

Original article

# Self-concept in children and adolescents with epilepsy: The role of family functioning, mothers' emotional symptoms and ADHD

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## Abstract

**Purpose:** This study aimed to identify the associated factors of poor self-concept in children and adolescents with epilepsy.

**Methods:** Fifty-three patients with uncomplicated epilepsy (aged 7–18 years) and 28 healthy controls were included. Study measures included the Piers-Harris 2 Self-Concept Scale, Family Assessment Device (FAD), Turgay DSM-IV based ADHD rating Scale (T-DSM-IV-S), Conners' Teacher Rating Scale (CTRS-R), Beck Depression Inventory and State-Trait Anxiety Inventory (STAI). Neurology clinic charts were reviewed for the epilepsy-related variables.

**Results:** While the Piers-Harris 2 total score was not significantly different between the groups, patients with epilepsy had lower (poorer) scores on freedom from anxiety and popularity subscales. Linear regression analysis revealed that the problem solving, affective responsiveness, general functioning and communication scores of FAD; total and inattentiveness scores of T-DSM-IV-S and mothers' Beck scores were associated with the total score of Piers-Harris 2. Epilepsy-related factors were not found to be associated with self-concept scores.

**Conclusion:** Poor self-concept in children with epilepsy is associated with negative family functioning, mothers' emotional symptoms and ADHD, especially the symptoms of inattentiveness.

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**Keywords:** Epilepsy; Children; Self-concept; ADHD; Family

## 1. Introduction

Self-esteem and self concept, sometimes used interchangeably, are two important concepts in the psychological well-being of children. Self-esteem is defined as how children value themselves. Self-concept, one

determinant of self-esteem, refers to how children view themselves [1]. A strong and stable self-concept is an important part of children's cognitive, emotional and psycho-social development. Just like the healthy children, self-concept of children with chronic illnesses undoubtedly influences their attitudes and perceptions. In the available literature, children with epilepsy have been found to have a poorer self-concept and lower self-esteem than children with other chronic conditions [2]. The stigma of seizures, lower quality of life and a

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decreased sense of self-efficacy have been shown to be linked with a lower self-esteem in epilepsy [3].

Family functioning plays a critical role in the adaptation of child and family to chronic illness [4]. Deficits in family cohesion, family adaptability, communication, parent–child interactions and problem solving skills are not uncommon in families of children with epilepsy [5]. Studies have indicated that family dysfunction may lead to an exacerbation of behavioral problems in family members and a poor adjustment to epilepsy treatment [6]. In contrast, healthy family functioning is associated with a lower risk of behavioral and competence problems in children with epilepsy [6,7]. Since mothers are most often the primary caregivers of children, they are particularly at higher risk for emotional symptoms in response to their children's epilepsy, especially depression [8]. A number of previous studies have found a higher frequency of depression and anxiety symptoms in the mothers of children with epilepsy [9].

ADHD is a very common comorbidity in children with epilepsy, reaching a rate of 28–70% depending on the diagnostic criterion used [10]. Several factors may contribute to this comorbidity, including the underlying brain dysfunction, chronic effects of recurrent seizures, epileptiform EEG abnormalities and the effects of antiepileptic drugs (AED) [11,12]. Regarding the ADHD symptom clusters, inattention symptoms have been shown to be more common than hyperactivity symptoms in children with epilepsy and ADHD [12,13]. ADHD comorbidity has been linked with negative psycho-social implications. Sherman et al. [14] have found that comorbid ADHD is associated with a lower quality of life (QOL) in children with epilepsy.

The research literature on the associated factors of self-concept in children with epilepsy is limited. The findings of the available studies have suggested that factors including the severity of epilepsy, AED polytherapy, family environment, psychiatric comorbidity and neurocognitive functioning may affect how children with epilepsy perceive their self-concept [15–19]. In this study, we aimed to (1) compare self-concept between children and adolescents with epilepsy and healthy controls, and (2) identify which psychiatric, familial and epilepsy-related variables are associated with a poor self-concept. Regarding psychiatric variables, ADHD in the child and emotional symptoms in the mother were specifically selected. There are three main reasons for this selection. Firstly, the presence of these two conditions in pediatric epilepsy is common and highly impairing. Secondly, both ADHD and emotional symptoms of the mother have a chronic and persistent impact in the child's life. Thirdly, both of the conditions bring a potential risk to the treatment outcomes and the psycho-social development of the child.

## 2. Methods

### 2.1. Sample and design

This study was a cross-sectional, cohort survey of children and adolescents with epilepsy who were seen at the Pediatric Neurology Clinic of Acibadem University Hospital in Istanbul. The inclusion criteria were as follows: (1) age of 7–18 years, (2) diagnosis of epilepsy of at least a duration of 6 months, (3) normal intelligence based on either a WISC-R full scale IQ score above 80 or the average/above average academic functioning documented with the last year's final school grades (at least three from a possible of five).

For the control group, the following inclusion criteria were used: (1) age of 7–18 years, (2) attendance at the general pediatrics clinic of the same hospital with minor medical complaints, e.g. mild infections, gastroenteritis, anemia, (3) normal intelligence based on either a WISC-R full scale IQ score above 80 or the average/above average academic functioning documented with the last year's final school grades (at least three from a possible of five). They were also never admitted to the pediatric neurology or child psychiatry clinic. For both the epilepsy and control groups, the children with developmental delay, motor and visual handicaps and other chronic diseases were excluded.

In total, fifty-three children and adolescents with epilepsy and 28 controls completed the study requirements and included to the study. The parents of the whole sample were informed about the study procedure in detail and informed consent was obtained. The study protocol was approved by the Acibadem University School of Medicine Ethics Committee. The study duration, a total of 12 months, was between 1st January and 31st December 2012. The sample size of patients vs controls was approved as sufficient by the biostatistics department of the study center.

### 2.2. Instruments

#### 2.2.1. The Piers Harris Scale Second Edition

The Piers Harris Scale, Second Edition, is one of the most widely used scales of self-concept in children and adolescents, and was standardized for individuals aged between 7 and 18 years [20]. It consists of 60 items, covering six domains (physical appearance and attributes, freedom from anxiety, intellectual and school status, behavioral adjustment, happiness and satisfaction, and popularity). The items are written at a third-grade reading level, and the test requires 10–15 min to complete. Turkish translation of the scale was made by Öner [21]. In the present study, to compare children with epilepsy with poor and normal self-concept, a cut of point of 40 was initially planned. However, a Piers

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