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Depression, Anxiety and Stress among Epileptic and Dissociative Patients

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The current research aims to explain the level of depression, anxiety and stress among the patients of epilepsy and dissociative disorder. The sample of (N =160) psychiatric patients having dissociative disorder and epilepsy patients were taken from Shaikh Zayed hospital Rahim Yar Khan. There were one questionnaires were employed for measuring variables that was depression, anxiety, and stress scale (DASS-21) short version. Quantitative survey research method was used and convenient sampling technique applied for collecting data and it analyzed by using SPSS version 23.0. The results revealed that significant difference of anxiety and stress was found between diagnosed epileptic and dissociative patients. The Mean of depression, anxiety and stress was higher in epileptic patients than dissociative disorder patients. The results also showed significant difference of stress, anxiety and depression among both genders and female secure higher score than male. Limitations and suggestion for future studies also discussed.

Keywords: Anxiety, Depression, Dissociative Disorder, Epilepsy, Hospital, Stress

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INTRODUCTION

Epilepsy and Dissociative disorders are strongly related to psychiatric conditions among which stress, anxiety and depression are commonly detected in epileptic patients (Alsaadi, & Shahrour, 2015). Patients with epilepsy face multiple stressors regarding their social and emotional day to day life and the stressors are sometimes overwhelmed to the extent which creates complications related coping and epilepsy management among patients (Cramer, Blum, Reed, & Fanning, 2003). Recurrent seizures were explored with stress due to getting more attention cues to epileptic seizures. Patients with epilepsy also reported stress as substantial stimuli to enhance their seizures (Novakova, Harris, Ponnusamy, Marques, & Reuber, 2015). Ranjan, Panday, and Kiran, (2016) also propounded stress, anxiety and depression as the most common psychiatric problems among patients with epilepsy.

Depressive disorders are found with the range of 60% among patients with recurrent epileptic seizures (Alsaadi et al.,2015). Stress is the strong predictor of activating epileptic seizures, due to changing in hormonal and emotional conditions, stress enhance the chances of seizures and develop a poor control over epileptic symptoms (Lang, Taylor, & Kasper, 2018). Gunn, and Baram, (2017) also claimed stress as supplementary factor to increase frequency of seizures among epilepsy patients.

Stress, anxiety and depression detected to have

positive relation with dissociative disorders (Hozoori, & Barahmand, 2013). Armour, Elklit, Lauterbach, and Elhai, (2014) also found relation between psychiatric problems and dissociation such as traumatic stress, anxiety and depression. Ha and colleagues (2007) as well as Carliea and colleagues (2013) also explored strong comorbidity of anxiety, depression and dissociative disorder (Bernardi, 2009; Cannan et al., 2012). Vermetten, Schmahl, Lindner, Loewenstein, and Bremner, (2006) found relation of stress and dissociative experiences. Traumatic stress, acute stress and episodic stress is significant predictor of dissociative disorders. Dissociative disorders were commonly detected with stressors and stress related disorders such as episodic or acute as well (Harvey, & Brynet, 1998).

Depression and anxiety are overwhelming among epileptic patients with intensity and out of three epileptic patients, one individual faces anxiety and depression in whole duration of epilepsy (Alsaadi, Zamel, Sameer, Fathalla, & Koudier, 2013). Studies suggested that identifying depressive disorders among epilepsy patients, due to devastating effects of psychiatric problems on coping with epilepsy (Cramer, Blum, Reed, &Fanning, 2003). Cramer, Blum, Fanning, Reed, and Epilepsy Impact Project Group, (2004) posited about seizure management issues in context of quality of life and health related positive perceptions were negatively affected by depression.

Depressive disorders carried with multiple physical symptoms, fatigue, lack of appetite and sleep, psychomotor agitation or abnormal activity, inability to take decisions, feeling of shame and regret and eventual suicidal thoughts. The most common factor among depressive and epileptic individuals is suicidal risk. Studies explored higher level of suicidal risks among depressive and epileptic patients than general population (Mazza, Bria, & Mazza, 2007; Jones et al., 2003). Kaplan, and Sadock, (2007) explained anxiety disorder as another most diagnosed psychiatric illness among epileptic patients. Unusual brain activity due to recurrent seizures leads to depression and anxiety experiences and most of the time, anxiety and depression enhance seizure attacks frequency and reduce motivation and courage to survive with disease (Jackson, &Turkington, 2005). Epilepsy Action Australia, (2014) explored two to three times more risks of depression in epileptic patients as compare to other population.

Among epileptic patients, poor self-control, social stigmatization, lower performance at workplace or school, gender differences leading factors to depression and anxiety. Poor self-control over seizures aggregate to anxiety (Stefanello et al., 2011) and lower socioeconomic status also enhance anxiety and depression risks among patients with epilepsy (Pedroso de Souza, &Salgado, 2006).

OBJECTIVES OF THE STUDY

1. To find out the level of depression, anxiety and stress among the patients of epilepsy.
2. To measure the symptoms of depression, anxiety and stress among the patients of Dissociative Disorders.
3. To explore the severity of symptoms of stress, anxiety and depression among the patients of epilepsy and dissociative disorders from both genders.

HYPOTHESES OF THE STUDY

1. It is assumed that the level of stress, anxiety and depression are higher among the patients of epilepsy than patients of dissociative disorders.
2. It is assumed that the level of stress, anxiety and depression are higher among the patients of dissociative disorders than patients of epilepsy.
3. It is assumed that male have higher level of stress, anxiety and depression than female patients.

METHODS

Participant's characteristics

There were 160 Participants were recruited from Shaikhzaid hospital Rahim yar khan including 80 males and 80 females suffering dissociative and epileptic disorder. The mean age of participants was 28. Participants belongs to low, middle and high socio-economic status and 110 participants were educated and 50 were uneducated as well as 107 participants belongs to urban and 53 belongs to rural areas.

