



QUALITY OF LIFE AMONG EPILEPTIC CHILDREN- A REVIEW OF LITERATURE

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ABSTRACT

Introduction: In recent year there has been a significant increase in health care sphere especially in quality of care and treatment. Various standardized tools are also available to check the quality life of patient after the recovery. According to the World Health Organization (WHO), 50 million people with epilepsy worldwide, 80% reside in developing countries. Quality of life(QOL) of epileptic children is highly affected with social stigma, economic condition, parents awareness, root of treatment, age and many factor. Researcher interested to identify the QOL of epileptic children in various countries, so he decided to review he paper related to QOL of epileptic child.

Methods: A systematic search for epilepsy literature is conducted. The following electronic databases are searched: ProQuest, Embase, Pubmed, PsycARTICLES, EBSCO, Scopus, Educational Resources Information Center(ERIC) , the British Nursing Index and the Cumulative Index to Nursing & Allied Health Literature (CINHAL) and journal available in library.

Result: Researcher found 1428 research paper from electronic data base. Out of 1428, 1012 from PubMed, 212 from ERIC, 24 from PsycINFO, 180 from ProQuest database. 134 articles are excluded as they were duplicates in the databases. 184 articles are excluded as they are not available in full text. Only 42 articles those fulfils inclusive criteria are added for publication. Overall result shows that QOL of epileptic child is very poor in all developing countries.

Conclusion: This literature review revealed that there are many factors which affects the quality of life of children those having epilepsy. From the child's perspective, epilepsy-specific QOL is strongly related to their mental health and social support but not to their seizures. Specifically, child mental health and peer support exhibit direct associations with QOL; parental support has both direct and indirect associations with QOL.

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INTRODUCTION

What is known to this study

Epilepsy can be associated with profound physical, psychological, and social consequences and its impact on a person's quality of life (QOL) greater than that of many other chronic diseases¹. Epilepsy children are always on risk to develop poor social interaction. Variety of qualitative and quantitative studies has been conducted across the world. There are various tools available which measures the quality of life of epileptic child like HRQOL, parent proxy measures, QOLCE, child behavior check list(CBCL), QOLIE-AD-48, Quality of life in epilepsy inventory-31(QOLIE-31), Impact of Pediatric Epilepsy Scale (IPES) , Quality Of Life In Epilepsy-Patient-Weighted (QOLIE-10-P).

What this study adds

This study like to brief about how QOL of epileptic child is affect with various factors like stigma, traditional practices, family environment, care taker qualification etc. There is no brief, global instrument available that specifically measures the psychosocial impact of pediatric epilepsy on child life. . There is no literature review study is found in India on QOL of epilepsy children. This study highlights a number of issues from QOL literature which need to resolve.

Background of study

In recent year there has been a significant increase in health care sphere especially in quality of care and treatment. Various standardized tools are also available to check the quality life of patient after the recovery.

According to the World Health Organization (WHO), of the 50 million people with epilepsy worldwide, 80% reside in developing countries. About 10 million persons with epilepsy are there in India. Epilepsy was estimated to account for 0.5% of the global burden of disease.

