“A Population-based study of stigma on the quality of life of people with epilepsy, as well as the perceptions of physicians regarding drug therapy for these patient”

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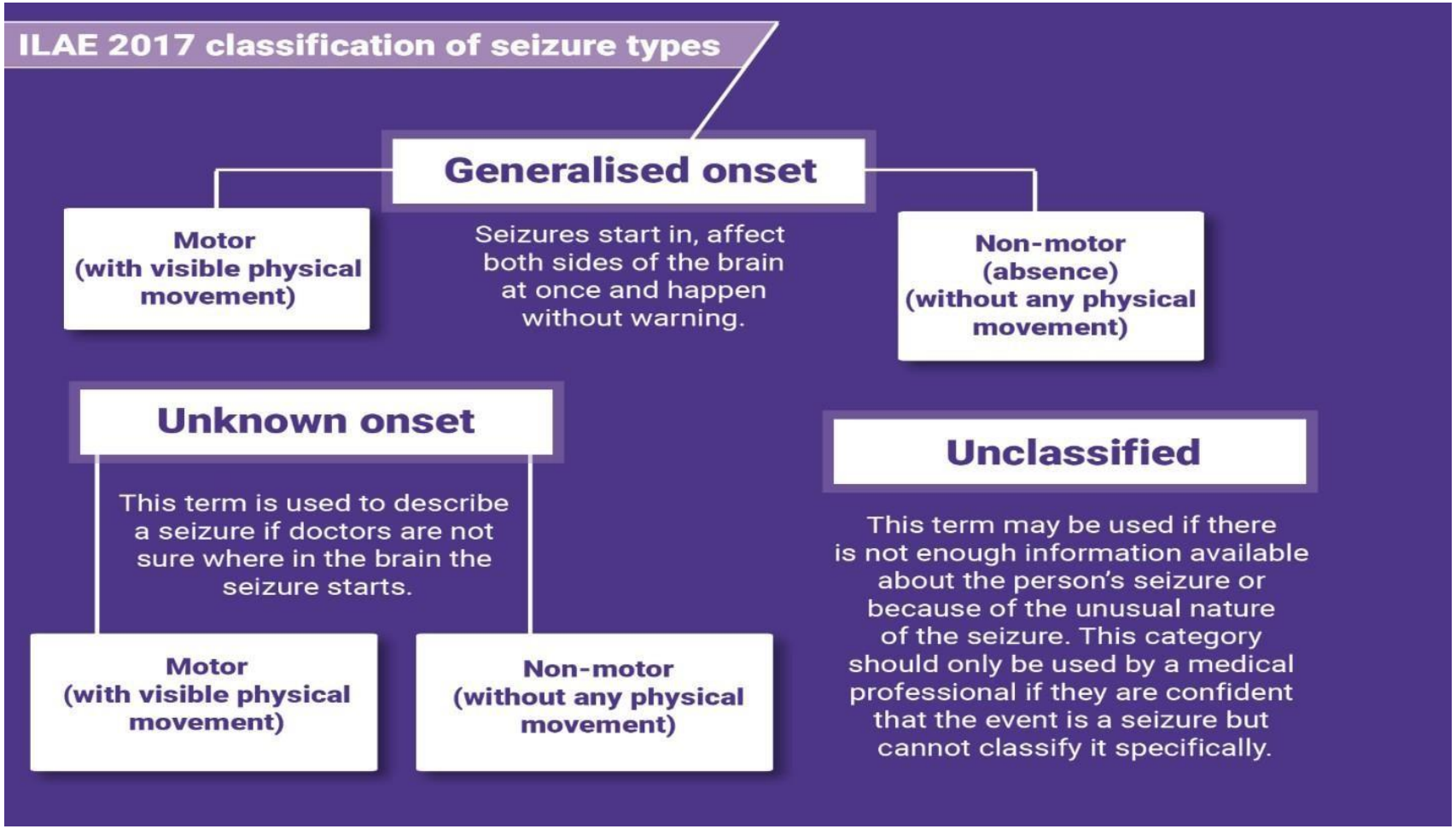
INTRODUCTION

