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Assessment of Quality of Life and Social Adaptation of Patients with Epilepsy

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ABSTRACT

Epilepsy is a chronic neurological disease characterised by repeated attacks of excessive electrical activity in the brain, which significantly affects the quality of life of patients. This review article analyses modern approaches to assessing the quality of life and social adaptation of patients with epilepsy, with an emphasis on clinical methods and psychological diagnostic tools. A review of research over the past 10 years found that optimised pharmacotherapy, including polytherapy and the use of drugs such as lamotrigine, improves the quality of life for patients. Monotherapy with anticonvulsants also shows positive results, but seizure control is insufficient without taking into account side effects, psycho-emotional disorders and the level of social adaptation. Research has shown that psychological defence mechanisms, cerebrospinal fluid index (CSI) and family environment play an important role in the quality of life of patients with epilepsy.

Keywords: Quality of life, social adaptation, epilepsy.

INTRIDUCTION

Epilepsy is a chronic neurological disease characterized by recurrent seizures caused by excess electrical activity in the brain. The impact of epilepsy on a patient's life extends significantly beyond the physical symptoms, affecting the psychological state, social relationships and general ability to adapt to society [1,3,5].

The quality of life of patients with epilepsy is an important indicator that reflects not only the effectiveness of medical treatment but also the degree of social integration and psychological well-being. In recent years, increasing attention has been paid to a comprehensive assessment of these aspects, since improving the quality of life and social adaptation can significantly increase the

overall effectiveness of treatment and rehabilitation [1,3].

This review article is aimed at analyzing modern approaches to assessing the quality of life and social adaptation in patients with epilepsy. It examines both clinical assessment methods and psychological diagnostic tools, and the impact of various factors, such as the type of epilepsy and the frequency and severity of seizures, on the quality of life of patients [2,4].

Purpose of the study. Summarization of available data to identify key factors that contribute to improving the quality of life and social adaptation of patients with epilepsy, as well as the formation of recommendations

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for medical and social workers to improve comprehensive support for this category of patients.

MATERIALS AND METHODS

A literature review of scientific works over the past 10 years was conducted using the resources of the Elibrary search engine and the CyberLeninka scientific electronic library, the TMA repository, etc. using the above keywords. For this meta-analysis, articles were used that contained evidence, experimental and clinical evidence on the most current issues related to the quality of life and social adaptation of patients with epilepsy.

Main part. Epilepsy is one of the most common chronic neurological diseases, affecting approximately 50 million people worldwide. Epilepsy affects people of all ages, genders and ethnic groups, making it a global health and social problem. According to the World Health Organization (WHO), epilepsy affects approximately 1% of the world's population. Recurrent attacks and the need for constant drug monitoring can significantly worsen the quality of life of patients, leading to physical, psychological and social difficulties. Patients often face problems with employment, education and social integration.

Scientists from the Kyrgyz State Medical Academy named after I.K. Akhunbaeva Turuzbekova B.D. and Zhusupova A.T. and Odessa National Medical University Solodovnikova Yu.A. assessed the quality of life indicators of patients with epilepsy during treatment with various antiepileptic drugs.

For this purpose, they examined 44 patients with epilepsy, 29 (65.9%) of them were men and the remaining 15 (34.1%) were women. As the main method for assessing quality of life, they used the QOLIE-31 questionnaire, which is the most common in clinical trials and individual monitoring, approved by the ILAE.

The study revealed that higher scores on all subscales of the QOLIE-31 questionnaire were observed in patients taking polytherapy and lamotrigine. The lowest values of quality of life scales were observed in patients treated with carbamazepine and valproate ($p < 0.05$).

In conclusion, they came to the conclusion that optimized pharmacotherapy can reduce the frequency of side effects, increase efficiency and improve the emotional, psychological and physical state of patients, and the use of methods for assessing the quality of life of patients using the QOLIE-31 questionnaire along with clinical, instrumental research methods is a reliable additional criterion for assessing the effectiveness and tolerability of therapy [10].

Also interesting is the study by Mirzaeva K.S. in which the dynamics of the quality of life of patients with epilepsy during monotherapy with certain anticonvulsants was assessed.

