

Epilepsy in Young Men: An Assessment of their Quality of Life

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Abstract

Recently, quite a lot of publications appeared on the problems of epilepsy in women. However, we should not forget that this disease affects the men. Therefore, the aim of this study was to assess the quality of life of men aged 18 - 44 years, suffering from epilepsy. According to the results of the study, the patients assessed the average quality of life as "average" or "low". The attention was also drawn to the consequences that occur in patients with epilepsy, namely depression and suicide. About one in nine men with epilepsy are diagnosed with a serious depressive disorder. Besides men are four times more likely to die from suicide, indicating that many men have undiagnosed mental health problems. Therefore, we should pay attention to the health problems of men and provide them with timely medical care.

Keywords: *Epilepsy; Epidemiology; Quality of Life; Depression; Suicide*

Introduction

Epilepsy is one of the most common and serious diseases of the nervous system. This disease ranks third among organic brain diseases.

According to the consensus of the International League against epilepsy (International League Against Epilepsy, ILAE) and International Bureau for epilepsy (International Bureau for Epilepsy, IBE), epilepsy is a disease of the brain defined by any of the following conditions:

1. At least two unprovoked (or reflex) seizures occurring >24h apart.
2. One unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years.
3. Diagnosis of an epilepsy syndrome.

According to the World Health Organization, about 50 million people worldwide suffer from epilepsy, 2.5 million new cases of the disease are diagnosed annually [1].

The incidence is 50 - 70 cases per 100 000 population per year, the prevalence of 5 - 10 per 1000 population. In Ukraine, the prevalence of epilepsy ranges from 50 to 73 cases per 100,000 population in different areas (the national average is 73.9 per 100,000).

Recently, quite a lot of publications devoted to the problems of epilepsy in women. However, this disease affects not only women and children, but also men.

This disease has a significant negative impact on all areas of the patient’s functioning, reducing the quality of life. The quality of life of patients with epilepsy implies a socially active lifestyle-education, work, family and much more. However, the quality of life in epilepsy is closely related to the effectiveness, tolerability and safety of antiepileptic therapy [2]. In everyday life, men with epilepsy regularly experience difficulties. Basically, it is a decrease in social and personal ambitions, low self-esteem compared to healthy people, an increase in the level of anxiety and depression. Depression in people with epilepsy is often manifested by symptoms that can be regarded as both side effects of AEDs, and as manifestations of epilepsy per se (sleep disorders, changes in appetite, behavioral disorders, inhibition or excessive excitability, etc).

Purpose of the Study

The purpose of the study is to assess the quality of life (QL) of young men aged 18 - 44 years with epilepsy, to determine the leading mechanisms of psychological protection and their effectiveness.

Methods

The study included neuropsychological testing using the Quality of Life in Epilepsy-31 questionnaire (Quality of life in epilepsy), the Hamilton scale for assessing the severity of depression (HDRS) and Columbia University suicide assessment scale (C-SSRS).

Results and Discussion

Analysis of the test data of 40 patients (100%) showed that 6 (15%) of them rated their QL as “very low”. “Low” and “average” estimates of total QL were obtained from 10 (25%) and 16 (40%), respectively. In 8 (20%) patients, the parameters were located in the intervals of “good” QL (Figure 1). No estimates of the “high” quality of life have been received in any case. On the HDRS scale, the severity of depressive disorder was determined in 24 patients (60%) as mild (7-17 points), moderate (18-24 points) - 14 patients (35%) and severe (> 24 points) - 2 patients (5%).