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Article/Ref No	Study title	Country	Sample	Research type	Methods	Findings
1/5	Quality of life among patients living with epilepsy attending the neurology clinic at National hospital, Nairobi, Kenya ⁵	Kenya	three hundred consecutive subjects who satisfied the inclusion criteria and gave consent were recruited	Quantitative A cross-sectional comparative study	World Health Organization Quality of Life questionnaire, socio-demographic questionnaire, seizure burden and characteristics, drug and treatment profile questionnaires and the Mini-Mental state examination were used	The mean quality of life of people living with epilepsy at Kenyatta National Hospital was significantly impaired and lower than that of the normal controls accompanying them. A comprehensive epilepsy management program is recommended to address this problem and its associated risk factors for the people living with epilepsy in Kenya.
2/6	The quality of life among Sudanese children with epilepsy and their care givers ⁶	Sudan	100 Children with epilepsy and their caregivers attending the clinic and whose age was between 6–18 years	Quantitative (descriptive cross sectional study)	The first addressed the impact of epilepsy and treatment (questions 1–5), the impact on the child's development (questions 6–14), the impact on parents (questions 15–19), and lastly the impact on the family (questions 20–27).	There is a significant decline in the quality of life among Sudanese children with epilepsy and their family care giver.
3/7	The quality of life of children with epilepsy in Poland – the opinion of children and their parents ⁷	Poland	The study included 209 children with epilepsy and their parents.	Descriptive study	An interview questionnaire for gathering demographic and clinical data and a Pediatric Quality of Life Inventory™ 4.0 Generic Core Scales (PedsQL™ 4.0) questionnaire in two versions, one for children aged 8–12 and one for 13–18 years old and their parents were used. The pilot questionnaire was composed of 34 questions in the 0-5 year age group and 60 questions in the 6-18 year age group. All items established good face and content validity.	Quality of life was rated higher by both age groups of children suffering from epilepsy than by their parents. A statistically significant difference was found when comparing the assessment scores of children and parents in light of the following variables; child age, gender, illness duration, seizure frequency and treatment effectiveness
4/8	Development of a pilot health related quality of life tool for Sri Lankan children with epilepsy ⁸	Sri Lanka	Study comprising 24 in-depth interviews of Parents of Child, and adolescent with epilepsy (CAWE), siblings.	Qualitative study	The QOL was measured using a validated Malay translated version of the Quality of Life in Epilepsy Scale-31 (QOLIE-31).	This pilot questionnaire appears to be unique, culturally sound and 4population specific HRQL tool for children and adolescents with epilepsy in rural Sri Lanka.
5/9	The quality of life of people with epilepsy at a tertiary referral centre in Malaysia ⁹	Malaysia	A total of 106 adults with epilepsy	Qualitative	Semi structured, open-ended interviews were conducted	Worrying about seizure had the major contribution on QOL, while medication effect had the least. This study confirms the importance of seizure control for a better QOL in Malaysian patients with epilepsy.
6/10	A qualitative study exploring how children and adolescents view the impact of intractable epilepsy on their quality of life ¹⁰	Canada	49 participants (7–18 years old).	Qualitative-- A larger longitudinal, prospective, multimethod study)	Each family completed the developed epilepsy-specific HRQOL scale for children and two standard, generic measures of HRQOL.	Findings provide direction for assessment and evidence for developing or enhancing clinical interventions and community/school-based programs that might mitigate some of these negative experiences
7/11	Validation of a New Quality of Life Measure for Children with Epilepsy ¹¹	Australia	Subjects were guardians of children with refractory epilepsy	Descriptive	A rigorous translation and cultural adaptation methodology was used.	This study demonstrated that the developed HRQOL instrument is a reliable and valid measure and is sensitive to differences in epilepsy. These results indicate that this new instrument may be a viable medical or surgical outcome measure for children with epilepsy
8/12	The translation and cultural adaptation of the Child Behavior Checklist for use in Israel (Hebrew), Korea, the US (Spanish), India (Malayalam and Kannada), and Spain ¹²	Israel	Interviewees were parents of children with epilepsy and the children were of varying ages (ranging between 6 and 17 years)	Qualitative	Children and mother completed questionnaires about behavioral problems, HRQOL, socio-demographics, and epilepsy-related variables.	The CBCL is an extensive checklist, and this study found that it amply covers the range of behaviors and the impact of epilepsy on the children's behavior.
9/13	Social Behavioral Problems and the Health-Related Quality of Life in Children and Adolescents with Epilepsy ¹³	South Korea	92 children with age of 6-17 years	Quantitative study	Clinical and demographic details and information. about psychosocial functioning was collected using self completed questionnaires mailed to members of epilepsy support Groups.	The analyses revealed that an increase in social behavioral problems and delinquent behavior was associated with a decrease in the HRQOL. Lower levels of maternal education and the number of antiepileptic drugs were also associated with a decline in the HRQOL.
10/14	Quality of Life of People with Epilepsy: A European Study ¹⁴	Liverpool, U.K.	5000 patients living in 15 countries in Europe	Quantitative study	Convergent and divergent validity was assessed by correlating the Child Health Questionnaire (CHQ) with the shortened QOLCE. Multiple regression identified risk factors at diagnosis for HRQoL at 24 months.	It is reported that epilepsy and its treatment had a significant impact on a number of different aspects of their daily Lives. Half of all respondents felt stigmatized by their epilepsy.
11/15	Development and assessment of a shortened Quality of Life in Childhood Epilepsy Questionnaire ¹⁵	Mc Master University, Ontario, Canada	373 children	Quantitative Multicenter prospective cohort study	Child Epilepsy QOL Questionnaire used to collect information.	The QOLCE-55 produced results on risk factors consistent with those found using the original measure. Given the fewer items, QOLCE-55 may be a viable option reducing respondent burden when assessing HRQoL in children with epilepsy.
12/16	Children's perspective of quality of life in epilepsy ¹⁶	McGill University, Montreal, Canada.	480 children	Quantitative A cross-sectional structural equation model	Clinical, demographic, psychosocial details were collected through the use of a self-completed questionnaire distributed to patients attending hospital outpatient clinics	Epilepsy-specific QOL is strongly related to their mental health and social support but not to their seizures. Specifically, child mental health and peer support exhibit direct associations with QOL; parental support has both direct and indirect associations with QOL.
13/17	Quality of life of people with epilepsy in Iran, the Gulf and Near East ¹⁷	Iran	3889 epileptic child	Quantitative	Data was collected using the SF-36 questionnaire. Then data was analyzed using the SPSS software.	A significant number of respondents felt stigmatized by their epilepsy. Reported health status was reduced when compared to people without epilepsy particularly for physical and social functioning and energy and vitality.
14/18	Quality of Life of Epileptic Patients Compared to General Population in Tehran ¹⁸	Tehran, Iran	200 patient	Quantitative analytic cross-sectional study	Behavioral problems were screened with the Strength and Difficulty Questionnaire (SDQ), Indonesian version. Information about EEG description, medication, onset, and duration of epilepsy were obtained from medical records.	77% of patients had medium and good QOL. Age showed no statistically significant differences in QOL. Females had better scores in the physical component score (PCS; P=0.043), but their mental component score (MCS) and total score of QOL had no statistical significant
15/19	Behavioral problems in children with epilepsy ¹⁹	Indonesia	47 children with epilepsy and 46 children without epilepsy, aged 3-16 years.	Quantitative cross-sectional study	A phenomenographic approach was used for interviewing and for analyzing the interviews.	Behavioral problems were found in 19.1% of children with epilepsy and only in 2.2 % of children without epilepsy (PR8.8; 95%CI 1.16 to 66.77; P= 0.015). Significant differences were also found in the percentage of conduct problems and emotional disorders.
16/20	Patients' perceptions of living with epilepsy: a phenomenographic study ²⁰		19 outpatients children with epilepsy	qualitative interview study		The findings demonstrated how important feelings and perceptions are to how patients with epilepsy regard themselves. The findings indicate that patients' perceptions of living with epilepsy are closely related to their feelings towards the condition. There is a need for further exploration of the relationship between perceptions of epilepsy as a phenomenon, perceptions of living with epilepsy and feelings related to the condition.

