

## A Study to Assess the Level of family Support and Quality of Life of Patients with Epilepsy at selected Hospitals in Chennai.

Mrs. Surekha Appireddygari

Associate Professor,

Medical Surgical Nursing Department,

Collège of Nursing, Bangalore-49

Email : suri.niha@gmail.com Mobile: 9491451445

### Abstract

A study to assess the level of family support and quality of life of patients with epilepsy at selected hospitals in Chennai. Descriptive design was conducted to assess the level of family support and quality of life of patients with epilepsy at selected hospitals in Chennai. Sixty epilepsy patients were selected by using non-probability purposive sampling technique. There was a statistically very high significant correlation ( $r=0.56$ ;  $p\leq 0.001$ ) between the family support and quality of life of patients with epilepsy. The assessment of the overall family support showed that majority (83.3%) of them had moderate support, 16.7% of the samples had high support. The assessment of the overall quality of life showed that the majority (81.7%) of the samples overall quality of life is moderate, 18.3% of the samples had poor quality of life. There was a significant association between the level of family support and the demographic variables such as age, type of family. In relation to clinical variables there was a significant association with age at diagnosis. There was a significant association between the quality of life and the demographic variables such as age, marital status. In relation to clinical variables there was a significant association with habit of alcohol consumption and anti-epileptic medications.

**Key words:** Assess, level of family support and quality of life of patients with epilepsy

### Introduction

Epilepsy is one of the most common serious disorders of the brain that affects people all over the world. Epilepsy affects 65 million people worldwide. More than a million people continue to have seizures that can severely limit their school achievements, employment prospects and participation in all of life's experiences. The image about epilepsy has created various perceptions such as fear, misunderstanding, social stigma, discrimination etc are adding up burden to the person living with epilepsy. It not only affects

the individual but also has an immediate effect on their family. Epilepsy leads to multiple interacting medical, psychological, economic and social repercussions, which must be considered to understand the impact of this condition.

Family is the basic social unit consisting of parents and their children, considered as a group. Patients with epilepsy tend to have more physical problems or psychosocial issues and conditions like anxiety and depression. As a family caregiver, the family faces a host of new

responsibilities, many of which are unfamiliar or intimidating. Their support has played a vital role in maintaining the psychosocial wellbeing of patients with epilepsy.

The term quality of life (QOL) is used to evaluate the general wellbeing of individuals and societies. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Quality of life includes not only wealth and employment, but also the built of environment, physical and mental health, education, recreation, leisure time and social belonging.

Quality of life is a composite measure of physical, mental, social wellbeing as perceived by each individual or group of individuals that is to say, happiness, satisfaction and gratifications, as it is experienced in such life concerns as health, marriage, family, work, financial situation, self-esteem, belongingness and trust in others.

Epilepsy is one of the most common neurological disorders. Epilepsy affects all dimensions of life. Intisar, Khudhur, Fakhria & Mehabes (2012), conducted a study to compare the physical and psychological functions of 100 normal persons between the age group of 18-60 years and 100 persons with epilepsy to understand the impact of epilepsy on it. The results showed that in physical dimension, 74% of patients with epilepsy had feared about injury after attack, 60% complains of losing their memory and 48% was non-compliance with their medication. In psychological domain, 88% had fear of death, 76% of samples fear from attack and its sequences. In social domain, 86% of patients were affected by social stigma and 64% felt burden on their family. The study concluded that understanding patient's

problems can aid in planning nursing intervention which will ultimately improve family support and quality of life of patients.

British Medical Journal, (2012) study findings shows that more than 85% of the global burden of epilepsy occurs in low-income countries including India. The World Health Organization says epilepsy accounted for about 0.5% of the global burden of disease. Many people with epilepsy and their families do not even know that they have a disorder that can be controlled with biomedical treatment, so it is vital important that awareness is raised, and medical care improved in these regions.

Rakesh P.S.et al., conducted a cross-sectional study to assess the quality of life among adults with epilepsy in rural block of Tamil Nadu. A total 91 epilepsy patients from 20 randomly selected villages were enrolled as samples using a structured questionnaire including World Health Organization Quality of Life BREF (WHOQOL-BREF SCALE), Patient Health Questionnaire (PHQ-2) and Generalized Anxiety Disorder (GAD-7) questionnaires. The results showed that presence of anxiety, lack of primary education, being single, separated or widowed, increasing age, low per capita income and having a seizure episode in the past year are associated with lower quality of life among people with epilepsy.

**Methodology:** Descriptive design was conducted to assess the level of family support and quality of life of patients with epilepsy at selected hospitals in Chennai.

**Objectives of the study:**

- To assess the level of family support of patients with epilepsy.

- To assess the level of quality of life of patients with epilepsy.
- To correlate the level of family support and quality of life of patients with epilepsy.
- To find the association with family support of patients with epilepsy with selected demographic variables and clinical variables.
- To find the association with quality of life of patients with epilepsy with selected demographic variables and clinical variables.