- Epilepsy is a neurological sickness described by seizures and unexplained seizures
- Epilepsy is a transitory weakness of cerebrum capability because of irregularities in the mind.
- Changes in behavior, cognition, emotion, movement, or a combination of these can be signs of these effects.
- People of all ages, from infants to adults, are affected by epilepsy.
- It can be brought on by a variety of things, such as a genetic predisposition, damage to the brain, infection, poor growth, or an unidentified cause.
- Epilepsy is typically treated with antiepileptic medications to control seizures

Epilepsy Indian Market: -

- India is estimated to have over 10 million people with epilepsy (PWE)
- In the Bangalore Metropolitan Provincial Neuro- epidemiological Review (Consumes), a pervasiveness rate of 8.8/1000 population was observed, with the rate in rural networks (11.9) being two times that of metropolitan regions (5.7).
- Various studies have found that the general prevalence of epilepsy in India is 5.59 to 10 per 1,000 people.
- In Kerala, the age-changed prevalence rate of dynamic epilepsy is 4.7 per 1,000 people.

Classification of Seizures Types



Objective of the study: -

1. To investigate patient social stigma and the demographics of epilepsy patients.
2. To determine the reasons for medication discontinuation
3. To be familiar with the assumptions for the patients from the ongoing treatment
4. To determine the patient's quality of life

Research Methodology: -

Study Type: Cross-sectional study

Research Design: - Depending on the research objectives and available resources, studies can be designed as cross-sectional or longitudinal.

Sampling: - The need to select a representative sample of epilepsy patients from the target population. This can be done through interaction with various epileptic patients of different hospital of Hyderabad.

In addition, physicians specializing in epilepsy management can be identified and included as participants in this study.

Data collection: -

- Data can be collected through self-assessment, observation, questionnaire or face to face interaction with the patients in hospitals.
- The essential and optional information was utilized.
- Essential information for specialist and patient assessment and auxiliary information for predominance information
- Essential information was gathered from the respondent through perception or direct interchanges. Primary data source:

1. Field Perceptions
2. Questionnaire

Evaluation of quality of life: -

The Poll on Personal satisfaction with Diabetes and different instruments can be utilized to assess personal satisfaction. These actions give a superior comprehension of what epilepsy and shame mean for human existence and catch numerous parts of personal satisfaction, including physical, mental, social, and in general wellbeing.

Physician's Evaluation: -

Through questionnaires or interviews, it is possible to investigate how physicians perceive drug treatment for epilepsy patients.

These questions will ask about their knowledge of medications that are available, prescriptions, beliefs about how effective they are, worries about side effects, and opinions about treatment options.

Data Analysis: -

Statistics like descriptive statistics, correlation analysis, and regression analysis can be used to examine and identify the relationship between variables in quantitative data gathered from research and questions. Subjective information from meetings or unassuming inquiries can be investigated utilizing topical examination.

Study Duration: -

Three Months (6^{th} march to 31^{st} may)

Tool used: -

Tableau, Ms.-Excel, Power BI

Methodology: -

Procedure utilized for the overview is an irregular cross-sectional poll study on epileptic patients. The survey is administered at random to OPD patients in various hospitals' sitting areas. Patients and their loved ones receive the questionnaire. 150 patients from a total of 200 completed the survey to complete the data.

Patients over the age of 18 received the questionnaire, and family members of patients under the age of 18 completed it. From the 1st of April 2023 to the 31st of May, patients at various Hyderabad Clinics participated in the cross-sectional review. The study's goal was to inform patients before the privacy survey and prepare them for it.

Survey Instrument: -

There were two sections of questions in the study questionnaire:

1. Related to the disease profile of the patient.
2. Learn about and evaluate the patient's treatment plan.

The patient's seizure freedom and treatment patterns are also discussed during the survey with doctors.