Quality of Life Among Epileptic Children- A Review of literature

17/21	The everyday lives of adolescent girls with epilepsy: a qualitative description ²¹	Indiana University (US)	6 adolescent girls	Qualitative	The researcher used open-ended and semi-structured interview techniques in a series of interviews with four adolescent girls with epilepsy. Elements of stigma were present in some of the constructed themes.	All of the participants talked about being scared of seizures when they first experienced them. The young women did not know what was happening and did not know what to expect from doctor visits
18/22	Children's Experiences of Epilepsy: A Systematic Review of Qualitative Studies ²²	--	Forty-three articles involving 951 participants aged 3 to 21 years across 21 countries were included.	Systematic review	data are collected through online publish journals	Children with epilepsy experience vulnerability, disempowerment, and discrimination. Repeated treatment failure can raise doubt about the attainment of remission. Addressing stigma, future independence, and fear of death may improve the overall well-being of children with epilepsy.
19/23	Social functioning, psychological functioning, and quality of life in epilepsy ²³	--	210 persons with epilepsy were randomly selected.	Quantitative study	All completed a questionnaire assessing health perceptions, social and psychological functioning. Additional information about their medical and psychosocial status was gathered from the patient files. Data were analyzed by using a hierarchical regression analysis. Parents reported on children's HRQL and family factors and neurologists on clinical characteristics 4 times. Mean subscale and summary scores were computed for HRQL. Individual growth curve models identified trajectories of change in HRQL scores.	Psychological distress, "loneliness," "adjustment and coping," and "stigma perception" appeared to contribute most significantly to the outcome QoL as judged by the patients themselves, regardless of their physical status.
20/24	Quality of life in children with new-onset epilepsy A 2-year prospective cohort study ²⁴	Canada	283 eligible parent children with epilepsy	Quantitative study multicenter prospective cohort study,	Epilepsy syndrome was identified by clinical data, seizure semiology, interictal and ictal electroencephalogram (EEG). childhood absence epilepsy (CAE), frontal lobe epilepsy (FLE) and temporal lobe epilepsy (TLE)	At least one-half child did not experience clinically meaningful improvements or declined over 2 years. Cognitive problems were the strongest risk factor for compromised HRQL 2 years after diagnosis and may be largely responsible for declines in the HRQL of children newly diagnosed with epilepsy.
21/25	Memory function in childhood epilepsy syndromes ²⁵	Australia	70 children Childhood absence epilepsy (CAE), Frontal lobe epilepsy (FLE) Temporal lobe epilepsy (TLE)	Qualitative	frontal lobe epilepsy (FLE) and temporal lobe epilepsy (TLE) childhood absence epilepsy (CAE), frontal lobe epilepsy (FLE) and temporal lobe epilepsy (TLE) childhood absence epilepsy (CAE), frontal lobe epilepsy (FLE) and temporal lobe epilepsy (TLE)	This study demonstrates memory dysfunction in three common childhood epilepsy syndromes. Children with TLE had the greatest impairment, children with FLE had memory difficulties not previously reported, and children with CAE had subtle memory deficits.
22/26	A survey of quality of life in adolescents with epilepsy in Iran ²⁶	Iran	197 young Iranian adolescents with epilepsy.	Quantitative--analytic cross-sectional study	To measure the QOL of these cases, the Persian version of the QOL in Epilepsy Inventory for Adolescents 48 (QOLIE-AD-48) scale was used.	This study revealed an unsatisfactory state of the QOL of adolescents with epilepsy in our population in comparison with other studies. This indicates the need for greater concern about the psychological status and risk factors for the QOL of adolescents with epilepsy in Iran.
23/27	Quality of life related to health in children with epilepsy from a Mexican hospital ²⁷	Mexico	Schoolchildren aged 8-12 years	Quantitative two control groups was cross-compared	The validated questionnaire <i>Pediatric Quality of Life Inventory</i> was used to evaluate HRQOL. The differences were examined by the ANOVA test, and the association between epilepsy and HRQOL was modeled by multiple logistic regression.	Epilepsy causes a global deterioration in the HRQOL of children, specifically in the cognitive and emotional spheres, which is related to the chronological progression of the disease and polypharmacy.
