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EVALUATION OF THE QUALITY OF LIFE OF PEOPLE SUFFERING WITH EPILEPSY

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Abstract : The diversity and impact of epilepsy-related problems requires each patient to develop a concept of which problems are most important and to seek to address these problems as a personal priority. Physical, psychological, and social areas to consider include problems specific to epilepsy. The degree of independence is also important. The WHOQOL-BREF quality of life score is a new measure of overall patient function. The use of well-constructed, validated instruments specific to disease or general function increases the ability to understand changes in patients without extensive provider interviews.

Key words: *WHOQOL-BREF , Epilepsy, standard deviation , quality of life , Comorbid factor , psychological field*

Cost: Epilepsy is a chronic non-infectious brain disease characterized by recurrent epileptic seizures due to sudden abnormal overactivity of brain neurons or brain cells [1]. Worldwide, approximately five million people suffer from epilepsy each year. In developed countries, the incidence is 49 per 100,000 people each year. In developing and underdeveloped countries, this indicator corresponds to 139 people per 100,000 people [2]. Epilepsy is hereditary and associated with increased rates of malaria, endemic diseases, traffic injuries, and birth trauma. About 80% of people with epilepsy live in underdeveloped and developing countries, where people with epilepsy have three times the risk of premature death compared to the general population. In many parts of the world, people with epilepsy and their families suffer from stigma and discrimination [5-7].

The purpose of the study: to assess the quality of life in middle-aged people with epilepsy using the WHOQOL-BREF questionnaire.

Materials and methods: Study WHOQOL-BREF - Quality of life assessment methodology in 42 patients with epilepsy at the multidisciplinary clinic of the Tashkent Medical Academy.

Patient study

Depending on the disease; Quality of life of patients with epilepsy.

Socio-demographic situation; gender, age, religion, place of residence, marital status, family size, education, income.

Psycho-social factor; perceived stigma.

Clinical factors. Disease duration, seizure frequency, type of medication, duration of medication, medication adherence, comorbid factor, anxiety and depression.

Results: The total number of research participants is 42. 60% of them are male and the rest are female. They were divided into four groups by age level. (Table 1)

Table 1

Participants	Category	Number	Percent (%)
Sex	Male A woman	25 17	60% 40%
Young	16-23 years old 23-30 years old 30-37 years old 37	13 15 10 4	30.95% 35.7% 23.8% 9.52%
Accommodation	Village City	20 22	47.61% 52.38%
marital status	Married Not married Divorced	20 18 4	47.6% 42.8% 9.52%
Professional status	It works unemployed	37 5	88% 12%

socio-democratic characteristics of the participants.

As for clinical factors, half of the research participants (50%) had a disease duration of up to five years, eleven and more (23.81%) (Table 2).

Table 2

Participants	Category	Numbers	Percent (%)
The duration of the disease	<5 years 6-10 years >11 years	21 11 10	50% 26.19% 23.81%
Seizure frequency	Seizure free for 1 year >1/month 1-3/year 4-11/year	13 10 11 8	31.95% 23.81% 26.19% 19%
Duration of medication	<5 years 6-10 years >11 years	21 15 7	50% 35.71% 16.67%
Types of drugs	Monotherapy Polytherapy	30 12	71.42% 28.57%
Adverse effects of drugs	No Yes	24 18	57.14% 42.85%
Stigma	No Yes	38 4	90.47% 9.55%
A state of depression	No Yes	19 23	45.24% 54.76%

Clinical factors

According to the WHO QOL-BREF (quality of life) measure, almost half (44.25%) had poor quality of life. The mean (SD) total score for the WHOQOL-BREF scale was 53.47±18.42, with minimum values ranging from 4.75 to a maximum of 95.5. The WHOQOL BREF also covers four different domains of physical, psychological, social and environmental quality of life, as shown below (Table 3).

Table 3

Participants	Mean SD	Poor QOL frequency	Good QOL frequency
Physical field	51.33±17.07	18 (42.85%)	24 (57.15%)
Psychological field	54.16±20.7	18 (42.85%)	24 (57.15%)
Social sphere	53.89±23.95	15 (35.71%)	27 (64.29%)
Environmental sector	54.47±20.42	20 (47.62%)	22 (52.38%)

Distribution of areas of the WHOQOL BREF. Abbreviations: -SD= standard deviation, QOL= quality of life.

In this study, epilepsy affects the quality of life of people living with epilepsy in one out of every two patients. The result of this study showed that 44.25% of patients have low quality of life. The results of this study are higher than the studies conducted in Taiwan (33.29%), Brazil (31.27%) and Colombia (30%), where most of the respondents have a good quality of life [19, 34-36]. This difference is likely to be due to higher quality treatment and higher living standards in these developed countries than in the traditional approach, as well as economic and financial barriers to access to treatment in developing countries, as well as differences in attitudes across countries. possible In the current study, physical (57.15%), psychological (57.15%) and environmental (52.38%) domains of quality of life were higher than social domains (64.29%). A study in Brazil found that the physical domain (27.6%), the psychological domain (33.3%), and the social domain (32.1%) had significantly lower life expectancy than the environmental domain (25.0%) quality. [34, 35].

Summary

The result of this study showed that one out of every two patients with epilepsy has a poor quality of life. Age 25-34 years, low education level, low drug addiction, combined anxiety and depression were significantly associated with low quality of life. Therefore, health professionals and other concerned health sectors, including health service leaders, should not only focus on the diagnosis and treatment of the disease, but also to achieve a better quality of life for patients with epilepsy. should focus on providing holistic patient care.

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