Study Area

The review was led under the OPD patients in different emergency clinics, for example,

- Rainbow hospital
- Nilloffer hospital
- NIMS hospital
- Care hospital
- Star hospital

1. In Hyderabad with less than 150 patients in all of these areas and some working-area clinics.
2. Patients in IPD were avoided due to the patient's serious wellbeing.

Sampling: -

It was done with purposeful sampling.

Sample size: -

In the OPD area, where elderly patients and adults participated in the study, the sample size was selected at random. Under the supervision of 150 patients present for diagnosis, the study was carried out.

Age in years	
<20	**25**
21-40	**79**
41-60	**41**
Gender	
Male	**91**
Female	**59**
Occupation	
Employed	**52**
Housewife	**67**
Student	**31**
Marital status	
Married	**67**
Unmarried	**83**

Gender: -

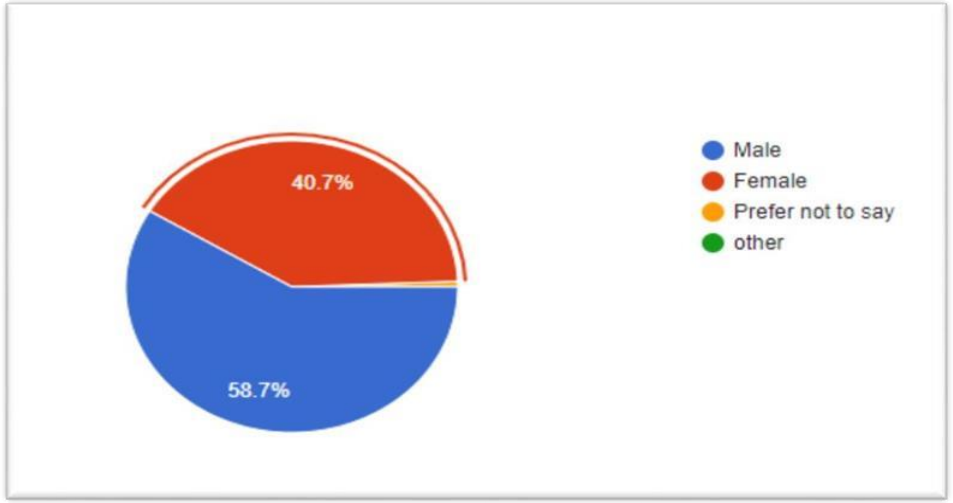
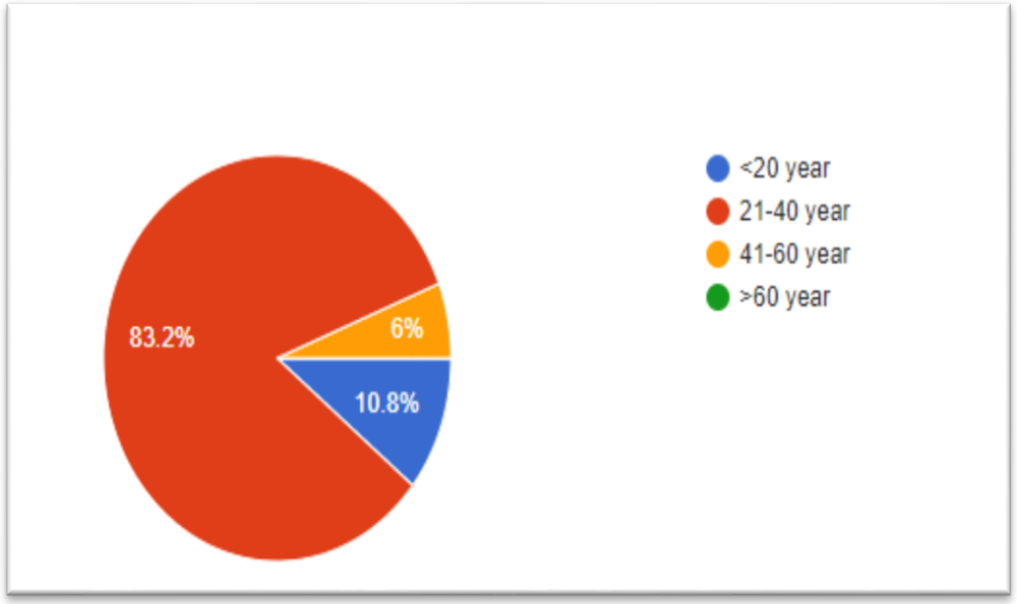