24/28	Assessment of Quality of Life in Epileptic Patients Presented at a Tertiary Care Centre of a Developing Country ²⁸	Pakistan	A total of 100 subjects (50 cases and 50 controls) were recruited in the study.	Quantitative	Interviews were conducted through a pretested BREF-QOL Questionnaire. Simple Randomized sampling technique was used. Data was collected, compiled and analyzed through SPSS version 16. Quality of life was assessed using the Quality of Life in Epilepsy-31 inventory (QOLIE-31). Both groups were matched for gender, epilepsy syndrome, epilepsy duration, and number of antiepileptic drugs.	It was concluded that epilepsy significantly disturbs the quality of life among effected individuals. It's essential to pay attention to quality of life along with the treatment of ailment.
25/29	Quality of life of patients with epilepsy living in Kingston, Jamaica ²⁹	Kingston, Jamaica.	109 One hundred nine consecutive patients were interviewed	Quantitative		findings suggest Jamaicans living with epilepsy perceive themselves as having a better than expected quality of life.
26/30	Assessment of Health Related Quality of Life in Children with Epilepsy Using Quality of Life in Childhood Epilepsy Questionnaire (Qolce-55) in Tertiary Care Hospital ³⁰	India	104 children aged 4-13 years with epilepsy	Quantitative Prospective observational study.	QOLCE questionnaire was completed by parents and epileptic children.	Children with epilepsy have a comparatively weakened quality of life and focusing exclusively on control of seizures. Study evaluated that most of the patients are having cognitive impairment and decreased social functions. So the Patients should be monitored regularly and treated appropriate.
27/31	Care Burden in Epilepsy: A Study from North East India ³¹	North East India, Tezpur, Assam	Caregivers of 30 children's suffering from Epilepsy	Quantitative cross sectional study	A semi-Structured socio-demographic data sheet, Burden Assessment Schedule, and General Health Questionnaire were administered to the caregivers.	The results shows that the caregivers of epilepsy were having high burden in Physical & mental Health domain of burden assessment scheduled followed by External support.
28/32	Behavioral Problems in Indian Children with Epilepsy ³²	India	A total of 140 children with epilepsy and 157 healthy controls in a similar age group were enrolled	Quantitative Cross-sectional study	Child Behavior Checklist (CBCL) was used as a tool to assess the behavior based on parents reported observation.	Age at onset, frequency of seizures and duration of disease were found to be significantly associated with occurrence of behavioral problems.
29/33	The health-related quality of life of childhood epilepsy syndromes ³³	Australia	children with common epilepsy syndromes	Qualitative	HRQoL was evaluated with an epilepsy-specific instrument, the Quality of Life in Childhood Epilepsy Questionnaire, and two generic instruments, the Child Health Questionnaire and Child Behavior Checklist.	These results indicate that children with epilepsy regardless of syndrome require evaluation of the psychosocial implications. There is a greater impact on HRQoL in symptomatic epilepsy compared to idiopathic epilepsy.
30/34	Assessment of parent reported quality of life in children with epilepsy from Northern India: A cross-sectional study. ³⁴	Northern India	40 children aged from 2 years to 14 years	Quantitative-Cross Sectional	Parents were interviewed for demographic data as well child experience	Overall QOL was compromised in Indian children with epilepsy. Demographic factors like parental education, socio-economic status and clinical factors like frequency of seizure or type of seizure did not significantly affect the QOL of epileptic children.
31/35	Quality of life in children with epilepsy. ³⁵	Bhopal, Madhya Pradesh, India	Sample consisted of 102 Child with epilepsy aged 5-15 years of either sex.	Qualitative	QOL was measured by Quality of Life in Childhood Epilepsy (QOLCE) questionnaire, a 76-item, parent-reported questionnaire.	Child with epilepsy have a relatively compromised QOL and comprehensive care needs to go beyond the attempt of controlling seizures.
32/36	Measure Quality of Life (QOL) in epileptic children by using QOLCE-55 questionnaire. ³⁶	Telangana, India	104 children aged 4-13 years with epilepsy	Mix method prospective observational study was carried by observation of child	QOLCE questionnaire was completed by parents & epileptic children. Collected data was analyzed by using graph pad prism 7.0 version	Children with epilepsy have comparatively weakened quality of life and most of patients are having cognitive impairment and decreased social functions.

