Happiness in adult patients with epilepsy

Felicidade em pacientes adultos com epilepsia

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DOI: 10.55905/rcssv13n7-021

Received on: Jun 24th, 2024
Accepted on: Jul 12th, 2024

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ABSTRACT
Impairment of quality of life (QoL) is greater in epilepsy than in other chronic diseases, however, little is known about the perception of happiness in adult patients with epilepsy (PWE). Objective: To evaluate PWE's perception of happiness and relate it to demographic and clinical aspects and to the perception of QoL. Methodology: The scores of the Subjective Happiness Scale (SHS) were related with demographic and clinical aspects and with the scores on the QOLIE-31 and the Hamilton Depression Scale (HAM-D) of 60 PWE, with a significance level of p<0.05. Results: 52.9% were female, mean age of 6.1±3.8 years The SHS score was 4.87±1.3 and the QOLIE-31 score was 59.9±16.6. Higher SHS scores were significantly associated with males (T test; p=0.008), the lowest occurrence of seizures (ANOVA; p=0.018), the absence of psychiatric comorbidity (T test; p=0.004) and lower HAM-D scores (Sperman's correlation; -0.268; p=0.011). There was a positive correlation between SHS and QOLIE-31 (domains and total score). Conclusion: There were significantly higher SHS scores in males, suggesting better subjective well-being. Higher SHS scores were observed in PWE with lower seizure occurrence/epilepsy severity, in those without psychiatric disorders, without depression in the HAM-D and with higher scores in the QOLIE-31, suggesting that greater happiness is associated with better QoL.

Keywords: Epilepsy, Quality of Life, Happiness, Well-Being, Subjective Happiness Scale.

RESUMO
O comprometimento da qualidade de vida (QV) é maior na epilepsia do que em outras doenças crônicas; no entanto, pouco se sabe sobre a percepção de felicidade em pacientes adultos com epilepsia (PAA). Objetivo: Avaliar a percepção de felicidade dos pacientes com epilepsia e relacioná-la com aspectos demográficos e clínicos e com a percepção de QV. Metodologia: Os escores da Escala de Felicidade Subjetiva (SHS) foram relacionados com aspectos demográficos e clínicos e com os escores do QOLIE-31 e da Escala de Depressão de Hamilton (HAM-D) de 60 PNE, com nível de significância de p<0.05. Resultados: 52,9% eram do sexo feminino, com idade média de 6,1±3,8 anos. O escore do SHS foi de 4,87±1,3 e o escore do QOLIE-31 foi de 59,9±16,6. Escores mais altos de SHS foram significativamente associados ao sexo masculino (teste T; p=0,008), à menor ocorrência de convulsões (ANOVA; p=0,018), à ausência de comorbidade.
psiquiátrica (teste T; p=0,004) e a escores mais baixos de HAM-D (correlação de Sperman; -0,268; p=0,011). Houve uma correlação positiva entre a SHS e o QOLIE-31 (domínios e escore total). Conclusões: Os escores do SHS foram significativamente mais altos no sexo masculino, sugerindo melhor bem-estar subjetivo. Escores mais altos de SHS foram observados em EEP com menor ocorrência de convulsões/gravidade da epilepsia, naqueles sem transtornos psiquiátricos, sem depressão no HAM-D e com escores mais altos no QOLIE-31, sugerindo que uma maior felicidade está associada a uma melhor QV.

**Palavras-chave:** Epilepsia, Qualidade de Vida, Felicidade, Bem-Estar, Escala de Felicidade Subjetiva.

**RESUMEN**

El deterioro de la calidad de vida (CdV) es mayor en la epilepsia que en otras enfermedades crónicas, sin embargo, poco se sabe sobre la percepción de felicidad en pacientes adultos con epilepsia (PWE). **Objetivo:** Evaluar la percepción de felicidad de los PWE y relacionarla con aspectos demográficos y clínicos y con la percepción de la CdV. Methodología: Se relacionaron las puntuaciones de la Escala de Felicidad Subjetiva (SHS) con aspectos demográficos y clínicos y con las puntuaciones en la QOLIE-31 y en la Escala de Depresión de Hamilton (HAM-D) de 60 PWE, con un nivel de significación de p<0,05. Resultados: El 52.9% eran mujeres, con una edad media de 6,1±3,8 años. La puntuación del SHS fue de 4,87±1,3 y la del QOLIE-31 de 59,9±16,6. Las puntuaciones SHS más altas se asociaron significativamente con los varones (prueba T; p=0,008), la menor aparición de convulsiones (ANOVA; p=0,018), la ausencia de comorbilidad psiquiátrica (prueba T; p=0,004) y puntuaciones HAM-D más bajas (correlación de Sperman; -0,268; p=0,011). Hubo una correlación positiva entre el SHS y la QOLIE-31 (dominios y puntuación total). Conclusiones: Hubo puntuaciones de SHS significativamente más altas en varones, lo que sugiere un mejor bienestar subjetivo. Se observaron puntuaciones de SHS más altas en las EPW con menor ocurrencia de crisis/gravedad de la epilepsia, en aquellas sin trastornos psiquiátricos, sin depresión en la HAM-D y con puntuaciones más altas en la QOLIE-31, lo que sugiere que una mayor felicidad se asocia a una mejor CdV.

