SHORT COMMUNICATION

Perceived social support and psychological well-being among patients with epilepsy

Nazia Nazir,[1] Muhammad Salman Zafar,[2] Muhammad Numan Akram,[3] Maryam Khokhar,[4] Iqra Yousaf[5]

Abstract

This cross-sectional study aimed to explore the relationship between perceived social support and psychological well-being in patients with epilepsy. The study was conducted, from January to December 2019, after ethical approval from the research ethical committee of FMU (Faisalabad Medical University, Faisalabad). A sample of 90 patients, attending free epilepsy camp in Mujahid Hospital Madina Town Faisalabad and psychiatry OPD of government General hospital G.M. Abad Faisalabad, was collected by using the Multidimensional Scale of Perceived Social Support (Urdu version). Moreover, Psychological well-being was assessed by Ryff Scale. Statistical analysis was done through data Correlation and T-test SPSS version 21. A positive correlation between psychological well-being and perceived social support in epileptic patients was established ($p<0.001$).

This study concludes that on the one hand, strong social support enhances psychological well-being, while, on the other hand, both these factors collaboratively improve the mental health of PWE, thus promoting a better outcome.

Keywords: Patients with Epilepsy (PWE), Psychological well-being, Scial support.

DOI: 10.47391/JPMA.5288

Submission completion date: 14-12-2021
Acceptance date: 03-09-2022

Introduction

Epilepsy manifests itself in the form of seizures that are a consequence of irregular electrical activity that originates in the brain. Being a commonly observed neurological disorder, it is often accompanied by psychosocial challenges; whereas cognitive and characteristic behaviours, environmental factors, and psychosocial matters contribute to the development of psychiatric disorders in epileptic patients.[1] According to studies, attitude of patient, family, and society towards this disease modify the psychosocial domains and quality of life where positive behaviours ensure that psychological problems are experienced to a lesser extent.[2]

Perceived social support is an individual's perception about being helped and supported by friends, family, and other actors of support network.[3] Social support remains pivotal in conservation of psychological adjustment and well-being by enhancing the emotional efficacy. Good social support affects self-management of PWE; employing better coping strategies and reducing the sense of discrimination and anxiety that a PWE experiences thus improving the quality of life.[4] Similarly, psychological well-being is considered one of the strongest prognostic factors regarding seizure control and maintain better quality of life. Multiple types of research have displayed a positive association between the presence of social support and psychological well-being of individuals, stating that the timely and effective provision of social support to individuals in need may help protect them against the negative effects of daily stressors and help promote their positive mental health outcomes.[5]

According to WHO report 2022, epilepsy accounts for 0.5% of economic burden of diseases affecting all domains of life negatively, especially lower productivity, non compliance to treatment, over-utilisation of resources and more chances to suffer from anxiety and depression.[6] Reportedly, severity of seizure serves to lower the quality of life of PWE. Although demographically, gender and marital status show little impact on perceived social support and psychological well-being, age factor has been influential which grows positively with increasing age.[7] However, the nature of unpredictability of uncontrolled seizures and weaker psychosocial support are some of the prominent factors promoting psychological distress among PWE.[8]

[1]Department of Psychiatry, Faisalabad Medical University, Faisalabad, [2]Department of Psychiatry, Mayo Hospital, Lahore, [3]Department of Neurology, Allied Hospital, Faisalabad, Pakistan, [4]Department of Psychiatry, Abwa Medical College and Hospital, Faisalabad, [5]Department of Psychology, Government General Hospital, Faisalabad, Pakistan
Correspondence: Nazia Nazir. Email: naziatanveer@hotmail.com
ORCID ID.

Heightened mental responsibility and burden in the process of better care provision, compromises the mental health of the caregiver which further reduces the PWE's chances to enjoy a satisfactory quality of life.[9] Hightened self-esteem of PWE has been shown to be linked with enhanced social support involving family, friends, partner, physicians, and nurses working in collaboration.[10] For providing patient-centered management, evidence-based non-pharmacological interventions, like yoga and music therapy, reduce the epileptiform activity in the brain of PWE, and have been reportedly beneficial in improving the psychological well-being as well as controlling seizures.[11, 12]

This study conducted to explore the mental health of epileptic patients and the social support which they have been received from society. The core objective of this study is to provide awareness to people regarding how social support shapes the mental health and behaviors of epileptic patients.

Patients and Methods

The study was conducted after taking approval by the Ethical committee of FMU research for pursuing epilepsy patients in Faisalabad, Pakistan. The cross-sectional study was conducted from January to December 2019. A sample of 90 already diagnosed PWE aged between 12 – 50 years, were collected at the free epilepsy camp in Mujahid Hospital Madina Town, Faisalabad, and psychiatry out-patient department of Government General Hospital, G. M abad, Faisalabad and this complete study was taken with all the participant's consent. The standard questionnaire Multidimensional Scale of Perceived Social Support (MSPSS) Urdu version was used. Psychological well-being was assessed by Ryff Scale[13] which has 42-items measuring six aspects of well-being and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Participants were categorised according to gender and age. For the analysis of the data, Correlation and T-test, SPSS version 21 was used. For all purposes, p-value of <0.01 was considered statistically significant.