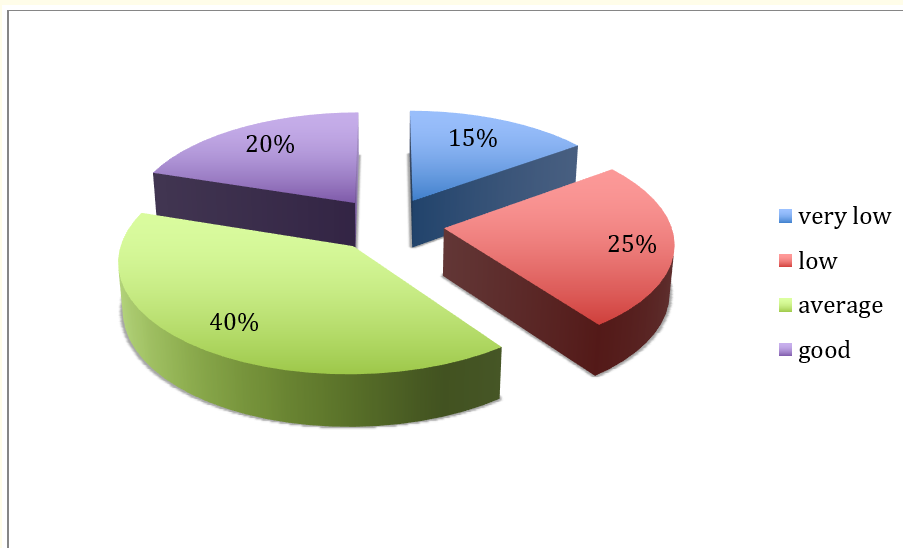


Figure 1: The quality of life of men with epilepsy.

Approximately one in nine men with epilepsy were diagnosed with major depressive disorder (Table 1). Underdiagnosis of mental health issues, like depression, in men may be the result how men manifest symptoms. Various factors lead much men to exhibit depressive feelings through male-typical depressive symptoms. These symptoms can include aggression, irritability, violence, substance abuse, risky behavior, or somatic complaints. Since many male-typical symptoms of depression are externalized, they not only affect the well-being of depressed men but also the individuals in their lives. Depressed men are also less likely to demonstrate positive parental behaviors such as nurturing, warmth, sensitivity, and engagement, and more likely to be withdrawn, negative, and detached [3,4].

Depression and dysthymia	
Major Depressive Episode	Dysthymic Disorder
> 2 weeks	Symptoms persisting most days for at least two years
Depressed mood	Depressed mood
Loss of interest (anxedonia)	
Changes in weight or appetite	Appetite change
Change in sleep pattern	Change in sleep pattern
Psychomotor agitation	
Loss of energy	Loss of energy
Feelings of guilt or worthlessness	Feelings of worthlessness
Loss of concentration/indecisiveness	Loss of concentration/indecisiveness
Thoughts of death, suicidality	Feelings of hopelessness

Table 1: Difference between depression and dysthymia.

Columbia University suicide assessment scale (C-SSRS) allows to characterize current suicidal thoughts and suicidal behavior in the past. The risk of suicide is increased in patients with epilepsy, suffering from depression. Among the data obtained after testing C-SSRS, it turned out that 6 (15%) young men in the past had suicide intentions [5].

Early age epilepsy onset means a higher risk of suicide in men. A different pattern of variables was obtained for males, consisting mostly of values of daily doses of certain anti-epileptic drugs (AEDs), that is, phenobarbital PHB, carbamazepine CBZ, valproate VPA, clonazepam CNZ. A high daily dose of PHB (maximum daily dose is 0.5 g) and high total number of all seizures would imply a higher degree of suicidality. Besides men are four times as likely to die from suicide suggesting that much men have undiagnosed mental health issues.

Seizures aren't the only concern for people with epilepsy. Many also struggle with a suicide risk caused by anti-seizure medications. Some epilepsy drugs might be more dangerous than others when it comes to suicide. The increased risk for suicide and self-harm comes only from newer drugs that are known to be associated with depression. These include levetiracetam, topiramate and vigabatrin. Older drugs and newer drugs that are not associated with depression did not increase the risk of suicide or self-harm, the study found. These drugs include lamotrigine, gabapentin, carbamazepine, valproate and phenytoin. People who were currently using the newer drugs with a high risk for depression were three times more likely to harm themselves or attempt suicide than those who were not taking any epilepsy drugs [6].

Conclusion

Thus, in patients with epilepsy revealed a significant decrease in QL, depending on the type of attack. Estimates of the "high" quality of life have not been obtained. Depression and anxiety disorders greatly affect the quality of life of patients, thus leading to an increase in the number of suicides. Men of all ages experiencing epilepsy are at increased risk for mental health issues, especially depression - and research has shown that about 20 percent of people with epilepsy attempt suicide at some point in life.

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