

Mental Health and Coping Styles in Families of Epileptic Patients in Iran

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Abstract: When a family member is suffering epilepsy, his presence leads to change family systematical dynamics. This study to determine the mental health and coping styles in families of epileptic patients was done. About 150 people of families of epileptic patients who referred Iran epilepsy association were selected with systematic sampling. General health questionnaire and coping styles questionnaire were used. More than half of the population had poor mental health so that >60% of them had physical dysfunction, about 50% had anxiety and sleep disturbance. About 52% had social dysfunction and about 75% had depression. In families with poor mental health, between gender, occupation, duration of patient care and mental health were significant relationships ($p < 0.05$). Findings showed that 50% of families used of problem oriented approach, about 70% of them used of emotion oriented approach and about 67% of them use of less useful and ineffective copying styles. The researchers conclude that the families who had not been able to use various adaptive methods had a lot of stress.

Key words: Epilepsy, family, coping, patient, mental health, Iran

INTRODUCTION

Epilepsy is one the most common diseases. So that its prevalence is of 5-10 per thousand and in all ages, races and both sexes can be appeared (Kasper *et al.*, 2008). Epileptic patients refer to persons who have a chronic disorder with recurrent seizures (Sadock and Sadock, 2007). Approximately, 30 million people are suffering epilepsy in Asia (Jain, 2005). Epileptic patients are encountered with significant psychological and social complications during their life (Baker *et al.*, 2004). When a family member is suffering epilepsy his presence leads to change family systematical dynamics. So, that studies have shown that family of epileptics were suffering from depression and high anxiety (Bressi *et al.*, 2007).

Based on cultural and social systems, community perspective to epileptic patient affects on the patient's family and relegate family credit. Continuing shame affects on the dynamic and communication model of the patient's family member (Mu, 2008) considering that epileptic patients are very dependent on their relatives to meet their

needs. This condition can impact on mental health of the patient family, especially if not using the correct methods of coping with stress (Beyenburg *et al.*, 2005). Mental health is a state of feeling of well-being so that one could cope with society and social situations and personal characteristics to be satisfactory for him or her (Sadock and Sadock, 2007). Ways of coping with stress include reactions of any person dealing with any threat and change in inside or outside of his/her body so that these methods will lead to reduce stress (Hidari and Janati, 2004). Families that their child suffer from physical and mental illnesses such as epilepsy attack may experience long disasters and uncertainty in the results of treatments. When there is conflict between the nature of the disease and family, ambiguity and complexity will become a problem in the family (Bressi *et al.*, 2007). Adaptive patterns of family against epileptic patient are three stages. Their awareness of risk of family member to epilepsy, setting and editing of roles and dealing with conflicts and social problems, helping patient to join community (Mu, 2008). Austin *et al.* (2004) found that

between anxiety of parents and behavioral problems in children was a significant relationship. Also in that study, results showed that an organization in the family for 24 months, reduced behavioral problems in children. Studies have shown that parents of children with epilepsy are damaged from affective and emotional aspects and their physical powers are reduced (Austin *et al.*, 2004; Mu, 2008). This study to determine the mental health and coping styles in families of epileptic patients was done. We believe, the results of this research offer a deeper understanding of emotional-psychiatric reactions of epileptic patients that are much beyond their apparent behavior.

MATERIALS AND METHODS

This research is a descriptive and analytical study. Family in this study are people living with epileptic patients such as father, mother, wife, sister or brother. The sample included 150 families of epileptic patients that had referred epilepsy association of Iran. All subjects lived with a epileptic patient at least 16 years of age were Iranians and epilepsy onset was at least 6 months ago. Questionnaire included three parts was used.

The first part included six questions related to personal details. The second part included 28 questions from the General Health Questionnaire (GHQ) to review non-psychotic mental disorders in the general population. In this part, the questionnaire was included four scales. Each scale had seven questions. Respectively, questions 1-7 physical symptoms, 8-14 anxiety disorder, 15-21 social dysfunction and 22-28 depression. Likert grading (0-3) was done. So, an individual score of 0-84 was changed. Score between 0 and 33.3 poor mental health between 33.4 and 66.6 moderate mental health and >66.7 good mental health was interpreted.

Third part was carver Scheier and Veintra's coping styles questionnaire. This part included 72 questions so that 20 questions were related to coping styles focusing problem, 20 questions were related to coping styles focusing emotion and 32 questions were related to less useful and ineffective coping styles. Grading criteria were never (score 0), rarely (score 1), sometimes (score 2) often (scored 3) and always (score 4). Scientific validity of the first section of questionnaire was evaluated using content validity. Validation studies on the questionnaires of general health and Carver Scheier and Veintra's coping styles suggests high validity and reliability of these questionnaires.

Results showed that the sensitivity of the GHQ was 91.2%, its specificity was 94.7 and Cronbach's alpha test-retest was 88%. Results have shown reliability

coefficient of the copying styles questionnaire in different scale was from $r = 0.42$ to $r = 0.60$ and reliability coefficient of total scale has been reported 0.93. In this study for data analysis, descriptive and inferential statistics, Fisher test, Chi-square (χ^2) and Spearman were used.

RESULTS

Results showed most family members of epileptic patients (86%) were females, 58.7% were housewives, 81.3% were married and 74.7% between 36-50 years of age. About 66% of people taking care of patients were mothers. About 76% of families would take care of patients >5 years (Table 1). About 56.7% of families had poor mental health so that 63.3% of them had physical dysfunction, 46.7% had anxiety and sleep disturbance. About 52% had social dysfunction and 75.4% had depression. In families with poor mental health, between gender, occupation, duration of patient care and mental health were significant relationships. So that, 71.4% of males ($p = 0.03$), 100% of retirees ($p = 0.000$) and 80.6% of them who were taking care of patients <5 years were suffering poor mental health ($p = 0.003$) (Table 2).