Fig.1 Gender of the patients

Age of the patients: -



Are you aware of Epilepsy?

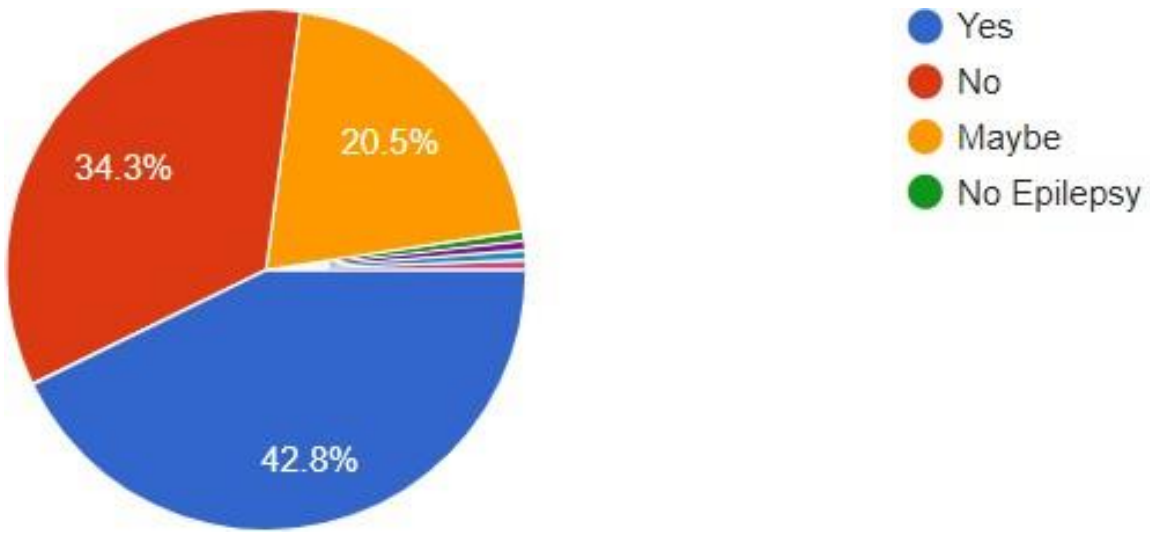
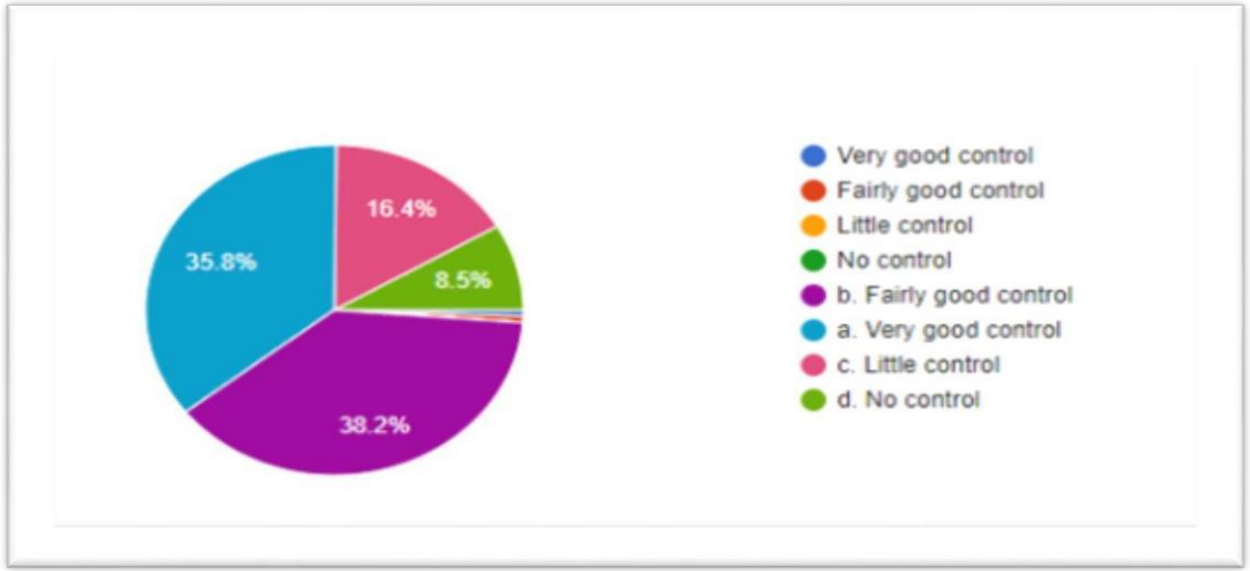
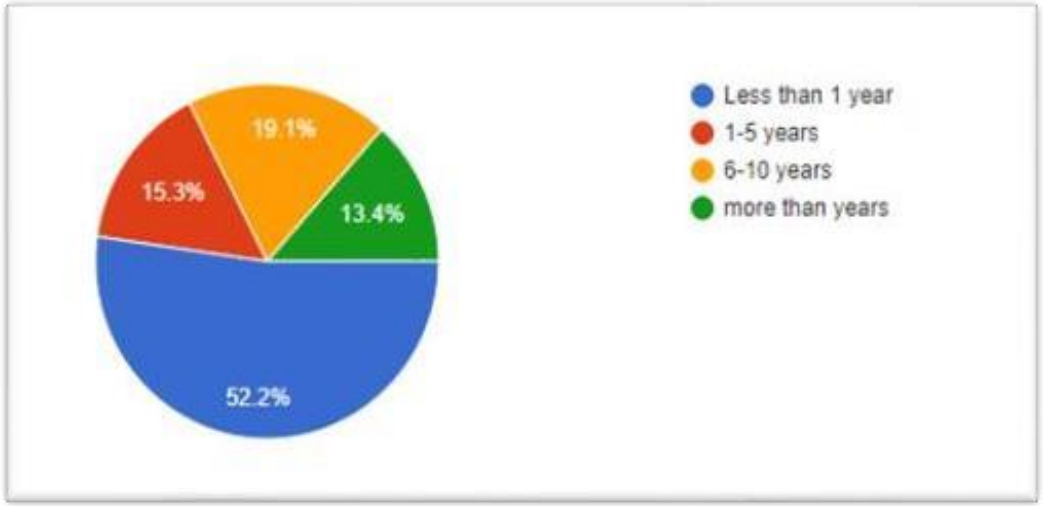


