



Review

Research on psychosocial aspects of epilepsy in Arab countries: A review of literature



Jamal M. Al-Khateeb^{a,*}, Anas J. Al-Khateeb^b

^a The University of Jordan, Amman, Jordan

^b King Hussein Cancer Center, Amman, Jordan

ARTICLE INFO

Article history:

Received 26 March 2013

Revised 24 September 2013

Accepted 26 September 2013

Available online 5 November 2013

Keywords:

Epilepsy
Arab countries
Psychology
Psychopathology
Psychosocial aspects
Quality of life
Stigma
Attitudes

ABSTRACT

This study reviewed research conducted on the psychological aspects of epilepsy in Arab countries. Several databases (Medline, PubMed, Science Direct, Springer Link, and PsycInfo) were searched using the following two sets of search words: (1) Arab, Jordan, Lebanon, United Arab Emirates (UAE), Bahrain, Qatar, Kuwait, Oman, Saudi Arabia, Syria, Iraq, Egypt, Yemen, Tunisia, Libya, Morocco, Algiers, Palestine, Mauritania, Djibouti, Sudan, Comoros, and Somalia; and (2) epilepsy, seizure disorders, and convulsive disorders. Fifty-one studies were conducted in 12 Arab states. Social/emotional, employment, and other problems; knowledge and attitudes; and quality of life (QOL) were the most commonly measured parameters of psychosocial aspects of epilepsy in Arab countries. Results revealed elevated levels of depression and anxiety, a decline in cognitive function, various behavioral problems, sexual dysfunction, and underemployment among persons with epilepsy (PWE). Misconceptions about epilepsy were found to be prevalent. While many studies reported limited knowledge of epilepsy, some studies found an average knowledge. Negative attitudes toward epilepsy were reported in most studies, and moderately positive attitudes were reported in some studies. Finally, PWE showed low overall QOL scores in the majority of studies.

© 2013 Elsevier Inc. All rights reserved.

1. Introduction

Epilepsy affects nearly 50 million people of all ages in the world, with approximately 85% living in developing countries [1]. The total number of persons with epilepsy (PWE) living in Arab countries has been estimated at about 724,500 [2]. This prevalence rate of epilepsy is likely a serious underestimate given that the Arab region has a population of more than 350 million people [3]. One possible reason is that Arab people, like many other people, might be reluctant to disclose epilepsy because of social stigma [4].

It has long been realized that psychosocial and cultural factors are important determinants of the clinical course of epilepsy and are often among the major barriers to appropriate care and treatment [1,5]. Epilepsy has frequently been surrounded by misunderstanding, fear, stigma, and myths [5]. The social stigma attached to epilepsy, which is still common in both developed and developing countries, imposes stress on PWE and their families and restricts their participation in community life. Furthermore, stigma is one of the reasons for excluding PWE from care and from having an active social life [6–10]. Accordingly, implementing public education and awareness programs to combat the

stigma and misinformation surrounding epilepsy is still required, particularly in developing countries including Arab countries [1,10].

There is a substantial literature which documents that is higher in children and adolescents with epilepsy than in the general population or those or in those with other chronic conditions or children with other chronic conditions [11–15]. Among the most common psychological disorders associated with epilepsy are depression and anxiety [16–22]. Also common in PWE are impaired quality of life, stress, employment problems, obsessive–compulsive disorders, suicide, social isolation, perception of shame and guilt, and low self-esteem [23–31]. Sources of behavioral and emotional problems in epilepsy are varied and include, but are not limited to, underlying structural lesion, effects of seizures, family environment, effects of antiepileptic medications, social factors (e.g., stigma, other people's reactions), and stress and fear of having seizures [5,6,18,32–36].

The primary purpose of this study was to review research on the psychosocial aspects of epilepsy in Arab countries. In the first section, the methodology used in searching the literature is described. Then, the findings are presented. The study concludes with recommendations for future research on the psychological and social dimensions of epilepsy in Arab countries.

2. Methods

Research related to the psychosocial aspects of epilepsy in Arab countries published in the last three decades was reviewed and

* Corresponding author at: Department of Counseling and Special Education, Faculty of Educational Sciences, The University of Jordan, Queen Rania Street, Amman 11942, Jordan. Fax: +962 6 5334127.

