CONVEGNO INTERNAZIONALE
DI **SUICIDOLOGIA E SALUTE PUBBLICA**
17 e 18 SETTEMBRE 2019
AULA MAGNA
SAPIENZA - UNIVERSITÀ DI ROMA
Piazzale Aldo Moro, 5

MAJOR DEPRESSIVE DISORDER AND FELT-STIGMA IN PATIENTS WITH EPILEPSY IN MOSCOW

Kustov G.V., Gersamiya A.G., Rider F.K., Parfenova E.V., Zinchuk M.S., Pashnin E.V., Akzhigitov R.G.

Moscow Research and Clinical Center for Neuropsychiatry of the Healthcare Department of Moscow

INTRODUCTION

Epilepsy affects 50 million people worldwide1. Quality of life (QOL) in patients with epilepsy (PWE) is determined by several indicators: clinical characteristics of epilepsy, stigma and psychiatric comorbidity2. PWE are often stigmatized due to discriminative attitude and prejudice3.

Felt-stigma is primarily associated with clinical epilepsy parameters: duration, seizure type and frequency4. However, in Korean study 21% of PWE in remission reported felt-stigma5. In Turkish6 and Italian7 populations of PWE, mental disorders, especially depression, appeared as more significant predictors of stigma than seizure control. As far as we know, there were no studies addressing the impact of major depressive disorder (MDD) on felt stigma in PWE in Russia.

AIM

To investigate the associations between MDD, felt stigma and QOL in the population of PWE in Moscow.

METHODS

In our case-control study the main group consisted of 30 consecutive PWE, with depression subscale of the hospital anxiety and depression scale (HADS) >7 and confirmed diagnosis of MDD, hospitalized to Moscow Research and Clinical Center for Neuropsychiatry. The verification of MDD was provided by psychiatrist by structured clinical interview (SCID) for DSM-IV. The comparative group consisted of 60 PWE from outpatient settings with HADS subscales ≤7, considered to be mentally healthy.

We used Epilepsy stigma scale (ESS) and 31 items quality of life in epilepsy inventory (QOLIE-31) to assess stigma and quality of life respectively.

As statistical methods, we used Mann-Whitney, Pearson's chi-squared and multiple linear regression. Statistical analysis was performed using IBM SPSS Statistics 23.

The study was approved by the scientific ethics committee.

Both groups were comparable by age (P=0.96), gender (X2=0.90, P=0.34), education (X2=2.13, P=0.08), employment status (X2=9.88, P=0.27), marital status (X2=3.17, P=0.63), per capita family income (X2=3.17, P=0.63), epilepsy type (X2=2.27, P=0.68), seizure type (X2=7.19, P=0.70), years of epilepsy duration (X2=1.913, P=0.38), 12-month history of status epilepticus/clusters of seizures (X2=0.69, P=0.8), seizure frequency (X2=0.16, P=0.984), time since the last seizure (X2=0.5, P=0.779), postictal confusion (X2=1.39, P=0.5), antiepileptic drugs number (X2=0.473, P=0.192)

RESULTS

PWE with MDD reported the higher levels on ESS compared to PWE (Fig.1).

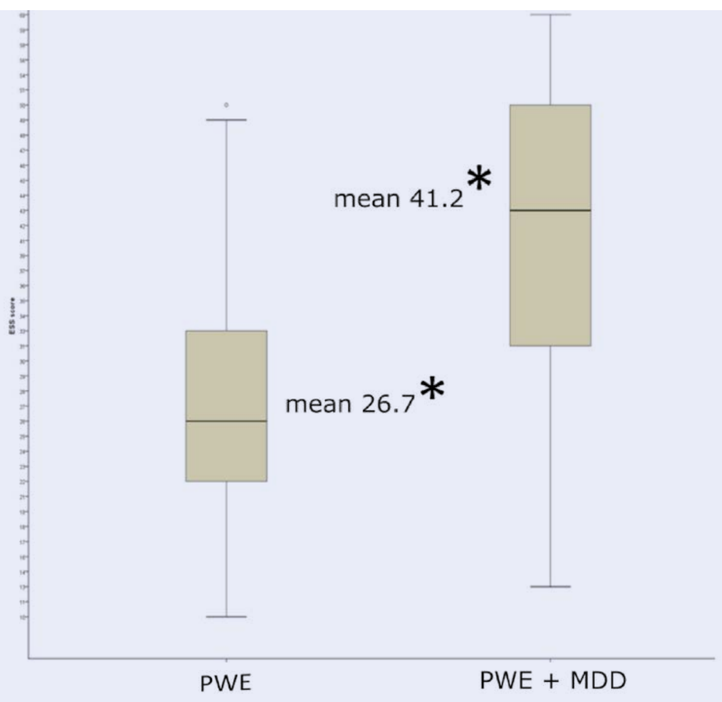

*Figure 1. Results of ESS for PWE with and without MDD. Mann-Whitney test, *p<0.001*

Those who had only epilepsy reported higher levels on QOLIE-31 and its subscales (Fig. 2).