33/37	Even a single seizure negatively impacts pediatric health-related quality of life ³⁷	USA	Participants included 109 children (n = 53 single seizure; n = 56 newly diagnosed untreated epilepsy).	Retrospective medical chart review was conducted	Parent-proxy Pediatric Quality of Life Inventory (PedsQL), a well-validated measure of HRQOL in pediatric chronic illnesses.	Evaluation of HRQOL, even after a first seizure, is important and will identify children at risk at the earliest opportunity, allowing for timely psychosocial intervention.
34/38	Social-cultural aspects of epilepsy in Kilimanjaro Region, Tanzania: knowledge and experience among patients and carers. ³⁸	Tanzania	41 people with epilepsy (PWE) and their careers	qualitative study	Study comprised interviews with 41 PWE and their careers. Participants were identified from a large community-based epidemiological study of epilepsy conducted in 2009.	Epilepsy was commonly ascribed to witchcraft and curses. Nearly all PWE demonstrated pluralistic care-seeking behavior, including the use of prayers and traditional healers alongside modern care. PWE reported discrimination as a result of their condition. The majority of PWE had suffered burns during seizures.
35/39	Perceived social support systems & depression's effects on attitude regarding coping strategies for disease in patients with epilepsy ³⁹	Turkey	182 epileptic patients	Quantitative cross sectional study	Multidimensional Scale of Perceived Social Support Systems, Beck Depression Inventory, and the Assessment Scale for Coping Attitudes.	The most influential variables on the coping strategies of epileptic patients were age, gender, educational level, family structure, type of seizures, and the interference of the disease in communication.
36/40	A psychosocial view of anxiety and depression in epilepsy ⁴⁰	---	Sixty patients and 60 healthy subjects were interviewed	Quantitative Prospective	Subjects were interviewed for epilepsy, using Beck Depression Inventory & State-Trait-Anxiety Inventory. Objective of semi structured interview was to identify perception	There was a significant association between psychological symptoms and perception of seizure control, which reinforces the importance of subjective aspects involved in epilepsy.
37/41	Quality of life among people with epilepsy: A cross-sectional study from rural southern India ⁴¹	South India	91 epilepsy patients	Qualitative study	Researcher interviewed 91 epilepsy patients from 20 randomly selected villages using a structured questionnaire including World Health Organization Quality of Life BREF (WHOQOL-BREF), PHQ-2 & Generalized Anxiety Disorder 7 (GAD-7) questionnaires.	The presence of anxiety, lack of primary education, being single, separated or widowed, increasing age, low per capita income and having a seizure episode in the past year are associated with lower quality of life among people with epilepsy.
38/42	Epilepsy-related clinical factors and psychosocial functions in pediatric epilepsy. ³⁸	Korea	Five hundred ninety-eight patients with pediatric epilepsy between the ages of 4 and 18 years	Quantitative	Parents completed the Social Maturity Scale (SMS), the Korean version of the Child Behavior Checklist (K-CBCL), Korean version of the Quality of Life in Childhood Epilepsy Questionnaire (K-QOLCE) to assess daily living function, behavior, and quality of life.	Various aspects of factors and their particular pattern of influence may enable more effective therapeutic approaches that address both the medical and psychological needs in pediatric epilepsy.