**Palabras clave:** Epilepsia, Calidad de Vida, Felicidad, Bienestar, Escala de Felicidad Subjetiva.

**1 INTRODUCTION**

Happiness is a construct and can be defined as a positive emotional state with feelings of well-being and pleasure and related to neurophysiological aspects, neurotransmitters, hormones, neural networks, and cognitive functions. However, the conception of difficulty persists within the limits of its meaning, with different definitions, there is divergence between languages, cultures and historical periods, in addition to the difficulties to be accurately measured. The subjective well-being scale
evaluates the degree of satisfaction and what people think and feel about their lives, based on affective and cognitive aspects. The understanding of what leads people to happiness and well-being is beyond philosophical issues, material values and may be related to genetically determined aspects, and is relatively stable throughout life, but may be influenced by external events such as illness, bereavement, unemployment or other social conditions (Diner; Suh, 1997; Lyubormirsky; Lepper, 1999, Jayawickreme et al., 2012, Alexander et al., 2021).

Epilepsy is a chronic disease that may be associated with impaired quality of life (QoL), which may be related to clinical variables, the presence of psychiatric comorbidities, and psychosocial aspects (Kobau et al., 2012). Patients with epilepsy (PWE) have lower performance in several aspects in the assessment of QoL, when compared to individuals from the general population and with other chronic diseases (Kobau et al., 2012; Tedrus et al., 2013; Taylor et al., 2011). QoL scales have a subjective construct and are recognized as an effective assessment instrument for contributing to treatment and influencing health practices and policies. On the other hand, the strong influence of psychological aspects on the various dimensions of the QoL scales is discussed. However, the assessment of happiness in epilepsy is poorly studied. Evidence of the association between happiness and QoL in epilepsy is still scarce.

To evaluate the perception of happiness and relate it to demographic and clinical aspects and to quality of life in epilepsy inventory-31 data in adult patients with epilepsy

2 METHODOLOGY

Between February and August 2023, 170 adult patients with epilepsy treated at the clinical neurology outpatient clinic of Hospital PUC-Campinas were consecutively included. The diagnosis complied with the criteria of the International Classification of Epilepsy and Epileptic Syndromes of the ILAE (Fisher et al., 2017). Individuals with difficulty in understanding the questions of the instruments or with progressive chronic diseases were excluded. The study was approved by the Human Research Ethics Committee, PUC-Campinas.

Patients were assessed with clinical history of epilepsy, the Subjective Happiness Scale (SHS), the Subjective Well-being Scale (SWB), the Hamilton Depression Scale (HAM-D) and the Quality of Life in Epilepsy Inventory-31 (QOLIE-31). The relationship
between SHS and WBS scores with demographic and clinical aspects and with HAM-D and QOLIE-31 scores was studied. Appropriate tests were used, with a significance level of $p<0.05$. The Statistical Packages for Social Sciences (SPSS, version 28.0) software was used.

3 RESULTS

A total of 170 patients were included, 52.9% were female, mean age 6.1±3.8 years. The SHS score was 4.87 ± 1.3 and the QOLIE-31 score was 59.9 ± 16.6. The age at the time of the first seizure was 24.1 ± 17.1 years, the duration of epilepsy was 20.2 ± 14.8 years.

The mean SHS score was 4.85 ± 1.43, in SWB it was 5.6 ± 1.7 and in QOLIE-31, 60.3 ± 16.8.

There were higher SHS and QOLIE-31 scores in males. The SHS, SWB, and QOLIE-31 scores would differ significantly in the presence of psychiatric comorbidity and according to the frequency of seizures (Table 1). There was no difference according to other demographic and clinical aspects.

There was a significant correlation between the total score on the QOLIE-31 and the total score on the SHS (Person's Correlation; 0.443; $p<0.001$) and the total WBS score (0.478; $p<0.001$).

4 DISCUSSION

This study was based on the study of the relationship between SHS findings and the sociodemographic and clinical data of adult patients with chronic epilepsy, and approximately 50% of cases with uncontrolled seizures and the majority with structural epilepsy. The SWB is a scale that makes a global and subjective assessment of how happy or unhappy a person is, from their own perspective (Watson, 2000, DeNeve; Cooper, 1998).

There was a significant difference between genders, and men had higher SHS scores, suggesting better subjective well-being. It is known that, in relation to gender, women report more positive and negative effects than men. However, about life satisfaction, the results in the literature are contradictory and some studies have not observed differences between genders (Scorsolini-Comin; Santos, 2010).
There were differences in the perception of happiness, and it was observed that some clinical aspects of epilepsy compromise WBS, such as a higher occurrence of seizures, the presence of psychiatric comorbidity, and higher HAM-D scores. These data are like the findings of other studies (Walsh; Ayton, 2009). Our data suggest that the determinants and health conditions studied, linked to epilepsy, affect the feeling of happiness or, conversely, that the feeling of happiness acts, providing better living conditions.

There was a correlation between SHS and all QOLIE-31 domains, suggesting that greater happiness is associated with better QoL. Some authors seek to approach QoL, a crucial construct in health promotion, and QoL could be defined in terms of life satisfaction, WBS, happiness, and morale.

Studies of happiness in population samples from different countries show significant differences. Richer nations have higher values of happiness compared to poorer nations. However, the increase in purchasing power does not correlate with a significant increase in happiness levels. It is well known that happiness indices tend to be relatively stable throughout everyone’s life, and depend little on external events (Scorsolini-Comin; Santos, 2010, Walsh; Ayton, 2009).

5 CONCLUSION

Lower happiness values were observed in females, in individuals with higher frequency/severity of epilepsy, and in those with psychiatric disorders and depression. A positive correlation was observed between better QoL and greater happiness.
REFERENCES