Fig 3 Awareness of Epilepsy

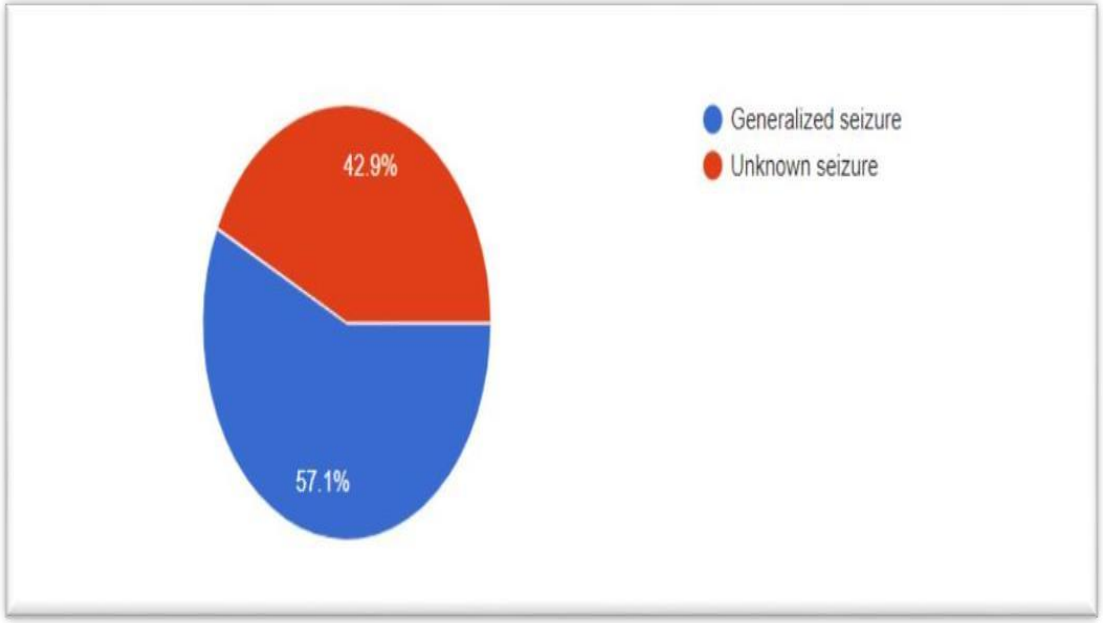
How much is the control over your attacks?



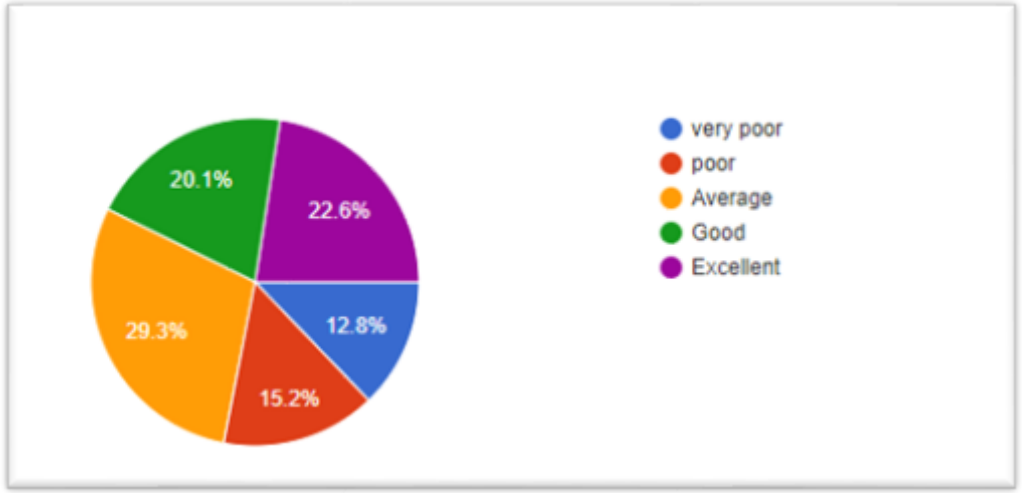
How long have you been diagnosed with epilepsy?