It is estimated that there are more than 10 million persons with epilepsy (PWE) in India. Its prevalence is about 1% in our population. The prevalence is higher in the rural (1.9%) compared to urban population (0.6%). In Bangalore Urban Rural Neuro epidemiological Survey (BURNS), a prevalence rate of 8.8/1000 population was observed, with the rate in rural communities (11.9) being twice that of urban areas (5.7)².

Health is a state of complete physical, mental and social wellbeing, and its measurement by QOL is important especially in chronic diseases such as epilepsy. The disease has a marked influence on patients' way of living, their goals, expectations, standards and concerns. Improving the QOL in a person with a seizure disorder is an essential component of the management of such patients.

Epilepsy can significantly affect the quality of life (QOL) not only because of its chronicity, need for regular medications, and their side effects, but also due to prejudices and social conventions that still surround it.

Epilepsy is a major public health concern in terms of the burden of the disease, nature of illness and its impact on individuals and families. The International League Against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE) define epilepsy as a brain disorder characterized by an enduring predisposition to generate epileptic seizures and by the neurobiological, cognitive, psychological and social consequences of this condition.³

The traditional medical goal in the management of epilepsy has focused almost exclusively on seizure control with minimal or no adverse medication effect, whereas the importance of assessing QOL has been ignored. This is particularly true for Indian children, where the QOL is probably affected by the social stigma associated with the disease. Studies from India on children with epilepsy (CWE) and a notable study in adults with epilepsy have shown a relatively compromised QOL.⁴

METHODS

A systematic search for epilepsy literature is conducted. The literature review is designed as a narrative study, because a broader perception of children is different in various conditions. The article include from various country. The major aspect of review is to conclude the QOL of children suffer with epilepsy.

Search strategy

A systematic electronic search is used to identify number of studies carried out on childhood epilepsy and Quality of life. The original research papers are only included in study. The following electronic databases are searched: ProQuest, Embase, Pubmed, PsycARTICLES, EBSCO, Scopus, Educational Resources Information Center (ERIC), the British Nursing Index and the Cumulative Index to Nursing & Allied Health Literature (CINHAL) and journal available in library.

Inclusion and exclusion criteria for article selection

Inclusion criteria

1. The research paper only which directly belongs to Quality of life of children with epilepsy.
2. The paper which is easily accessible online and full text available.
3. The studies which are carried out in English language.

Exclusion criteria

1. The study concern to children whose main diagnosis is other than epilepsy but seizures are present.
2. The studies which are duplicate and result are ambiguous.
3. The research study which is published in without ISSN No journals.
4. The research studies which are not available on journal database.
5. The research studies in which only abstract is available.

