Assessment of Knowledge, Attitude and Practice of Patients Taking Antiepileptic Drugs

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ABSTRACT

Epilepsy in one of the most common neurological diseases and may result in poor quality of life (QOL) in case of lack of knowledge, negative attitude, and reduced practice. The objective of this study is the assessment of knowledge, attitude, and practice (KAP) of patients taking anti-epileptic drugs (AEDs). An observational cross-sectional study was conducted on the Lebanese patients taking AEDs. The QOL score was assessed and calculated using the quality of life 10 instruments (QOLIE-10) questionnaire. Among the 150 patients included in the study, 60% took carbamazepine as AEDs and 62% were on a monotherapy. The mean of the QOLIE-10 score is 23.92 ± 7.17 which is indicates a good QOL. The mean of the knowledge sub-score is 5.14 ±1.68, the mean of the attitude sub-score is 6.72 ± 1.15, and the majority of patients (82%) always follow health care provider's instructions about medication. The mean of the practice sub-score is 8.13 ± 1.78. The multiple linear regression carried out revealed that practice (p-value <0.001) is significantly associated with QOLIE-10 score. Being married (p-value < 0.001) and not being employed (p-value = 0.009) also affected the QOLIE-10 score. Treatment of epilepsy should include other health dimensions in addition to maintaining seizure free intervals. This study may be helpful to health care professionals in identifying the areas where the QOL of PWE can be improved; especially the impact of the practice that should be taken by them since it significantly affected the QOL as well as increasing their knowledge and favoring positive attitude towards epilepsy.

Keywords: Oromia, favorable attitude, safe practice, rural

INTRODUCTION

Epilepsy is a neurological condition characterized by recurrent seizures. A seizure is a transient disturbance of the cerebral function secondary to abnormal paroxysms in the brain, which results in a sudden excessive disorderly discharge of the cerebral neurons. The discharge results in an almost instantaneous disturbance of sensation, loss of consciousness or psychic function, convulsive movements, or combinations of these. Persons with epilepsy are at a risk of developing a variety of psychological problems, including depression and anxiety, and psychosis. Previous studies show that the prevalence of active epilepsy in developing countries range from 5 to 10 per 1,000 people. However, the worldwide prevalence rate of epilepsy varies from 2.8 to 19.5 per 1,000 of the general population and is more prevalent among children.5 In Nigeria, the estimated prevalence of epilepsy is 8–13 per 1,000 people.6 In developing countries, the disorder is to a significant degree associated with a host of parasitic and

bacterial infectious diseases that are largely absent in industrialized countries.

Sociocultural attitudes continue to cause a negative impact on the management of epilepsy in many African nations. The disorder is enrobed in superstition, discrimination, and stigma in many of these states. Religious and sociocultural beliefs influence the nature of treatment and maintenance received by people with epilepsy. Many communities in Africa and other developing countries believe that epilepsy results from witchcraft or possession by evil spirits, and hence, treatment should be through the use of herbs from traditional doctors, fetish priests, and religious leaders. Persons with epilepsy are shunned and discriminated against in education, employment, and marriage in Africa because epilepsy is seen as a highly contagious and shameful disease in the eyes of the public.

Study findings from Ghana indicated that 45.3% of study participants did not know the cause of epilepsy; besides, 37.6% of the participants did not know how to treat a patient with epilepsy. The study also shows that youngsters who have lower educational levels and single marital status did not have good knowledge of epilepsy.

A study conducted in Butajira regarding the attitude and practice of people related to mental disorders has shown that 41% of the informants preferred modern medicine for neuropsychiatry disorders.11 Moreover, study results from rural community in Jimma, Ethiopia on the knowledge, attitude, and practice (KAP) related to epilepsy reveal that poor knowledge as well as inappropriate attitude and practice were observed in the community.

With several limitations, studies show that misconception, superstition, ignorance and prejudice are still evident and contribute to the low levels of conventional epilepsy care and the treatment gap.Though studies were conducted on KAP related to epilepsy in various African countries, KAP related to epilepsy has not yet adequately been studied at a community level in Ethiopia.

