study in 350 patients had results of 12.7% anxiety and 18.3% depression which are lower than the present study. The wide disparity in the results might be because the current study was done in a tertiary hospital leading to the variations in results. As the family has a vital role in supporting the patient through a chronic illness, it is important to take care of the caregivers' health also. When family members' needs are not attended to or met, significant conflict occurs. Thus family centered care needs to be focused as it incorporates the family as a team member in the healing process.

V. Conclusion

Caregivers of patients with epilepsy are seen with an increased risk of anxiety and depression. This affects the care of the patients with epilepsy. Hence identifying the anxiety and depression in care givers and appropriately managing them is important to improve the quality of life in patients with epilepsy.

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