



A cross-sectional study of subjective complaints in patients with epilepsy who seem to be well-controlled with anti-epileptic drugs

S.G. Uijl^a, C.S.M.P. Uiterwaal^b, A.P. Aldenkamp^c, J.A. Carpay^d,
J.C. Doelman^e, K. Keizer^f, C.J. Vecht^g, M.C. de Krom^c,
C.A. van Donselaar^{a,h,*}

^a Rudolf Magnus Institute of Neuroscience and University Medical Center Utrecht, Department of Clinical Neurophysiology, P.O. Box 85500, 3508 GA Utrecht, The Netherlands

^b University Medical Center Utrecht, Julius Center for Health Sciences and Primary Care, P.O. Box 85500, 3508 GA Utrecht, The Netherlands

^c University Hospital Maastricht, Department of Neurology, P.O. Box 5800, 6202 AZ Maastricht, The Netherlands

^d Hospital Gooi-Noord, Department of Neurology, P.O. Box 900, 1250 CA Blaricum, The Netherlands

^e Oosterschelde Hospital, Department of Neurology, P.O. Box 106, 4460 BB Goes, The Netherlands

^f Catharina Hospital, Department of Neurology, Michelangelolaan 2, 5623 EJ Eindhoven, The Netherlands

^g Medical Center Haaglanden, Westeinde Hospital, Department of Neurology, Lijnbaan 32, 2512 VA The Hague, The Netherlands

^h Medical Center Rijnmond-Zuid, Department of Neurology, P.O. Box 9119, 3007 AC Rotterdam, The Netherlands

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Summary

Objectives: Side-effects of anti-epileptic drugs (AEDs) may be overlooked in patients with epilepsy in everyday clinical practice. The aim of this study was to assess the prevalence and severity of subjective complaints in patients who were considered to be well-controlled and to assess whether these complaints are related to medication, personality traits, or other determinants.

Methods: We included patients with epilepsy who were considered to be well-controlled in a cross-sectional study in seven hospitals in the Netherlands. Their

* Corresponding author. Tel.: +31 10 291 1911; fax: +31 10 2911072.

E-mail address: donselaarc@mcrz.nl (C.A. van Donselaar).

medication had not been changed for six months and an apparent reason to change the medication was lacking at the time of enrolment. Subjective complaints were assessed with a 46-item questionnaire. Using multivariable linear regression modeling, we assessed whether patient characteristics, epilepsy characteristics, medication, quality of life (QoL-10), and personality traits (SCL-90) explained the presence and severity of complaints.

Results: Of 173 included patients, 67% reported moderate to severe subjective complaints on the questionnaire. Cognitive complaints were reported most frequently. Multivariate modeling showed that 61% of the variance in reported complaints could be explained by included determinants. The prevalence and severity of complaints was associated with AED polytherapy and higher scores on psychoneuroticism.

Conclusions: Patients who were considered to be well-controlled proved to report an unexpectedly high number of subjective complaints. Both medication and aspects of personality contributed to the level of complaints. Our study illustrates that subjective side-effects are easily overlooked in everyday clinical practice, possibly because in practice a generally phrased question is used to detect side-effects.

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Introduction

The goal of treatment with antiepileptic drugs (AEDs) is to control epileptic seizures without causing side-effects.¹ However, side-effects or subjective complaints may be overlooked easily. Side-effects may start insidiously, patients may not associate their complaints to the medication and identification of for example cognitive complaints or mental slowing may be quite difficult.^{2–4} Disregarding side-effects may interfere with the well-being of the patients.^{2,3,5–7}

Two recent studies showed that complaints attributed to AEDs are frequently overlooked in clinical practice.^{2,5} A study by Gilliam et al. showed unexpected, toxic side-effects in 31% of 200 screened patients from outpatient epilepsy clinics. They concluded that systematic screening of side-effects in all patients on AEDs would be useful.⁵ A cross-sectional study in pharmacies by our group showed that 60% of patients with epilepsy using AEDs reported one or more complaints on a questionnaire.²

Earlier studies did not assess the relation between reported side-effects and AED use or other determinants. Furthermore, the occurrence of side-effects or subjective complaints in patients who seem well-controlled was never assessed.

The aim of this cross-sectional study was to assess the prevalence and severity of subjective complaints in patients with epilepsy who are considered to be well-controlled with AEDs by their treating physician. In addition, we assessed whether these complaints were related to AEDs or other determinants, such as personality traits.

Patients and methods

Patients and setting

Seven hospitals in the Netherlands participated in this cross-sectional study. The medical ethics committees of each participating hospital approved the protocol.

Between October 2002 and July 2005 patients were asked to participate in the study if they were 18 years or older and had well-controlled epilepsy, defined as no medication change in the past six months and no obvious clinical reason to change the medication at the time of inclusion. Patients did not have to be seizure free to be considered well-controlled. We excluded patients with a concurrent disease or disorder that might interfere with the conduct of the study, such as impaired intellectual functioning or other reasons leading to inability to comply with the protocol or complete the necessary questionnaires.

Data

From every patient, age, sex, length and weight was documented, as well as type of epilepsy, aetiology, seizure frequency, time since diagnosis, and time since the last seizure. We recorded the current use of AEDs and the number of AEDs used over the years.

Symptom check list

All patients filled out a questionnaire on psychoneuroticism: the Dutch version of the Symptom Check List (SCL-90),^{8,9} to assess the tendency to complain in general.

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