Results

In this study, a total of 90 PWE, between the ages of 12 to 50 years were selected. Table 1 shows positive correlation among psychological well-being and perceived social support in PWE and an inverse relationship with age of both variables (p<0.001).

Table 2 highlights no gender differences in perceived social support and psychological well-being among PWE. Similarly no martial status difference was indicated.

Table-1: Relationship of psychological well-being and perceived social support in PWE along with age.

Perceived Social Support	Age	p-value
Psychological wellbeing **p<0.01	.497**	.000
Psychological wellbeing Perceived Social Support	-.1492** -.012**	.000 .000

**p< 0.01

Table-2: Gender differences on perceived social support & psychological well-being among PWE

Gender group	*M*	*S.D*	*df*	*t*	*P*
Males (n= 41)	64.17	11.007	88		
Females (n=49)	1.30	(0.80-2.12)	0.288	1.647	.201
P>0.05					
psychological well-being					
Males (n= 41)	80.20	10.656	88		
Females (n=49)	77.37	11.321	86.749	1.212	.552

P>0.05

Conclusion

This study noted the positive relationship between perceived social support and psychological well-being among PWE and highlights the dire importance of stronger perceived social system in accomplishment of sound psychological well-being among PWE. The quality of life of PWE further improves where the support network comprises both formal and informal helpers who pose a positive influence on the protection of mental health and prevention of their illnesses. Moreover, irrespective of gender, surprisingly both social support as well as psychological well-being grow with age. A combined treatment plan in collaboration with regular provision of psychiatric services should be implemented to improve the prognosis of epilepsy. Involvement of families of PWE in awareness and management programmes regarding epilepsy and its psychological phenomena may help in reducing psychological distress. Fostering culture-based psychological interventions in regaining the functionality of psychosocial life of PWE also requires specialised training of subgroup of psychologists and psychiatrists under national and international epilepsy specific interventional programmes.

Limitation: The sample size of the participants was not calculated.

Disclaimer: None to declare.

Conflict of Interest: None to declare.

Funding Disclosure: None to declare.

References

1. Whatley AD, Dilorio CK, Yeager K. Examining the relationships of depressive symptoms, stigma, social support and regimenspecific support on quality of life in adult patients with epilepsy. Health Educ Res. 2010; 25:575-84. doi: 10.1093/her/cyq001.
2. Akyol T, Nehir S. Effects of Attitudes of Patients with Epilepsy Towards Their Disease on Mental Health and Quality of Life. Erciyes Med J.2021; 43:47-53. DOI: 10.14744/etd.2020.95870
3. Salimi A, Bozorgpour F. Percieved social support and social-emotionalloneliness.Proc Soc Behav Sci.2012; 69:2009-13. doi.org/10.1016/j.sbspro.2012.12.158
4. Ingrida G, Söderberg P. Why does perceived social support protect against somatic symptoms: Investigating the roles of emotional self-efficacy and depressive symptoms?Nordic Psychol.2021; 73: 226-41. doi.org/10.1080/19012276.2021.1902845
5. Rueger SY, Malecki CK, Demaray MK. Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. J Youth Aolesc.2010; 39:47-61. doi: 10.1007/s10964-008-9368-6.
6. World Health Organization (WHO). Epilepsy. News release. The WHO Media Centre. [Online] 2022 [Cited 2022 October 14]. Available from: URL: https://www.who.int/news-room/fact-sheets/detail/epilepsy
7. Agung RN, Kariasa IM, Masfuri M, Sofiani Y, Kamil R, A. Factors Affecting the Quality of Life of Epilepsy Patients. KnE Life Sci.2022; 7:447-59. doi.org/10.18502/kls.v7i2.10340
8. Sahar N.Assessment of Psychological Distress in Epilepsy: Perspective from Pakistan. Epilepsy Res Treat.2012; 2012:171725. doi: 10.1155/2012/171725
9. Karim N, Ali A, Deuri SP. A comparative study of care burden and social support among caregivers of persons with schizophrenia and epilepsy. Open J Psychiatry Allied Sci. 2015;6:132-7. DOI:10.5958/2394-2061.2015.00011.7
10. Habibabadi JM, Naghibi N, Falahatian M, Izadi M. The Relationship Between Perceived Social Support and Self-Esteem in Patients With Epilepsy. Caspian J Neurol Sci. 2018; 4:137-43. DOI:10.29252/cjns.4.15.137
11. Michaelis R, Tang V, Nevitt SJ, Wagner JL, Modi AC, LaFrance WC Jr, et al. Psychological treatments for people with epilepsy. Cochrane Database Syst Rev. 2020; 8: CD012081. doi: 10.1002/14651858
12. Maguire, Melissa. Music Therapy for Epilepsy. Musik- Tanz Kunsttherapie.2017; 26:155-7.
13. Simard S , Savard J. Internal consistency and factorial validity of the 42-item psychological well-being scales. Innovat Aging. 2018; 2:690. doi: 10.1007/s00520-008-0444-y.