

Parental Anxiety in Childhood Epilepsy

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Abstract

Introduction: *Epilepsy is chronic frequent neurological illness in which the patient experiences the unpredicted seizures. These seizures occur abruptly. Many factors like the perception of disease, management of seizures and severity of the epilepsy leave the social, emotional and psychological impacts on parents and family. The impacts of emotional and psychological consequences can be rated by using Hamilton anxiety rating scale.*

The common and major symptoms of epilepsy include fits, seizures, which are different in different individuals. These are most common in children. Epilepsy cannot be prevented but it can be managed wisely with medicines and other plans of management.

Material and methods: *An observational descriptive cross-sectional study was conducted in the children's hospital and institute of child health Lahore. A total 152 guardians were included from the outpatient department of the hospital. International standardized anxiety questionnaire was used to rate the anxiety level of care takers.*

Results: *Parents rated their anxiety level according to the Hamilton anxiety scale. Anxious mood was moderate 62% to severe 31%, Tension with symptoms was moderate 50% to severe 45%, Fear of letting the child alone was severe 39% to very severe 46% among the parents, Insomnia was severe 46% to very severe 50%, poor concentration on other children was rated moderate 51% to severe 40%. Depressed mood was found moderate 40% and severe 44%, somatic motor issues were mild 54% to moderate 42% like pain and tiredness of mothers, whereas somatic sensory symptoms like Hot and cold flushes were seen mild 59%*

to moderate 40%, cardiovascular symptoms like Tachycardia and palpitations were found mild 50% to moderate 48%, Many couples felt reluctant in describing the genitourinary issues rated as not present as 77% to mild 15%, restlessness and anxiety was seen in participants to mild and moderate level while giving interview.

Conclusion: *Epilepsy impacts are not confined to the child who is having seizures, but has effects on all the family members. As mothers are the primary care- takers, so they are especially prone for having more anxiety symptoms and risk for clinical tension and depression. About 50% of epileptic child mothers are prone to clinical anxiety and depression.*

Keywords: Parental Anxiety, Childhood Epilepsy

INTRODUCTION:

Epilepsy is a neurological abnormality in which a patient experiences recurrent fits or seizures. These are unpredicted seizures or fits. A fit/seizure happens abruptly and disorderly push of electrical impulses in the area of brain. This activity may disturb the sensory motor and mental functions. Here are two major types of seizures depending on what portion of the brain is effected and involved. First type is generalized seizures that usually effects on whole and all parts are involved. Second type is partial seizures or focal that usually affects just one or few parts of the brain. A mild natured seizure is unpredictable and may be difficult to recognize it because it goes for few moments during which may go unrecognized. Moderate or severe seizures may cause spasm of the body and uncontrollable muscle twitching, which lasts from moments to few minutes. About sixty five million people are affected with epilepsy in the world. New diagnosed cases each year are 150,000. In the developed countries like USA it affects about three million to four million people. Children with intellectual disabilities have 25 to 30% chances of getting epilepsy. Among them 40 to 70% people have depression and anxiety as well. There are about 500 genes which are associated with epilepsy. 1% people get epilepsy before the age of 20. Sudden un-described deaths affects about 1% of epileptic people. It is the widely occurring critical chronic disease in children. It has been considered that 1 out of 150

children have epileptic seizures. The global prevalence of pediatric epilepsy is taken as 5 to 10 cases/1000 persons. Highest prevalence is revealed in younger people of age less than 30. The purpose of the study is to assess the prevalence of anxiety level in the family members of the epileptic child. This study will be helpful in public health professionals, doctors, nurses, other health professionals and future researchers.

MATERIAL AND METHODS:

This was an observational descriptive cross-sectional study conducted in the children's hospital and institute of child health Lahore. After approval from hospital ethical committee the study was conducted for 6 months. The parent or caregivers were included who were looking after the child for last 6 months who has been diagnosed with epilepsy. And the Presence of major life issues in the last 3 consecutive months of the family like social or economic conditions (separation, unemployment, or any chronic illness etc.) and Parents or caregiver already diagnosed with anxiety or other Psychiatrist disorder and Parents or caregiver already on medication which can cause anxiety/depression were excluded from this study. Sample size of 152 people was included with 5% level of significance. All data was taken from outpatient department. Basic demographic data was obtained after taking the informed consent. The Hamilton anxiety scale was used in this study to rate the anxiety scale. It is used to rate its severity, its sign and symptoms and also to differentiate it with other disorders, and is commonly bring to use for research studies. Each item is scored on a scale of 0 (not present) to 4 (severe). This scale consists of different points where all are elaborate by a series of sign and symptoms, and different measures for both psychic anxiety which is mental agitation, distress and somatic anxiety with physical complaints which are correlated to anxiety disorders. All the data was analyzed using SPSS.

RESULTS:

This study included 152 participants from outpatient department with age ranging from 29-50 yrs. Among them 38% were non-working and 62% were working guardians. Hamilton anxiety scale was use to rate the anxiety level in care takers. According to which, Anxious mood was moderate 62% to severe 31% in parents. Mothers usually anticipate

worst regarding their child's future and seemed to be fearful. Tension with symptoms of fatigue and inability to relax was moderate 50% to severe 45% in the parents of child with epilepsy. Fear of letting the child alone and letting him go outside was moderate 11% to severe 39% and 46% very severe among the parents of child with epilepsy due to the risk of seizures anytime. Insomnia was severe 46% to very severe 50% in parents. According to questionnaire mothers cannot sleep properly due to burden perceived by epileptic child. Due to having the child with epilepsy, the mothers complained poor concentration on other children and family moderate 51% to severe 40%. Depressed mood with lack of interest in other works and in hobbies was found moderate 40% and severe 44% among the parents of child with epilepsy. Mothers were found to have the somatic motor issues mild 54% to moderate 42% like pain and tiredness whenever child has seizures. Somatic sensory symptoms like Hot and cold flushes were seen mild 59% to moderate 40% in mothers. Tachycardia and palpitations were the commons problems found mild 50% to moderate 48% in the mothers and fathers of epileptic child due to unexpected seizures. Parents specially mothers were seemed pallor mild 46% to moderate 32% level. Burning sensations and loss of weight was seen in the mothers participating in this study. Many couples felt reluctant in describing the genitourinary issues, many of them selected not present 77%. A few complained to mild level 15%. Restlessness and anxiety was seen in participants to mild 58% and moderate 12% level while giving interview.

DISCUSSION:

Epilepsy impacts are not confined to the child who is having seizures, but has effects on all the family members. As mothers are the primary care-takers, so they are especially prone for having more anxiety symptoms and risk for clinical tension and depression. The purpose of this study was to critically analyze and assess present evidences about the prevalence, their related factors, and effects of epilepsy on the family members. Using a modern version of the Index for quality, studies were critically analyzed in modes of internal validity, reporting and external validity.

CONCLUSION:

Few Limitations in the study designs and analytic techniques of previous research are discussed, and study methods to get over these barriers are presented in order to update this research study. About 50% of epileptic child mothers are prone to clinical anxiety and depression. Related to maternal depressive symptoms include factors that can be modified such as ambiguity role, worries, and satisfaction with relationship satisfaction. In Addition, researches reveal that anxiety symptoms of mothers have a negative effects on child life quality and results in epilepsy including health-related problems.

ETHICAL CONSIDERATION:

This study was approved by Institutional review board (IRB) of the children hospital and Institute of child health, Lahore.

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