Do people with epilepsy have a different lifestyle?

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Abstract

Background: Epilepsy is one of the most common neurological diseases. Its high prevalence, economic relevance and impact on daily life make it crucial that we study this condition in further detail. Our study seeks to investigate whether the lifestyle of people diagnosed with epilepsy is different to that of people without epilepsy, in order to better understand our patients.

Methods: We designed and delivered a questionnaire about quality of life and daily habits to patients from our hospital’s Epilepsy Unit. We also delivered the questionnaire to a control group with similar demographic characteristics. Lifestyle differences between patients and control group members were analyzed. Patients were further divided according to the type of epilepsy, time since diagnosis, seizure frequency and pharmacotherapy.

Results: A total of 278 people were interviewed (85 patients, 193 controls). There was no difference in educational level, marital status and healthy habits (sports, reading and diet) between the groups. However, patients with epilepsy were more often unemployed (p < 0.05) and had a healthier lifestyle (lower body mass index, lower alcohol consumption and a tendency towards smoking less). Anxiolytic-antidepressant intake was higher in patients with epilepsy. In terms of the type of epilepsy, patients with focal epilepsy exercised more than those with generalized epilepsy; no other statistically significant differences were found between the individuals studied.

Discussion: Epilepsy diagnosis does not seem to negatively alter the daily life of patients; in fact, many adopt a healthier lifestyle after diagnosis. The risk of antidepressant/anxiolytic intake is, however, higher, which could reflect the impact this chronic condition still has at a social level.

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1. Introduction

Since 2005 and according to the ILAE [1], epilepsy has been considered “a disorder of the brain characterized by an enduring predisposition to generate epileptic seizures, and by the neurobiological, cognitive, psychological, and social consequences of this condition”.

Unfortunately, despite medical progress in terms of pharmacology and health education, epilepsy diagnosis may still have a social impact and some patients might, therefore, be discriminated against. Previous studies have focused mainly on toxic habits or quality of life of patients with epilepsy. In this sense, polytherapy, frequency of seizures, drug side effects, sex, marital status and education have been described as negative factors associated with health-related quality of life [2,3]. In another study conducted in Ohio [4], the authors showed that the rate of cigarette smoking doubled in people with epilepsy compared to the population without epilepsy.

Recently, the ILAE Task Force on Sports and Epilepsy has described how seizure control might be favorably affected by physical exercise, producing health and psychosocial benefits [5]. The current study seeks to investigate whether the overall lifestyle (including healthy and toxic habits) of people diagnosed with epilepsy differs from that of people without epilepsy in our health area. This area (mainly Salamanca district in Madrid) is known to be the second district with the highest income per capita in Madrid (22.255 euros/habitant) and also for its low unemployment rate (below 10%), according to the Instituto de Estadística de la Comunidad de Madrid (http://www.madrid.org/iestadis/).

2. Resources and methods

2.1. Study design

This is a case control, descriptive and observational study. The main objective of the study was to investigate the lifestyle of patients with epilepsy under treatment in the Epilepsy Unit at the Hospital Universitario de La Princesa, Madrid. In the first phase, after reviewing the literature on the topic, a questionnaire was carefully designed (Fig. 1) to assess the main lifestyle characteristics of people with epilepsy. We also aimed to study if our patients thought the disease might have changed these lifestyle somehow.
In the second phase, this questionnaire was delivered to 85 patients with epilepsy; controls were chosen randomly from a healthy population within the same urban area. In addition, these controls had to meet the following requirements: similar sex distribution, age and demographic characteristics as patients studied. The total number of individuals interviewed was 278 (85 patients and 193 controls). This second phase took place between October 2013 and March 2014.

Inclusion criteria were established: over 18 years old who agreed to take part in the study, regardless sex, marital status, nationality, educational level or epilepsy characteristics. Exclusion criteria were: mental
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