6. The studies which is published in local language.
7. Children having epilepsy along with MR.

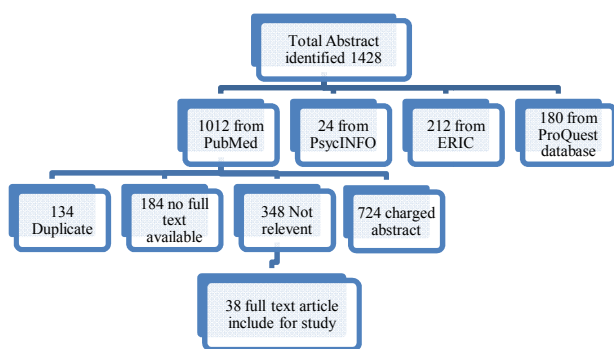
RESULT

Researcher found 1428 research paper from electronic data base. Out of 1428, 1012 from PubMed, 212 from ERIC, 24 from PsycINFO, 180 from ProQuest database. 134 articles are excluded as they were duplicates in the databases. 184 articles are excluded as they are not available in full text.

Search strategy in PubMed

MeSH terminology used for PubMed and ERIC

("quality of life"[MeSH Terms] OR ("quality"[All Fields] AND "life"[All Fields]) OR "quality of life"[All Fields]) AND ("epilepsy"[MeSH Terms] OR "epilepsy"[All Fields]) AND ("child"[MeSH Terms] OR "child"[All Fields] OR "children"[All Fields])



The overall findings of study shown that Quality of life is affected by age, seizure frequency, parent’s education, social stigma, cultural practices, type of epilepsy, and type of anti epileptic in children with epilepsy. Cognition, energy levels and concentration are most commonly affected due to epilepsy. QOL can be assessed by generic or disease specific measures. Generic measures of QOL assess function, disability and distress resulting from general ill health and have the advantages of allowing comparisons with healthy population. Quality of life (QOL) is concerned with “the degree to which a person enjoys the important possibilities of life”. Health-related quality of life (HRQOL) characterizes a person’s perception of how health influences an individual’s life quality and overall well-being. Quality of life is an important measurable outcome of care for conditions that do not threaten life.

DISCUSSION AND CONCLUSION

DISCUSSION OF THE RESULTS

The objective of this paper is to provide an insight among health care workers regarding quality of life of epileptic child. Each country has their way of health care system. Social stigma and people’s behavior directly affect the life of epileptic child. Epilepsy, like many other chronic conditions, is characterized by uncertainty. Its severity and prognosis are variable, and seizures, its outward manifestation, are unpredictable. Some chronic conditions are also stigmatizing; and epilepsy, for reasons rooted deep in its history, is a stigmatizing condition *par excellence*. Because of its clinical uncertainty and its social meaning, the impact of epilepsy on a

person's quality of life (QOL) can be significant. Earlier studies have highlighted several areas of particular concern to people with epilepsy . People with epilepsy are prone to have poorer self-esteem and higher levels of anxiety and depression than people with epilepsy . They are more likely to be under- or unemployed , and lower rates of marriage and greater social isolation have been reported in adults with epilepsy as compared with others . Some, though not all, people with epilepsy feel stigmatized by their condition.

Assessing the QOL of people with epilepsy helps to identify their unmet needs and focus on the determinants those healthcare providers and policy-makers could target to improve the QOL and health outcomes. Age at onset, frequency of seizures and duration of disease were found to be significantly associated with occurrence of behavioral problems.

DISCUSSION OF LIMITATIONS

As the part of reviewing the literature, the research has to follow some limitation. The first limitation in the searching of literature is that, the literatures which are not found online are not included in study.

The second limitation is that many of the studies included without clarity of result. Only the QoL bases studies are included, other studies like parent experience, impact of income on epilepsy and social stigma are avoided.

CONCLUSION AND IMPLICATION

This literature review revealed that there are many factors which affects the quality of life of children those having epilepsy. From the child's perspective, epilepsy-specific QOL is strongly related to their mental health and social support but not to their seizures. Specifically, child mental health and peer support exhibit direct associations with QOL; parental support has both direct and indirect associations with QOL.

The QOL plays an important role in the care of people with seizure disorders. Presence of anxiety, lack of primary education, being single, separated or widowed, increasing age, low per capita income and having a seizure episode in the past year are associated with lower QOL scores

In implication attention should be given for recognition of behavioral co-morbidities in children with epilepsy. They need periodic assessment during epilepsy treatment and if abnormalities are detected, may need counseling and also adjustment on behalf of parents.

All the studies shows that the mean quality of life of children living with epilepsy is significantly impaired and lower than that of the normal controls accompanying them. A comprehensive management program is recommended to address this problem and its associated risk factors for the people living with epilepsy in all over world. The policy maker should think about how to improve quality of life of epileptic children.

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