



Prevalence of epilepsy and comorbidity of psychiatric disorders in Iran

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Received 29 July 2004; received in revised form 19 May 2006; accepted 23 May 2006

KEYWORDS

Epilepsy;
Psychiatric disorders;
Community;
Prevalence;
Comorbidity;
Iran

Summary

Problem: To determine the lifetime prevalence of self- and other relative informants-reported epilepsy in nationwide study among Iranian adults of aged 18 years and over and to study the association of epilepsy with lifetime history of the psychiatric disorders.

Method: Twenty-five thousand one hundred and eighty individual were selected through a randomized clustered sampling method from all the Iranian households; interviewed and used epilepsy questionnaire face-to-face at home in year 2001. From 12,398,235 households residing in Iran, 7795 families selected from 1559 clusters, 997 clusters were in urban and 582 were in rural areas, each cluster with 5 households were studied. The response rate was 90%.

Results: The prevalence of epilepsy was 1.8%. Epilepsy was more common in females, unemployed and higher educational level. It was not significantly associated with the age group, marital status and residential areas. The most common psychiatric disorders in subjects with epilepsy were major depressive disorder and obsessive compulsive disorder. The rate of lifetime suicidal attempt was 8.1%.

Conclusion: Lifetime prevalence of epilepsy in Iran is not low. As the other communities, it is more common in females and unemployed. However, in contrast with the other studies, it was not more common among some age groups and unmarried and low educated subjects.

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Introduction

One of the powerful tools in medical science to estimate the magnitude of epilepsy in the community is epidemiology and also it helps to find out the association of some sociodemographic factors with it. Epidemiology is also a key to prevention planning programs. Hospital-based studies are always biased. Epilepsy is one of the most common neurological disorders¹ and is a worldwide common chronic neurological disorder.^{2,3} Symptoms of epilepsy depend on the type of it and the localization of the epileptogenic focus in the brain. An epileptic event can include motor, psychiatric, sensory auras and loss of consciousness.

Approximately 3% of the general population in the United States may have epilepsy at some point in their lives.⁴ A community-based survey using a standardized protocol in a rural district in Tanzania revealed a prevalence of 10.2 in 1000.⁵ A meta-analysis reported the overall prevalence rate of epilepsy in India at 5.59 per 1000 populations, with no statistically different rates between men and women or urban and rural residence.⁶ Two recent studies have shown lower prevalence rates in the South Asian population.^{4,7}

A door-to-door prevalence survey of epilepsy was conducted in Italy showed the prevalence of active epilepsy (per 1000 population) was 3.3 overall, 3.5 for men and 3.2 for women. The age-specific patterns for active epilepsy differed by sex, with higher figures for men at younger ages (5–19 years) and older ages (50–99 years).⁸

Factors such as sex and socioeconomic status appear to be related to the prevalence of epilepsy, with higher prevalence found in males and people in the lower socioeconomic groups.⁹ A study of prevalence of epilepsy in a population over 15 years of age, residing in Eastern Finland, showed that it was higher in males than in females. Age-specific prevalence of active epilepsy increased until 40–50 years of age, and declined in the oldest age groups.¹⁰ A clinical setting study in London and south east England showed that there was no apparent difference in incidence between males and females. It showed the incidence of epilepsy seems to increase with socioeconomic deprivation.¹¹

Epilepsy is associated with poor academic achievement, unemployment and low income.^{12–15} The Finnish survey found patients with uncomplicated epilepsy had at least a primary education, but that continuing education was difficult even for those with idiopathic epilepsy who were in remission without medication.¹⁶

Reduced marriage rates in patients with epilepsy have been previously reported.^{16,17} There are some

reports that have highlighted the employment difficulties encountered by patients with epilepsy.^{16,17} Epilepsy is usually found to be slightly more common in the lower socioeconomic groups.¹⁸

It is difficult to study epilepsy in isolation from psychiatric disorders. The behavioral disturbances associated with epilepsy may be related to different factors such as the seizure discharge itself, the interictal phase or the adverse psychosocial consequences of epilepsy, central nervous system pathology, anti-epileptic drugs or some could even coexist without being causally related to epilepsy. The majority of studies support the impression of an increased psychiatric morbidity in association with epilepsy.

A study on epileptic patients in a psychiatry outpatient department in India showed that more than one-half of the subjects had psychiatric comorbidity.¹⁹ Suicide rate is in 0.2–0.5% of epileptic patients and causing deaths in 3–7% of them and 2–9% of patients with epilepsy have psychotic disorders.²⁰

There is no study dealing with the epidemiology of epilepsy in Iran. We estimated the prevalence of epilepsy in Iran nationwide community-based population and its association with sex, age groups, marital status, occupation, educational level and residential area. Also, it studies the rate of positive history of the lifetime psychiatric disorders in the epileptic subjects.

Method

A cross-sectional nationwide epidemiological study of the Iranian population, aged 18 years and older, designed to estimate the prevalence of psychiatric disorders and their association with some demographic factors.

From 12,398,235 households residing in Iran, 7795 families selected by a randomized cluster sampling from 1559 clusters, 997 clusters were in urban and 582 were in rural areas, each cluster with 5 households were studied. The total number of the subjects, whom interviewed and completed Schedule for Affective Disorders and Schizophrenia (SADS)²¹ and also the epilepsy questionnaire, were 25,180 subjects in year 2001. The response rate was 90%.

The widely known instrument, the structured interview of SADS, used to obtain psychiatric disorders by Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria.²² It is a structured instrument that ascertains the diagnosis of psychiatric disorders. Its reliability and validity have previously been reported.^{23,24}

Based on prior studies^{25,26} the questionnaire made. Its' face validity was confirmed by three

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