

# Prevalence of and risk factors for anxiety and depressive disorders in Nigerian adolescents with epilepsy

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## Abstract

The emotional response of adolescents to a chronic illness like epilepsy may differ across cultures. This study was aimed at investigating the prevalence of and risk factors for anxiety and depressive disorders in a group of Nigerian adolescents with epilepsy. Adolescents with epilepsy ( $n = 102$ ) aged between 12 and 18 were assessed for anxiety and depressive disorders with the Diagnostic Interview Schedule for Children Version IV (DISC-IV). An anxiety disorder was diagnosed in 32 (31.37%) of the adolescents and a depressive disorder was reported in 29 (28.43%). Predictors of anxiety and depressive disorders by regression analysis include uncontrolled seizures, polytherapy, and felt stigma. Family factors such as parents' psychopathology and family stress are also moderately significant. Results show that emotional disorders in adolescents with epilepsy cut across cultures. Adequate monitoring, education targeted at reducing felt stigma, and family intervention programs are needed for early intervention.

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## 1. Introduction

Epilepsy is an important health problem in developing countries, where its prevalence reaches as high as 5.7% [1]. Children and adolescents with epilepsy experience more emotional and behavioral problems than healthy children and adolescents or children and adolescents with other chronic conditions [2–4]. Seizures in children and adolescents have been associated with specific behavioral problems, mood disorders and disruptive behavior being the most common.

Ettinger and colleagues [5] reported elevated scores on the Revised Child Manifest Scale in 16% and on the Child Depressive Inventory in 26% of a sample of

children 7–18 years of age with epilepsy. Alwash et al. [6] found that 48.5% of Jordanian children and adolescents with epilepsy had anxiety symptoms and 33% had depressive symptoms. Oguz et al. [7] also noted more symptoms of anxiety and depression in adolescents with epilepsy than in healthy controls. Williams et al. [8] had found mild to moderate symptoms of anxiety in 23% of children, and Dunn et al. [9] reported that 23% of adolescents with epilepsy have depressive symptoms. There have been few studies in Nigeria. Makanjuola [10] found that more than 90% of children and 65% of adults with epilepsy presenting at a psychiatric unit had one or more mental disorders. Gureje [11] evaluated 204 patients with epilepsy and noted that 37% had a psychiatric disorder. These Nigerian studies consist mainly of adults from unselected populations and the prevalence of anxiety and depression was not estimated.

Multiple factors may contribute to the development of anxiety and depressive disorders in adolescents with

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epilepsy. Sociodemographic factors such as younger age at seizure onset and lower socioeconomic status have not been consistently associated. Stores [12] reported that males had more problems, Austin et al. [13] reported more problems in girls, and Hoare and Kerley [14] noted no difference. An association between frequent poorly controlled seizures and mood problems has been reported [6,8,15]. Antiepileptic drugs (AEDs) have not been consistently associated with mood problems in adolescents with epilepsy [6–9,15]. Family stress and insufficient family resources have been reported to be significant risk factors [13,14]. A Nigerian study on adults with epilepsy [16] recorded an association between depressive symptoms and poor seizure control, stigma, and emotional adjustment.

Studies on anxiety and depressive disorders in adolescents with epilepsy are few. The risk factors have not been well researched. In many of these studies, sample size was small and anxiety and depression were assessed with dimensional rating scales. Most of these studies were conducted in Western nations. Most African communities still view epilepsy as possession by demons and treat people with epilepsy as outcasts. There may be cross-cultural differences in the response of children and adolescents to a chronic illness like epilepsy. A search of the literature, both manual and electronic, reveals a dearth of studies on the prevalence of and risk factors for affective disorders in adolescents with epilepsy in Nigeria.

The present study was aimed at investigating the prevalence of and risk factors for anxiety and depressive disorders in a group of Nigerian adolescents with epilepsy so as to assist health care providers in determining which children require more monitoring and early intervention for affective problems.

## 2. Methods

### 2.1. Subjects

For 1 year, 113 adolescents with epilepsy aged 12 to 18 attending the neuropsychiatry outpatient clinics of the Wesley Guild Hospital (WGH), a unit of Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), were serially recruited for the study, and 102 agreed to participate. There are no statistically significant differences between the 11 who refused to participate and the participants. Adolescents who had severe cognitive disabilities (severe and profound mental retardation) or who were nonverbal were excluded from the study. There were 65 boys and 37 girls. With respect to seizure type, 46 adolescents had complex partial seizures, 34 had generalized seizures, 10 had simple partial seizures, 6 had secondarily generalized seizures, and 6 had mixed seizures. All subjects were stable by the time

of evaluation and were functioning well in school. They had been diagnosed with and managed for epilepsy for at least 1 year prior to recruitment. The main drugs used in treatment were carbamazepine, sodium valproate, and phenytoin sodium. One month prior to evaluation, 56 children had no seizure episode, 34 had one or two episodes, and 12 had more than two episodes. Ninety-two of the parents are mothers and the remaining 10 are fathers.

### 2.2. Procedure

Written informed consent was obtained from each participant after the objectives of the study were explained. The Ethics and Research Committee of OAUTHC approved the study protocol. The hospital records of the adolescents with epilepsy were reviewed.

### 2.3. Assessments

#### 2.3.1. Sociodemographic and illness variables

Age, sex, level of education/class, age of onset of illness, duration of epilepsy, seizure type, types of AEDs, and number of AEDs were obtained from the case files. The adolescents were asked about the frequency of seizures in the past year and the side effects of their AEDs. Family socioeconomic status was measured using the Hollingshead scale [17].

#### 2.3.2. Family stressors

Family stress was measured using Family Stressors, a portion of the Family Inventory of Life Events and Changes, which assesses stressful life events and family strains experienced in the past year [18]. The parents responded yes or no to 10 items describing potentially stressful life events. All no answers are given a 0, and yes answers are weighed from 40 (job change) to 73 (death). Higher scores reflect more stressful events. The total score of the 10-item scale was used in the data analysis.

#### 2.3.3. Family adaptive resources

The Family Inventory of Resources Management (FIRM) was used to measure family adaptive resources. FIRM [18] is a 69-item self-report instrument that provides information on the family resources needed to adapt to stressful events. It has a strong test–retest reliability [14]. Higher scores reflect more adaptive resources.

#### 2.3.4. General Health Questionnaire (GHQ)

Parents completed the GHQ [19], which is a self-report rating scale designed to detect psychiatric morbidity in general and medical outpatient settings. The scale has also been widely applied as a screening instrument in community-based epidemiological studies.

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