During the study, 102 patients aged 18-44 years (mean age 30.2 ± 12.3 years) were examined. Studies have shown that optimized pharmacotherapy reduces the incidence of side effects, increases effectiveness and improves the emotional, psychological and physical well-being of patients. It became clear that to achieve a high quality of life, remission of attacks is not enough, since the quality of life is affected by the presence or absence of side effects, psycho-emotional disorders and social adaptation of patients, as well as the use of methods for assessing the quality of life of patients with epilepsy using the QOLIE-31 questionnaire along with clinical, instrumental examination methods is a reliable criterion for assessing the additional effectiveness and tolerability of therapy [9].

In another study conducted by Lesik O.O., 30 patients with various forms of epilepsy (15 men and 15 women) were examined, the average age of men was 39.69 ± 9.24 years, women 37.31 ± 7.02 years. Quality of life was assessed using the QOLIE-31 questionnaire. To diagnose psychological defense mechanisms, the Plutchik-Kellerman Conte Questionnaire (LSI) was used. Statistical data processing was carried out using SPSS 13.0.

As a result, the predominant psychological defense mechanism in both groups was "denial." Among women, "intellectualization" and "reactive education" were more common, and "replacement" was less common. In men, "compensation" was less common. Women had a higher fear of attacks ($f-67.53 \pm 7.63$, $m-45.31 \pm 7.61$) and worry about side effects ($f-82.19 \pm 3.33$, $m-56.83 \pm 7.98$), but general quality of life ($w-72.5 \pm 3.57$, $m-59.49 \pm 4.72$) and social functioning ($w-79.13 \pm 4.66$, $m-61.19 \pm 7.45$) were higher ($p < 0.05$). For men, "denial" increased energy and quality of life, while "repression" decreased emotional well-being. "Projection" and "reactive formation" negatively affected cognitive functions and social activity. "Intellectualization" improved many indicators, but did not reduce the fear of seizures.

Lesik O.O. concluded that different psychological defense mechanisms have different effects on the quality of life of patients with epilepsy. He also added that women use more constructive mechanisms, improving adaptation and quality of life, while men also use destructive ones, worsening cognitive and emotional functions [7, 8].

There is also an opinion that the cerebrospinal fluid-cranial index may have a role in assessing the quality of life of patients with epilepsy. According to the results of a study by scientists from Omsk State Medical University and the V.A. Negovsky Research Institute of General Reanimatology, patients with cryptogenic epilepsy and low cerebrospinal fluid-cranial index often have a high level of depression and a low quality of life compared to patients with a normal cerebrospinal fluid-cranial index.

Their study examined 78 patients with cryptogenic epilepsy. Group I (36 patients) had a normal cerebrospinal fluid-cranial index (1.6-3.6), group II (42 patients) had a low cerebrospinal fluid-cranial index (0.8-1.2). Quality of life was assessed using the QOLIE-31 questionnaire, depression - using the Beck Depression Inventory. The minimum duration of observation was 2 years.

The results showed that the quality of life in group II decreased by 5.6% ($p = 0.78$), in group I - by 2.8% ($p = 0.94$). Depression was more pronounced in patients with a low cerebro-cranial index ($R = -0.18$, $p = 0.047$), with temporal and frontal focal localization ($G = 0.35$, $p = 0.0074$), and in women ($G = 0.27$, $p = 0.023$), under the age of 24 and over 37 years ($G = 0.29$, $p = 0.035$), with a disease duration of more than 5 years ($R = 0.32$, $p = 0.0091$) and frequent attacks ($G = 0.31$, $p = 0.0038$) [11].

A study conducted by a scientist at the Scientific Center for Mental Health in Moscow, M.V. Kuzminova showed that the patient's family environment, among other factors, also contributes to the social functioning and quality of life of patients with epilepsy. This study examined 149 patients with epilepsy, average age 45 years. Clinical-psychopathological, psychometric and statistical assessment methods were used.

RESULTS AND DISCUSSION

Unfriendly, conflictual (22.1%), unstable (28.9%), distant-formal (7.4%) and overprotective (22.1%) relationships in the family increased the frequency of attacks, caused neurotic and personality disorders, decreased self-esteem, increased anxiety and apathy, which worsened social functioning and quality of life.

Family partnerships contributed to the absence of depression ($r = 0.64$), good mood ($r = 0.64$) and high self-esteem ($r = 0.61$).

The autocratic style of communication in the family (32.9%) led to frequent attacks ($r = 0.63$), conflicts ($r = 0.51$) and impaired social adaptation ($r = 0.51$).

