



Death anxiety in patients with epilepsy

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Received 15 January 2006; received in revised form 22 June 2006; accepted 31 October 2006

KEYWORDS

Epilepsy;
Death anxiety;
Bahrain

Summary

Purpose: Whereas the relationship between epilepsy and anxiety has received much attention, less is known about the relationship between death anxiety and this disorder. The objective of this study was to assess death anxiety among epileptic patients who attended the outpatient neurology clinic at the Salmaniya Medical Complex, Kingdom of Bahrain.

Methods: Ninety-two patients (48 males and 44 females) completed a death anxiety scale. The scale items were adopted from already published surveys and adjusted to suit epilepsy patients.

Results: Results showed that the mean death anxiety score was moderate (2.75 ± 1.35), with 26.09% of patients reporting high levels of death anxiety. Period of illness and educational level were significant predictors of death anxiety. Female patients, generalized type of epilepsy, the short duration of the illness and low level of education were associated with higher death anxiety scores.

Conclusion: This study highlights the need for developing treatment strategies, counseling therapies and social support for people with epilepsy to decrease their death anxiety and improve their quality of life.

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Introduction

Numerous studies have revealed a significant relationship between death anxiety and psychological

distress; depression and anxiety among different patient populations.^{1–3} However, death anxiety among epileptic patients has been rarely studied. Existing evidence indicates that epilepsy populations have elevated levels of depression and anxiety, compared to matched controls.⁴ Indeed, anxiety related to epileptic seizures may occur as anticipatory anxiety and affect the patient's state of anxiety⁵ or it may be part of the epileptic aura.⁶

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Therefore, it follows logically that death anxiety could be a significant issue for individuals suffering from epilepsy. The present study will evaluate death anxiety among a sample of epileptic patients attending an outpatient neurology clinic in Bahrain. Death anxiety will be examined in relation to the period of the illness, educational level, gender, epilepsy type and perceived controllability of epilepsy. In addition, death anxiety will also be examined with regard to religious commitment, which has been shown to be an important component of death anxiety.⁷

Methods and materials

The study was conducted in the period from March to July, 2005. Epileptic patients attending the outpatient neurology clinic at the Salmaniya Medical Complex, Kingdom of Bahrain were selected on a consecutive basis and asked to fill out a death anxiety scale. Patients were selected on the basis of having epilepsy for a minimum of 5 years, and excluded if they already had an existing psychiatric diagnosis. Informed consent was obtained by all participants. The items of the scale were selected from previous surveys published in this field^{8–11} and adjusted to suit epileptic patients. The scale items have been validated and tested in a previous study,¹² and the internal consistency was high ($\alpha = 0.94$). The questionnaire has five levels; very low, low, moderate, high, and very high. The items and the domains are summarized in Table 1.

Cut-off scores for high, moderate and low levels of death anxiety were based on levels reported in a previous study conducted in this region¹²; with low equal to or less than 2.5, moderate equal to scores between 2.5 and 3.49, and high equal to all scores above 3.5. Religious commitment was measured using the following categories: nil, low: praying less than five times/day, average: praying five times/day at home, high: praying five times with some in the mosque and very high: all the praying is done in the mosque.

Statistical analysis

Data were analyzed using the SPSS (Version 13) statistical program. Analysis was performed using stepwise multiple regression analysis and Pearson correlations as appropriate. $p < 0.05$ were considered statistically significant.

Results

The number of patients enrolled in the study was 92 (48 males and 44 females). The age of the patients (mean \pm S.D.) was 33.53 ± 10.42 years (range 15–60 years). The mean number of seizure attacks in the previous 6 months was 1.75 (range = 0–5), and the mean number of drugs was 1.85 (range = 1–3). There was no statistical significance between the number of seizure attacks, number of antiepileptic drugs and death anxiety. It is found that 31.52% of the patients had experienced partial seizures and

Table 1 Means and standard deviations of death anxiety scale items

Item	Mean	S.D.
I am afraid of dying when I get my epileptic episode	3.48	1.69
I become scared when my physician informs me that I need a surgery	3.25	1.68
My illness causes my fear of dying	3.15	1.57
I become anxious when my medications are running out	3.05	1.46
It upsets me thinking of leaving loved ones when I die	2.96	1.66
It upsets me to hear about the death of others with the same illness	2.89	1.78
I fear to die in a painful way	2.80	1.66
I become anxious when visiting an epileptic patient at the hospital	2.80	1.53
It upsets me that I will not come back to this life after death	2.77	1.56
I am afraid that I will die suddenly	2.73	1.72
I hate to set next to a dying person	2.70	1.69
I am afraid that I will be alone when I die	2.70	1.46
It upsets me to hear talk about death	2.65	1.61
It scares me to participate in washing a dead body	2.64	1.52
I am afraid that I will die in my sleep	2.53	1.49
I fear the moment of death	2.56	1.44
I become upset when I participate in a funeral service	2.56	1.42
I wish that people would not use the word "Death"	2.42	1.37
I wish that death was a curable disease	2.10	1.20
I avoid thinking about death	2.02	1.65

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