Hence, this study tries to assess KAP and its associated factors related to epilepsy in Sululta Woreda, Oromia, Ethiopia. This study aims to help improve the utilization of primary mental health services by bridging the treatment gap between the communities and health facilities.

METHODS

Community-based cross-sectional study with the multistage sampling technique was conducted in Oromia Regional State, Sululta Woreda, Ethiopia. The people belonging to the Sululta community from all households were taken as source population. Individuals of age over 18 years (357 males and 303 females) with sound mental health were selected as the study population. The sample size was calculated using single population proportion formula to estimate the study sample by using margin of error 0.05 and proportion of event occurrence at 28% similar to studies conducted at Northern Nigeria13 at 95% of level of significance by adding a 10% non-respondent rate. Based on the above assumption, the minimum sample size required for the study was 618.

Data were collected through interviews by using previously adopted standard questionnaire that was translated into local languages. In addition to providing a translation, the data quality was assured by daily checking to control the quality of data collected from the study subject by supervisors. Data analysis was performed using SPSS statistical software. Sociodemographic data and the levels of KAP of the study participants related to epilepsy were measured by the number of occurrences (ie, frequencies) for descriptive variables and binary logistic regression was undertaken to explore the factors associated with adherence ($P<0.05$) to provide the odds ratio (OR) at 95% confidence interval (CI). Bivariate association between dependent and independent variables was determined and covariates with $P>0.2$ with the outcome variable were dropped from further consideration in modeling by using multivariate analysis as an adjusted OR (AOR). According to the current study, "good knowledge" is defined as when respondents scored $\geq50\%$ when answering questions related to epilepsy knowledge and "poor knowledge" is defined as when respondents scored $<50\%$. The attitude of participants was defined as "favorable" for a score $\geq50\%$ and as "unfavorable" for a score $<50\%$. Similarly, the study defines practice in epilepsy as "safe" for respondents who scored $\geq50\%$, and as "unsafe" for those who scored $<50\%$.

RESULTS

Of the 682 study participants, 660 completed the study with a 96.8% response rate. The median age of the respondents was 30 years and the range was 18–55 years. A majority of the study participants (94.4%) were of Oromo ethnicity, and half (48.1%) of them were women; 26.1% of them were single girls. Regarding educational status, 55.4% of the participants had completed primary education. Regarding family role, 35.5% of the participants were family heads. By residency, 72% of the participants were rural dwellers.

Regarding prior source of information about epilepsy, 63.4% of the participants had the information from mass media (TV/radio), whereas 22.1%, 12.6%, and 1.9% of the study subjects had the information from health facilities, health extension workers, and school, respectively.

CONCLUSION

The findings indicated that the Sululta community is familiar with epilepsy, yet there is still problem with negative attitude and unsafe practice related to epilepsy; but relatively promising knowledge about epilepsy. Overall, 59.8% were knowledgeable about epilepsy, 35.6% had favorable attitude, and 33.5% of them observed safe practices related to epilepsy.

Living in rural locations, living alone, having education at the secondary or college level, having heard information about epilepsy, distance of health institution from the community, and witnessing epilepsy episodes had significant association to knowledge of epilepsy among respondents.

There was an association for attitude in respondents who lived in a rural area, had secondary or college level education, were aged 46 to 55 years, had heard information about epilepsy, and had prior knowledge of epilepsy being more likely to have a favorable attitude towards epilepsy.

The following factors had a positive association with practices related to epilepsy: study subjects aged 46–55 years, college level of education, occupational history of being self-employed or a laborer, and had heard about epilepsy. Additionally, the following factors had a positive association with epilepsy management: walking distance to health institution ≥31 minutes, knew someone with epilepsy, and had a family member with epilepsy. Hence, we conclude that the current new findings might help initiate further studies because there is still a need for more widespread dissemination of information to improve general knowledge about epilepsy.