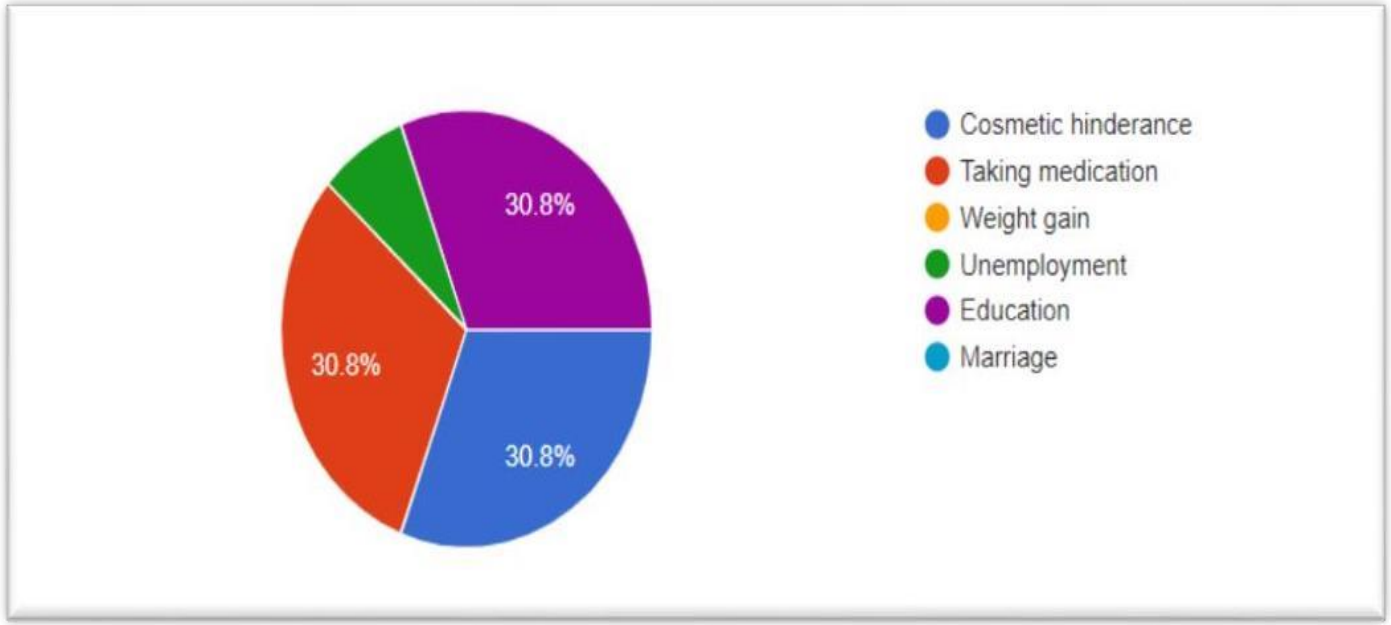
Type of seizure experienced by respondents?



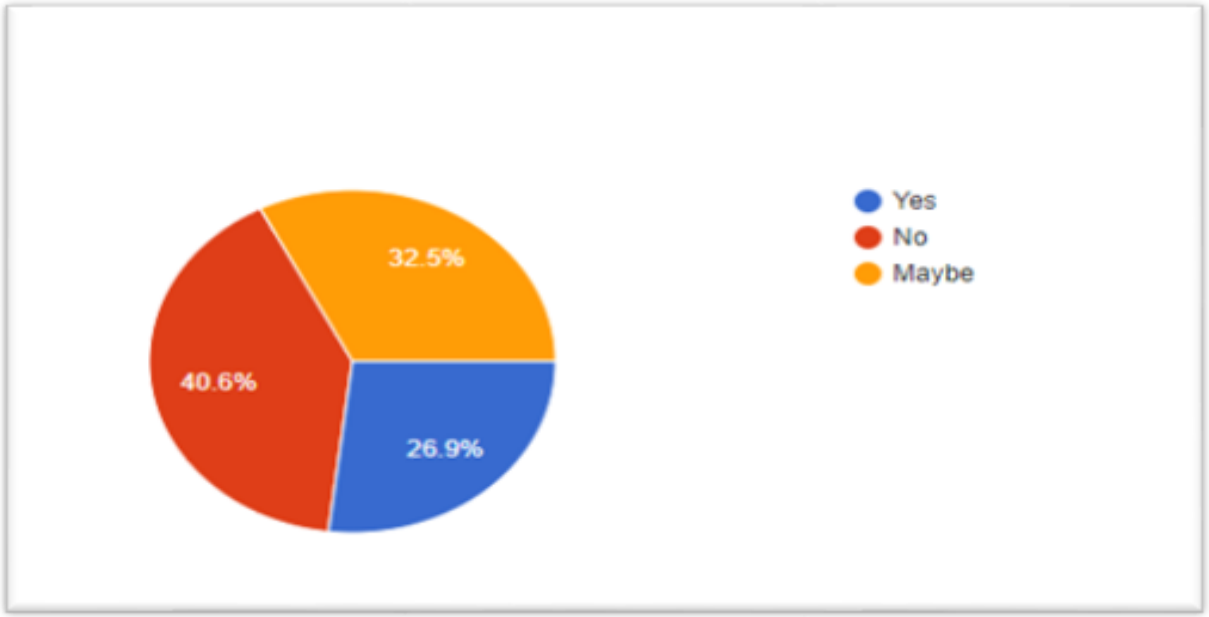
How would you rate the overall quality of your life?