**Setting of the study:** The study was conducted at selected Hospitals in Chennai

**Samples of the study:** Patients with epilepsy at selected Hospitals in Chennai.

**Sampling technique and sample size:** Sixty epilepsy patients were selected by non-probability purposive sampling technique.

**Result: The result is presented based on the objective**

**The first objective was to assess the level of family support of patients with epilepsy at selected hospitals.**

The level of family support of patients with epilepsy was assessed on various aspects such as physical support, psychological support, financial support, social support, safety & security and general health. With regard to physical support majority 40 (66.7%) of the samples had low level of support, whereas 20 (33.3%) of them had moderate level of support. Regarding psychological support, majority 38 (63.3%) of the samples had moderate level of support whereas 22 (36.7%) of them had high level of support. Regarding financial support, majority 38(63.3%) of the samples had moderate level of support whereas 22 (23.3%)

of them had high level of family support. In relation to social support, majority 35 (58.3%) of the samples had high level of family support whereas 25 (41.7%) had moderate level of support. In relation to safety and security, majority 34 (56.7%) of the samples had moderate level support, whereas 26 (43.3) had low level of support. Regarding general health, majority 41 (68.3%) of the samples had moderate level of support whereas 19 (31.7%) of them had high level of support.

**The second objective was to assess the level of quality of life of patients with epilepsy at selected hospitals.**

The level of quality of life of patients with epilepsy was assessed on various domains such as Physical, Psychological, financial, Self-perception and social. With regard to physical domain, majority 37 (61.7%) of them had poor level of quality of life, whereas 23 (38.3%) of the samples had moderate level of quality of life. Under psychological domain, majority 31 (51.7%) of the samples had moderate level of quality of life 17 (28%) of them had good level of quality of life where as 12 (20%) of them had poor level of quality of life. With regard to financial domain, majority 44 (73.3%) of the samples had moderate level of quality of life whereas 13 (21.7%) of them had good level of quality of life and 3 (5%) of them had poor quality of life. In relation to self-perception, majority 45 (75%) of samples had moderate level of quality of life, 14 (23.3%) had good level of quality of life where as 1 (1.7%) poor quality of life. Regarding social domain, majority 42 (70%) of the samples had moderate level of quality of life, 12 (20%) of them had good whereas 6 (10%) had poor level of quality of life.

**The third objective was to correlate the level of family support and quality of life of patients with epilepsy at selected hospitals.**

**Table: Correlation between the level of family support and quality of life of patients with epilepsy at selected hospitals**

VARIABLES	r Value	P value
Family support	r=0.56	p=0.001***
Quality of life		

\*\*\* denotes very high significant at 1% level ( $p \leq 0.001$ )

The above finding says that there is a positive correlation between family support and quality of life of patients with epilepsy at 1% level of significance.

**The fourth objective was to associate the level of family support of patients with epilepsy with selected demographic variables and clinical variables at selected hospitals.**

The study reveals that there was a statistically significant association between level of family support of patients with epilepsy and the demographic variables such as age group (0.02), type of family (0.03) and there was no statistically significant association between gender, marital status, religion, occupation, monthly income and dietary habit. With regard to clinical variable there was statistically significant association between level of family support and the clinical variables such as age at diagnosis (0.04).

**The fifth objective was to associate the quality of life of patients with epilepsy with selected demographic and clinical variables at selected hospitals**

The finding shows that there was statistically significant association between level of quality of life of patients with epilepsy with demographic variables such as age (0.01),

marital status(0.04) and there was no statistically significant association with other variables. where as in clinical variables there was a statistically significant association between level of QOL of patients with epilepsy.

**Conclusion**

The main objective of the study was to assess the level of family support and quality of life of patients with epilepsy at selected hospitals in Chennai. Majority 50 (83.3%) of the samples had a moderate level of family support. Only 10 (16.7%) of the samples had a high level of family support. Majority 49 (81.7%) of the samples had moderate quality of life whereas 11(18.3%) of the samples had poor quality of life. There was a statistically significant positive correlation ( $r=0.56$ ;  $P \leq 0.001$ ) between family support and QOL.

**References**

1. Aichner F, Bauer G. 23. Cerebral Anoxia. Electroencephalography: basic principles, clinical applications, and related fields. 2005:455.
2. Basavanthappa BT. Research planning or proposal (protocol). In Nursing Research 2007 (pp. 257-277). Jaypee.
3. Daniel, W.C. et al., (2013) *Health and Quality of Life Outcomes* 11:98 retrived from Kinyanjui DW, Kathuku DM, Mburu JM. Quality of life among patients living with epilepsy attending the neurology clinic at Kenyatta National Hospital, Nairobi, Kenya: a comparative study. Health and quality of life outcomes. 2013 Dec;11:1-9.
4. Jagjit, S., Chopra, G., Arjundas, S. (2001). *Text book of Neurology*. (1<sup>st</sup>ed). New Delhi: B.I.Churchill Livingstone Publishers.
5. Hickey JV. Clinical practice of neurological and neurosurgical nursing. LWW; 2011 Dec .