Table 1: Demographic characteristics of epileptic patient' families

Characteristics	N	Percentage
Sex		
Male	129	86.0
Female	21	14.0
Age		
16-35	28	18.7
36-50	112	74.7
>50	10	6.6
Marital		
Married	122	81.3
Single	22	14.7
Widowed	5	3.3
Divorced	1	0.7
Job		
Housekeeper	88	58.7
Employee	22	14.7
Self-employed	24	16.0
Retired	9	6.0
Student	7	4.7
Caregiver		
Mother	99	66.0
Father	20	13.3
Spouse	16	10.7
Brothers or sisters	15	10.0
Duration of care of patient		
<5 years	36	24.0
>5 years	114	76.0

Table 2: Mental health status of epileptic patients' families

Mental health status	Poor	Moderate	Good
	------(%)-----		
Disorders			
Physical symptoms	61.3	20.0	18.7
Anxiety and sleep disturbance	46.7	31.3	22.0
Social dysfunction	52.0	38.7	9.3
Depression	75.4	15.3	9.3
Overall mental health	56.7	32.0	11.3

Table 3: Copying styles in epileptic patients' families

Mental health status	Poor	Moderate	Good
	------(%)-----		
Copying style			
Problem oriented	13.0	70.7	25.0
Emotional oriented	5.3	50.0	44.7
less useful and ineffective	27.3	67.3	5.4
Overall copying styles	0.7	92.0	7.3

Findings showed that 50% of families used of problem oriented approach, 70.7% of them used of emotion oriented approach and 67.3% of them use of less useful and ineffective copying styles (Table 3).

DISCUSSION

Results showed that more than half of family members of epileptic patients had poor mental health. This suggests that the caregivers of epileptic patients faced with problems related to care and treatment such as stress and emotional challenges. Moody and McMillan (2003)'s study confirmed the findings. So that they found families of epileptic patients were encountered with changes in life relationships, in the family role, compatibility with new issues arising from the care. Results showed there were significant relationships among the retired head of the family and male gender and poor mental health.

This finding suggests that mental disorders in low-income fathers were more and this problem had significant impact on family relationships. These results suggest that these families are faced with multiple crises. In addition to reducing income, according to Ericsson's psychological-social theory, retirement process is a component of growth crises. So, retirement crisis and crisis of having children with epilepsy could be a factor in reducing mental health. Also, other studies have shown that in low incomes families of epileptics patients, stress level was high (Ahmadi, 2005; Nazari, 2003).

The results showed that between duration of epileptic patient care and mental health status was a significant relationship. These findings indicate that time and the familiarity with control skills, identification and treatment of symptoms have led that people taking care of epileptics >5 years had mental health. Nazari (2003)'s study confirm these findings. He found with increasing duration of epileptic patient care, stress and anxiety levels in family were reduced. Results showed that >60% of the families of epileptic patients were suffering from physical disorders. These findings suggest that epileptic children's parents not only were injured from affective and emotional aspects but the emotional damage and physical fatigue have undermined physical powers of the parents. It is quite obvious that presence of supporting systems for epileptic patients' families makes these problems are

easily resolved. It has been assumed that social support acts as a dam between life pressures and health risks (Masouri, 1991). Over 40% of epileptic children's parents were suffering the anxiety and sleep disturbance and >70% of them were suffering from depression. Other studies have confirmed these results. So that the results of studies suggests high anxiety and depression in the families of epileptic patients (Mu, 2008; Masouri, 1991). Of course when family members are retired, they have special feeling such as inefficiency, solitude, disability and decreasing of income. So, these factors can increase depression. Results showed that more than half of the families of epileptics had social dysfunction. This indicates that life quality of epileptic children negative impact on psychosocial performance of the family. Other studies have confirmed these results so that, the dysfunction can increase anxiety of the families and reduce their confidence (Camfield, 2001; Kazak, 1999; Mirinics, 2000). The findings showed >50% of the families used the types of coping methods. They indicate that adaptation behavior of families has evolved in response to stressful situations and reflects the efforts of families to manage stress according events.

The results showed a significant relationship between families' mental health status and use of methods of coping with stress by them. So that, families using of different way of coping had better mental health. It suggests that emotional and psychological health of families have primary role in creating adaptive reactions. Since, the increase of tension and anxiety are effective in reducing mental health.

CONCLUSION

It is observed that the families who had not been able to use various adaptive methods, probably had a lot of stress, other studies have confirmed these results (Kazak, 1999; Mirinics, 2000). The results of the present study can be a guide for managers of mental health to take necessary steps to decrease tension pressures on the epileptic patients and their families and it also can be effective to elevate mental and physical health levels and socio-economic affairs of our country.

So, the findings could be a basis for further research to enhance mental health and reduce inefficient copying styles in Iranian families of epileptic patients and other chronic diseases. Results show that to reduce problems and mental disorders in caregivers of patients with chronic diseases, especially epilepsy, coping methods should be taught Iranian families. Among medical team, nurses have a key role in patient education because they have close contacts with them and their families. Training

the patients and their families is not only a basic step to adapt the disease but also it can increase their ability to accept the situation and it also can decrease their anxiety.

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