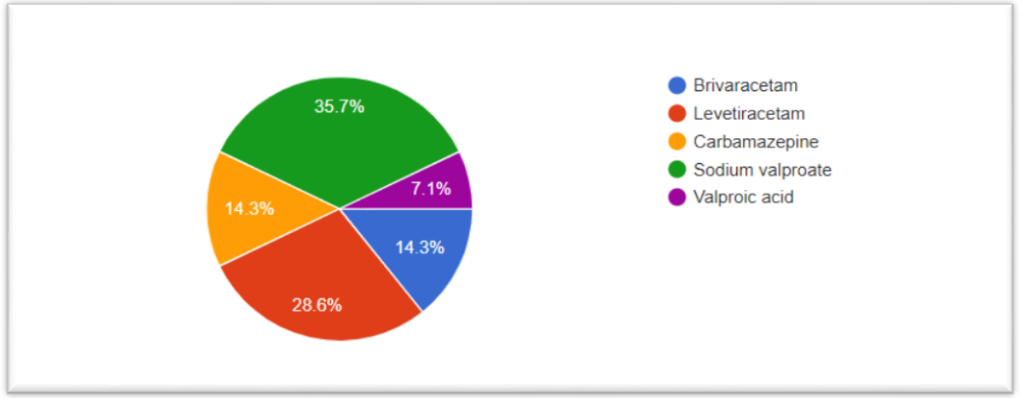
What kinds of social stigma or discrimination do you face because of your epilepsy?



Have you looked for help or advising to manage the shame related with epilepsy?



Molecule prefer for treatment of epilepsy by doctors?



Finding and Conclusions: -

It is possible to draw the conclusion that most patients came from families with incomes below $3000 The study yielded significant conclusions. The review was performed on center and low-pay gatherings and a substantial portion of the patients are from government medical clinics in Hyderabad, Telangana. A greater number of ladies are hitched and experiencing this illness for the last numerous years.

1. The objective seeks information regarding the patient's quality of life, the social stigma they face, and their treatment options.
2. Patients having social shame like marriage, occupations, taking drugs, well-rounded schooling, bias, in which landing position is the most often replied as 31.33%
3. Patients' lives are also impacted as a result of the medication's prolonged duration, which increases their risk of experiencing a variety of side effects like hair loss and weight gain.
4. Patients are in charge, take their medications for longer periods of time, do not stop taking them, and only 23% experience seizure freedom after taking their medications for three to four years.
5. Minor seizures have occurred in all of the patients in this study. Patients with severe seizures are not included in this study.
6. In terms of comprehending the challenges faced by epileptic patients, community research on stigma, its impact on quality of life, and physicians' perspectives on drugs arecrucial.
7. Perampanel is not prescribed by doctors because they believe in older medications like Levetiracetam and Carbamazepine. Doctors use more than 40% of Levetiracetam.