E-mail address: jkhateeb@ju.edu.jo (J.M. Al-Khateeb).

analyzed. Several databases (Medline, PubMed, Science Direct, Springer Link, and PsycInfo) as well as popular search engines (i.e., Google, Yahoo, Netscape, and Bing) were searched to locate relevant literature.

Two sets of search words were used. The first set included the following terms: Arab, Jordan, Lebanon, UAE, Bahrain, Qatar, Kuwait, Oman, Syria, Iraq, Egypt, Saudi Arabia, Sudan, Yemen, Tunisia, Libya, Morocco,

Table 1

An overview of studies on social–emotional, employment and other problems among PWE in Arab countries published in English from the year 1990 to 2013.

Study	Country	Sample	Parameters	Main findings
Erum et al. (2013) [37]	Saudi Arabia	Parents of 16 children with epilepsy	Depression and anxiety in parents	<ul style="list-style-type: none"> – Fifty-five percent of parents were found to be anxious, and 39% were depressed. Thirty-two percent of the parents had both anxiety and depression. No significant association was seen with the child's age and gender or side effects of medications. We found significant involvement of fathers, though they were not the primary caregivers.
Hamed et al. (2013) [38]	Egypt	474 adult patients with epilepsy	Psychopathological correlates of obsessive–compulsive symptoms in patients with epilepsy	<ul style="list-style-type: none"> – Obsessive–compulsive symptoms were common in study participants. Patients with these symptoms had higher frequencies of depression and anxiety.
Abdou et al. (2013) [44]	Egypt	70 PWE and 30 healthy persons	Emotional intelligence in patients with epilepsy	<ul style="list-style-type: none"> – A statistically significant difference in emotional intelligence was found between PWE and healthy persons. There was a significant negative correlation between emotional intelligence and social stressors in PWE.
Elmosly et al. (2013) [45]	Egypt	30 females with epilepsy, aged from 20 to 40 years	Cognitive function in females with epilepsy	<ul style="list-style-type: none"> – Females with epilepsy had some decline in cognitive function.
El-Ghoneimy et al. (2012) [50]	Egypt	70 males with epilepsy and 20 healthy controls	Sexual dysfunction in male patients with epilepsy	<ul style="list-style-type: none"> – Sexual dysfunction was significantly lower in frontal lobe epilepsy than in temporal lobe and generalized epilepsy.
Youssry et al. (2012) [46]	Egypt	75 patients with complex partial seizures	Cognitive decline in patients with complex partial seizures (CPS)	<ul style="list-style-type: none"> – Patients with CPS were found to be at a higher risk for mental and cognitive impairments.
Al-Asmi et al. (2012) [39]	Oman	150 PWE	Depression and anxiety disorders	<ul style="list-style-type: none"> – Twenty-seven percent had a depressive disorder, and 45% had an anxiety disorder
Khudhur and Mehabet (2012) [105]	Iraq	100 PWE and 100 healthy subjects with a mean age of 32.5 years	Physical and psychosocial problems facing PWE	<ul style="list-style-type: none"> – Significant differences were found between the two groups in all physical and psychosocial domains. – The majority of patients complained of threat of death and were affected by social stigma.
Sweileh et al. (2011) [56]	Palestine	75 patients with epilepsy	Medication adherence and treatment satisfaction in patients with epilepsy	<ul style="list-style-type: none"> – Adherence to and satisfaction with antiepileptic drugs (AEDs) were moderate and were not associated with seizure control or number of AEDs.
Shatla et al. (2011) [58]	Egypt	23 children with epilepsy and their families	Parental stress and psychopathology in pediatric epilepsy	<ul style="list-style-type: none"> – Epilepsy was correlated with high levels of parental stress. – The mean IQ score was within the average range. – Behavioral problems were above average.
Turky et al. (2011) [40]	UAE	45 adults with intellectual disability (ID) and active epilepsy and 45 adults with ID without epilepsy	Psychiatric disorders in adults with epilepsy and intellectual disability	<ul style="list-style-type: none"> – Increased risk of depression and unspecified disorders, including dementia, were found among adults with ID and epilepsy.