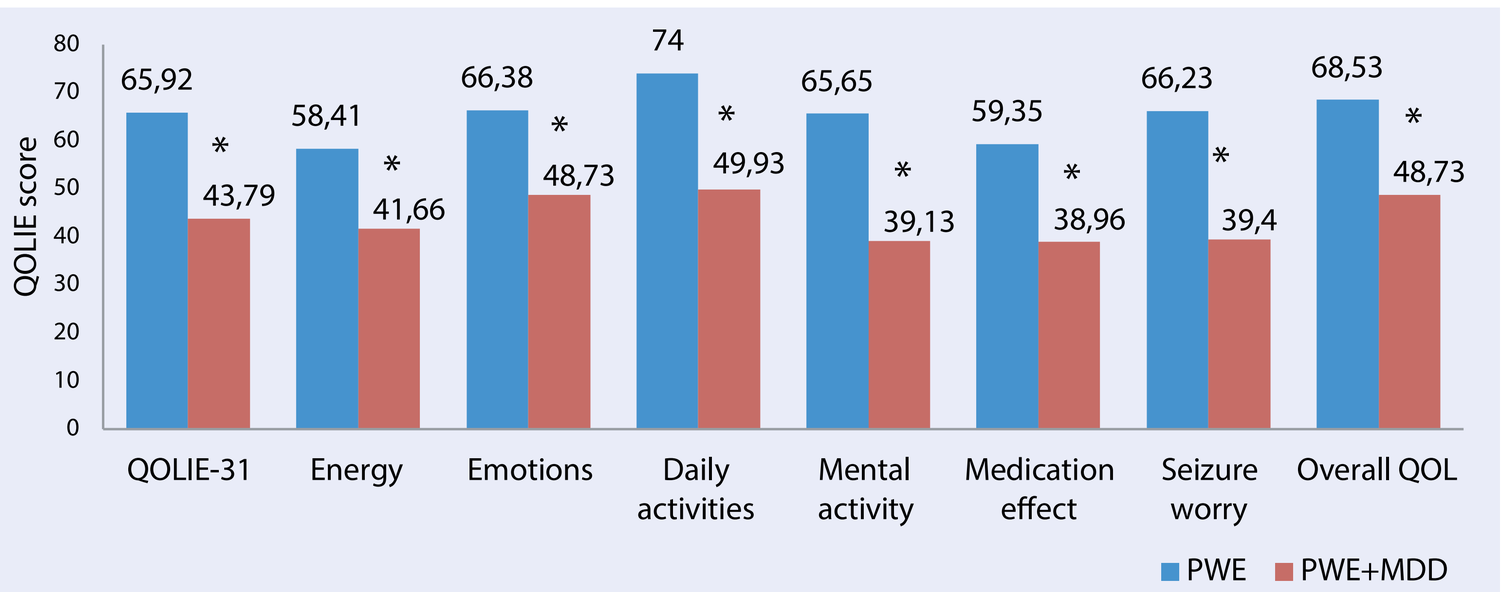

*Figure 2. Results of QOLIE-31 and its subscales for PWE with and without MDD. Mann-Whitney test, *p<0.001*

Significant associations were revealed between MDD, stigma and QOL. MDD and stigma explained 39.2% of variation on QOLIE-31 (Tab. 1).

Table 1

Results of multiple linear regression for MDD, QOLIE-31 and ESS

	Model	Unstandardized Coefficients		Standardized Coefficients	P	R2	Adjusted R2
		B	Std. Error	Beta			
1.	MDD	-22.127	3,389	-0.571	0.000	0.326	0.319
2.	MDD	-14.911	3,843	-0.385	0.000	0.405	0.392
	Stigma	-0.495	0.146	0.337	0.001		

DISCUSSION

Felt stigma is significantly associated with depression in Russian population of PWE which is consistent with the literature 6, 7, 8. The direction of these relationships is still unknown, but presumed to be bidirectional. Both MDD and stigma have a significant impact QOL of PWE.

Together with an implementation of educational and rehabilitation programs for stigmatization it is crucial to identify and treat MDD in PWE as early as possible.

CONCLUSION

Our study is the first one for Russian PWE population that showed strong association between MDD, self-stigma and poor QOL.

REFERENCES

1. WHO. Epilepsy: a public health imperative. 2019. ttps://www.ilae.org/files/dmfile/19053_Epilepsy_A-public-health-imperative-For-Web.pdf
2. Parfenova E.V., Rider F.K., Gersamia A.G. Sociocultural aspects and different types of stigmatization in epilepsy. Neurology, Neuropsychiatry, Psychosomatics. 2018;10(1S):89-95. (In Russ.)
3. Shi Y, Wang S, Ying J, Zhang M, Liu P, Zhang H, Sun J. Correlates of perceived stigma for people living with epilepsy: A meta-analysis. Epilepsy Behav. 2017 May;70(Pt A):198-203. doi: 10.1016/j.yebeh.2017.02.022
4. International League Against Epilepsy (ILAE). The History and Stigma of Epilepsy. Epilepsia. 2003;44:12-14. doi:10.1046/j.1528-1157.44.s.6.2.x
5. Baker D, Eccles FJR, Caswell HL. Correlates of stigma in adults with epilepsy: A systematic review of quantitative studies. Epilepsy Behav. 2018 Jun;83:67-80. doi: 10.1016/j.yebeh.2018.02.016
6. Lee SA, Yoo HJ, Lee BI; Korean QoL in Epilepsy Study Group. Factorscontributing to the stigma of epilepsy. Seizure. 2005 Apr;14(3):157-63. doi: 10.1016/j.seizure.2005.01.001
7. Doganavsargil-Baysal O, Cinemre B, Senol Y, Barcin E, Gokmen Z. Epilepsy andstigmatization in Turkey. Epilepsy Behav. 2017 Aug;73:100-105. doi:10.1016/j.yebeh.2017.05.015
8. Tombini M, Assenza G, Quintiliani L, Ricci L, Lanzone J, De Mojà R, Ulivi M, Di Lazzaro V. Epilepsy-associated stigma from the perspective of people with epilepsy and the community in Italy. Epilepsy Behav. 2019 Jul 9;98(Pt A):66-72. doi: 10.1016/j.yebeh.2019.06.026
9. Viteva E. Stigmatization of patients with epilepsy: a review of the current problem and assessment of the perceived stigma in Bulgarian patients. Epilepsy Behav. 2012 Oct;25(2):239-43. doi: 10.1016/j.yebeh.2012.07.018