Friendly relationships contributed to good social adaptation ($r = 0.59$) and absence of disability ($r = 0.66$), but often led to excessive care.

Thus, at the conclusion of the study, it became clear that favorable family relationships and support contribute to adequate self-esteem, a better course of the disease and successful social adaptation of patients, which allows them to lead a life similar to the life of healthy people. Negative family relationships, on the contrary, worsen the prognosis of the disease, reduce social adaptation and lead to personal changes. This highlights the need for psychosocial interventions and psychoeducation for families of epilepsy patients to improve their relationships and patients' quality of life [6].

CONCLUSION

Epilepsy significantly affects the quality of life of patients, affecting not only physical symptoms, but also psychological state, social relationships and adaptation in society. A comprehensive assessment of the quality of life and social adaptation of patients with epilepsy is necessary to improve the effectiveness of treatment and rehabilitation. Optimized pharmacotherapy, including polytherapy and the use of drugs such as lamotrigine, improves the quality of life of patients. It is also important to take into account the side effects of medications, psycho-emotional disorders and the level of social adaptation. Psychological defense mechanisms and the family environment play a significant role in the adaptation and quality of life of patients. An integrated approach to treatment, including drug therapy, psychological support and family intervention, is key to improving the quality of life and social integration of people with epilepsy.

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EPILEPSIYA BILAN BEMORLARNING HAYOT SIFATI VA IJTIMOY ADAPTATSIYASINI VAHOLASH

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ANNOTATSIYA

Epilepsiya - surunkali nevrologik kasallik bo'lib, miyada elektr faolligining oshib ketishi sababli takroriy xurujlar bilan harakterlanadi, bu bemorlarning hayot sifatiga sezilarli ta'sir qiladi. Ushbu maqolada epilepsiya bilan kasallangan bemorlarning hayot sifati va ijtimoiy moslashuvini baholashning zamonaviy yondashuvlari tahlil qilinadi, bunda klinik usullar va psixologik diagnostika vositalariga e'tibor qaratiladi. So'nggi 10 yil davomida olib borilgan tadqiqotlarni ko'rib chiqish shuni ko'rsatdiki, optimallashtirilgan farmakoterapiya, shu jumladan politerapiya va lamotrigin kabi dori vositalaridan foydalanish bemorlarning hayot sifatini yaxshilaydi. Antikonvulsanlar bilan monoterapiya ham ijobiy natijalarni ko'rsatadi, ammo nojo'ya ta'sirlarni, psixo-emotsional kasalliklarni va ijtimoiy moslashish darajasini hisobga olmagan holda xurujlarni nazorat qilish etarli emas. Tadqiqotlar shuni ko'rsatdiki, epilepsiya bilan kasallangan bemorlarning hayot sifatida psixologik himoya mexanizmlari, likvor-kranial indeksi va oila muhiti muhim rol o'ynaydi.

Kalit so'zlar: Hayot sifati, ijtimoiy adaptatsiya, epilepsiya.

ОЦЕНКА КАЧЕСТВА ЖИЗНИ И СОЦИАЛЬНОЙ АДАПТИЦИИ БОЛЬНЫХ С ЭПИЛЕПСИЕЙ

Ж.Д.Абдуллаев, М.К.Атаниязов

АННОТАЦИЯ

Эпилепсия представляет собой хроническое неврологическое заболевание, характеризующееся повторяющимися приступами избыточной электрической активности в мозге, существенно влияющими на качество жизни пациентов. В данной обзорной статье анализируются современные подходы к оценке качества жизни и социальной адаптации больных эпилепсией, с акцентом на клинические методы и психологические инструменты диагностики. Обзор научных трудов за последние 10 лет показал, что оптимизированная фармакотерапия, включая политерапию и использование препаратов, таких как ламотриджин, способствует улучшению качества жизни пациентов. Монотерапия антиконвульсантами также демонстрирует положительные результаты, однако контроль приступов недостаточен без учета побочных эффектов, психоэмоциональных нарушений и уровня социальной адаптации. Исследования показали, что механизмы психологической защиты, ликворо-краниальный индекс (ЛКИ) и семейное окружение играют важную роль в качестве жизни пациентов с эпилепсией.

Ключевые слова: Качество жизни, социальная адаптация, эпилепсия.