Hussin and Abdel Ghani (2011) [49]	Egypt	143 children with epilepsy, aged 2–15 years	Autism and hyperactivity in children with epilepsy	<ul style="list-style-type: none"> – Children with epilepsy were at a greater risk of having autistic spectrum and behavioral disorders.
Shehata et al. (2009) [47]	Egypt	45 patients with epilepsy	Effect of antiepileptic drugs (AEDs) on cognition and behavior in adults with epilepsy	<ul style="list-style-type: none"> – Antiepileptic drugs impaired performance in cognition, mood, and behavior.
Shehata and Bateh (2009) [41]	Egypt	71 male patients with epilepsy	Cognitive function, mood, behavioral aspects, and personality traits of adult males with epilepsy	<ul style="list-style-type: none"> – Epilepsy was associated with cognitive function deterioration, depression, aggression, and some abnormal personality traits.
Otoom et al. (2007) [42]	Jordan	92 PWE	Death anxiety in PWE	<ul style="list-style-type: none"> – There was a moderate level of death anxiety. – Period of illness and educational level were significant predictors of death anxiety.
Shehata and Bateh (2007) [48]	Egypt	49 patients with epilepsy and 42 healthy controls	Cognitive functions in adult males with epilepsy	<ul style="list-style-type: none"> – Adult males with generalized epilepsy experienced cognitive function deterioration.
Hamed et al. (2006) [51]	Egypt	44 men with generalized epilepsy	Sexual and reproductive health in men with epilepsy	<ul style="list-style-type: none"> – The risk of hyposexuality and reproductive disturbances was found to be high in PWE.
Abbas et al. (2004) [55]	Egypt	60 adults with epilepsy and 40 healthy volunteers	Sleep disorders in patients with epilepsy	<ul style="list-style-type: none"> – Sleep disorders were present in patients with epilepsy.
Hussein and El-Qaderi (2002) [53]	Jordan	54 male and 47 female adolescents with epilepsy	Sociodemographic characteristics of patients with epilepsy	<ul style="list-style-type: none"> – Fifty-three patients had a poor level of education. Thirty patients were employed, 21 were unemployed, and 50 were students. Twelve patients were living alone and leading independent lives, while 88 patients were living with parents and siblings. One male patient was married and living with his wife and children.
Al-Saad et al. (2001) [43]	Iraq	100 PWE attending two public medical clinics	Unemployment among PWE	<ul style="list-style-type: none"> – The overall rate of unemployment was 33%. The rate was significantly greater in those whose epilepsy was not controlled and those in whom the age at onset of epilepsy was younger.
Alwash and Hussein (2000) [106]	Egypt	101 adolescents with epilepsy attending a neurology clinic and 101 adolescents without epilepsy	Anxiety and depression among adolescents with seizures	<ul style="list-style-type: none"> – Adolescents with epilepsy had significantly higher symptoms of anxiety and depression than the control group. – Adolescents with epilepsy were less educated and more disadvantaged in their living circumstances; some of them were dependent on their parents in some daily physical activities.
Bener et al. (1996) [57]	UAE	41 persons with epilepsy	Effect of epilepsy on road traffic accidents (RTAs) and casualties	<ul style="list-style-type: none"> – The most common violations were careless driving and traffic regulation violations. Significantly higher risk was observed for property damage and traffic violations.
Demerdash et al. (1991) [52]	Egypt	700 females with epilepsy attending an outpatient clinic	Sexual behavior of females with epilepsy	<ul style="list-style-type: none"> – The incidence of psychosexual disorders was 18%. – Hyposexuality and exhibitionism were the most common psychosexual disorders.
El-Hilu (1990) [54]	Kuwait	55 PWE admitted for psychiatric treatment	Social aspects of epilepsy	<ul style="list-style-type: none"> – Generalized tonic–clonic seizures had adverse effects on marriage, education, and occupation.

Download English Version:

<https://daneshyari.com/en/article/6012493>

Download Persian Version:

<https://daneshyari.com/article/6012493>

[Daneshyari.com](https://daneshyari.com)