



ISSN: 2475-5435

## **Research Article**

# International Journal of Psychiatry

# Quality of Life assessment of people with Epilepsy in COVID Pandemic

# Nirmal Surya\*1, Aarti Sharma2, Balaji Patil3, Hitav Someshwar4

<sup>1</sup>Neurologist, Founder Trustee & Chairman, Epilepsy Foundation India, Mumbai, Maharashtra

<sup>2</sup>Psychologist, Epilepsy Foundation India, Epilepsy Foundation India, Mumbai, Maharashtra

<sup>3</sup>Head Medical Affairs, Eisai Pharmaceuticals India Pvt Ltd

<sup>4</sup>Physiotherapist, Epilepsy Foundation India, Epilepsy Foundation India, Mumbai, Maharashtra

# \*Corresponding author

Nirmal Surya, Neurologist, Founder Trustee & Chairman, Epilepsy Foundation India, Mumbai, Maharashtra

Submitted: 19 June 2020; Accepted: 03 July 2020; Published: 16 July 2020

## **Abstract**

#### Introduction

The lock down in COVID-19 affected India's economy, health and quality of life, causing an indefinite standstill for the majority of major urban areas in India. Check out the different economic and health challenges faced by the urban populations of India and their lock down perceptions, CHD Group has conducted the Mangalore based global health organization this national evaluation survey. 604 respondents from 25 Indian states (including the Delhi and Jammu and Kashmir Union territories) were surveyed. The survey involved respondents from all the worst-hit countries, including Maharashtra, Gujarat, Delhi, Madhya Pradesh and Ra, who had confirmed COVID-19 as on 1 May 2020.

According to the CHD Group's COVID-19 Lock down National Assessment Survey, 40% of India's urban population is living in fear of unemployment. In addition, 15% of employed respondents do not receive the same monthly income during the lock-down period. A worryingly large proportion (48%) of respondents face difficulties in accessing essential commodities during the lock-up. 21% faced difficulties in purchasing medicines, and 18% faced difficulties in accessing healthcare facilities, even in urban centres. Inadequate access to healthcare facilities during the lockdown may lead to potential exacerbations of their pre-existing illnesses. Furthermore, access constraints to medicines and healthcare facilities were highest among respondents from the states of Maharashtra, Tamil Nadu, Delhi, Andhra Pradesh and Karnataka, which also collectively account to nearly 60% of COVID-19 cases in India. (https://www.chdefforts.org/publications/, 2020)

Based on the situation, we planned the assessment of Quality of Life of People with Epilepsy during the COVID Pandemic.

#### Method

People with Epilepsy were included in the questionnaire-based study. People who visited the OPD or attended the OPD online during the COVID were part of this study. All patients gave their consent to the study and went through the QOLIE 10 P assessment. All the answers are given voluntarily by the patients. (Neurology)

### Results Seizures

A total of 100 patients reported QOLIE 10P responses with a mean age of 30 years. Of the 100 participants, 51 percent were male, and 49 percent were female participants. During the COVID time, 69 per cent of the patients visited had no seizures, while 9 per cent had one seizure, 4 per cent had more than one seizure. 10 % of people had seizures due to missed doses and 8% had seizures due to family or financial stress. Feeling alone, Seizure worry and social limitation impacting the Quality of Life of patient. Most concern points for people with Epilepsy are Seizure worry and Medication effects.

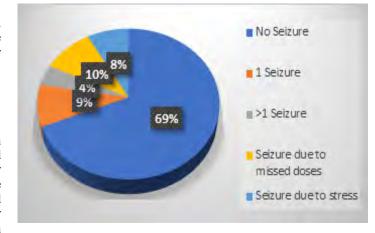


Figure 1: Seizure during COVID

## **Quality of Life**

We assessed 100 patients on different components of quality of life such as energy, energy, psychological parameters in COVID, work limitation, social limitation, memory Difficulties, physical difficulties due to AEDs, Psychological Effect of AEDs, Seizure Worry. Overall QoL, epilepsy-related quality of life in distress.

We analyse each response and take the mean of all as shown in Table 1. As far as the response is concerned, people with epilepsy feel

more alone during this lock down. Their worry and concerns about the availability of health care facilities have increased significantly. Patients are more concerned about social limitation and availability of AEDs.

According to the analysis of 100 patients, Lock down had an impact on the overall quality of life of people with Epilepsy and increased the additional burden of distress due to Epilepsy.

Component	Mean	Standard Deviation	Variance
Energy	2.13	1.05	1.1
Downhearted and alone	3.22	1.22	1.49
Feeling downhearted and alone in COVID	4.02	0.9	0.81
Work Limitation	1.82	0.98	0.97
Social Limitation	2.21	1.08	1.18
Memory Difficulties	1.15	0.5	0.25
Physical Difficulties due to AEDs	1.06	0.29	0.08
Psychological impact of AEDs	1.09	0.39	0.15
Seizure Worry	2.11	0.76	0.58
Overall QoL	2.11	0.76	0.58
epilepsy-related quality of life distress	2.13	0.76	0.57

Table 1: QOL of People with Epilepsy

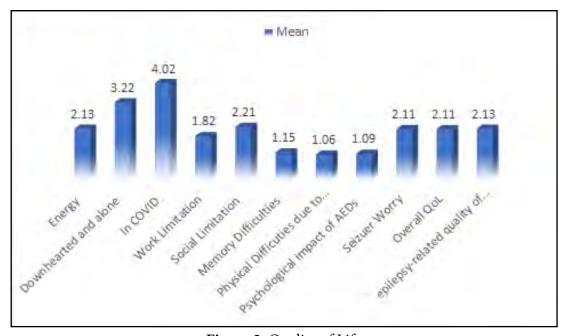


Figure 2: Quality of Life

## **Most Concerning Topics**

When we asked during the COVID, which is the most concerning point from the people with epilepsy perspective, we got mix bag of answers. The most concern point raised by people with epilepsy is medication effect followed by Seizure worry and overall quality of life as shown in figure 2

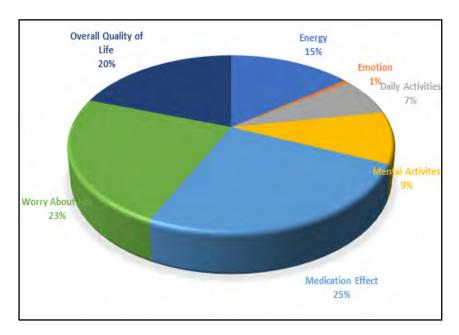


Figure 3: Most Concern points for People with Epilepsy

#### **Conclusion**

COVID Pandemic Lock down and fear of infection have increased the burden on people with epilepsy. Many trigger factors are generated by the ecosystem. Financial, economic stress. Lack of exercise, high-grade fever due to COVID and all other factors increase the risk of seizures and related disorders. In this research, we found that feeling lonely and being concerned about Seizure are significant factors that have an effect on quality of life. In addition, due to lack of movement, the healthcare and lack of access to the medication affected the treatment of people with Epilepsy. It is important to find ways to provide comprehensive care to people with

Epilepsy and to improve their psychological, physical and mental health. As this study is Questionnaire based patient reported study, this design has limitation of subjectivness.

#### **References:**

- 1. https://www.chdefforts.org/publications/. (2020) Retrieved from chdefforts.org: https://www.chdefforts.org/publications/
- 2. Neurology, A A (n.d.) Policy and Guidelines. Retrieved from https://www.aan.com/siteassets/home-page/policy-and-guidelines/quality/quality-measures/epilepsy-and-seizures/golie-10p.pdf

**Copyright:** ©2020 Nirmal Surya., et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.