Inclusion/Exclusion criteria

Participants whom belong to adult age group (18) were included in the sample and suffering dissociative and epileptic disorder also included. The patients of other medical related disorder or having any other psychological disorders such as Mania, Mood disorder were excluded.

Measures and covariates

Depression, Anxiety and Stress Scale (DASS-21)

Depression, Anxiety and Stress (DASS) composed of set of three self-report sub scales developed to assess depression, anxiety and stress. Depression, Anxiety and Stress Scale (DASS) was constructed not only for the purpose of finding out clinical diagnosis but also to tap

the intensity of emotional disturbance in states of stress, anxiety depression. It has 21 items and 3 subscales. It means 7 items per sub-scale. It has 4 options from did not apply to me at all (0) to applied to me very much or always (3). DASS is used by researchers and professional clinicians and accomplished the requirements of both. It has good reliability Cronbach's alpha α was .88 (Henry & Crawford, 2005). The reliability of DASS-21 in current study was Cronbach's alpha α was .82 that is good reliability for target population.

Research design

In present study, Cross sectional survey research design was adopted to perform the current study.

Sampling technique

For data collection, convenient sampling was employed. This technique was useful to find out participants that desired for the study and as per conveniently available as well as willing to participate. For the current study, convenient sampling is appropriate according scope of the study and for desired population.

Statistical analysis

Data was analyzed through SPSS (23.0). Frequency distribution and descriptive statistics used to estimate demographic variables. t-test was employed to calculate level of depression, anxiety, and stress among dissociative and epileptic patients. Moreover, t-test was applied to measure gender-based differences regarding depression, anxiety, and stress.

Operational definition of variables

Stress

The term Stress refers to the state of psychological and emotional conflicts consequent from adverse situation such suffering disease or very demanding circumstances such as in hospital or challenging situation (Baki, Erdogan, & Kantarci, 2005).

Anxiety

Anxiety is defined as an apprehension of threat or fear followed by internal or external factors, comprised of some or all signs among these: restlessness, muscle tension, sympathetic hyperactivity, and cognitive signs and symptoms such as confusion, hyper vigilance, fear of losing control or decreased concentration (APA, 2013).

Depression

The term Depression is defined with the specification of mood disturbances such as, decreased pleasure, lack of interest, fatigue, feelings of shame and guilt and lower self-esteem, sense of worthlessness, disturbance in sleep and appetite, inability to maintain concentration and marked distress which is clinically significant (WHO, 2012).

Epilepsy

Epilepsy is defined as chronic neurological disorder marked by frequent seizure attacks. It is consisting of a manifestation of different symptoms consequent with chronic seizures. Epilepsy is not determined by mild seizures, but, the severe and frequent seizures are labeled as epilepsy. Basic feature of epilepsy followed by recurrent seizures accompanied abnormal body movements which are out of control and sudden (Spiegel et al., 1996).

Dissociative Disorders:-

Dissociation is explained as multiple responses to a traumatic event which commonly deteriorates incorporated functions of, memory, consciousness, and perception of the environment or personal identity (APA, 2000).

RESULTS

Table 1. Independent Sample t-test use for differences of Diagnosed Epileptic and Dissociative Sample for Depression, Anxiety and Stress (N=160)

Variable	Epileptic (n = 80)	Dissociative (n =80)		95%CI	
	M (SD)	M (SD)	T	LL	UL
Depression	21.56 (6.11)	19.93 (5.78)	1.74	-.22	3.50
Anxiety	23.45 (5.74)	20.56 (5.80)	3.16**	1.09	4.69
Stress	21.70 (6.81)	18.75 (6.89)	2.73**	.81	5.09

Note.LL= Lower Limit, UL = Upper Limit, p** < .01, CI = Confidence Interval, df =158

Table 2. Independent Sample t-test use for differences of Male and Female Sample for Depression, Anxiety and Stress (N=160)

Variable	Male (n = 80)	Female (n =80)		95%CI	
	M (SD)	M (SD)	T	LL	UL
Depression	18.90 (5.16)	22.59 (6.22)	-4.09***	-.5.47	-1.90
Anxiety	20.23 (5.71)	23.79 (5.65)	-3.97***	-5.34	-1.79
Stress	18.61 (6.74)	21.84 (6.89)	-2.99**	-5.35	-1.10

Note.LL= Lower Limit, UL = Upper Limit, $p^{***} < .001$, $p^{**} < .01$ CI = Confidence Interval

DISCUSSION

Results showed that level of depression was severe among epileptic patients. While, the level of anxiety was extremely severe among epileptic patients, further, the level of stress was moderate among epileptic patients. The mean score of depression was 21.56, and standard deviation was 6.11, whereas, anxiety mean score 23.45 and standard deviation was 5.74 and stress mean was 21.70 and standard deviation was 6.81 which shows higher level of anxiety, depression and stress among epileptic patients. Jackson, and Turkington, (2005) supported the results and explored the significant comorbidity of anxiety and depression with epilepsy. Boylan et al., (2004) also explored the higher levels of anxiety and depression among epilepsy patients due to its adverse effects on quality of life. Another study, Ekinci, Titus, Rodopman, Berkem, and Trevathan, (2009) found anxiety and depression as more frequent psychiatric complaints among the patients with epileptic seizures. Known, and Park, (2014) also presented the same findings of depression and anxiety diagnosis in epilepsy sample as compare to other psychiatric issues.

Depression, anxiety and stress were found at high levels among dissociative disorder sample but, it was found with lower severity as compare to epileptic sample. The mean score of depression, anxiety and stress was 19.93, 20.56, and 18.75 respectively and standard deviation of depression was 5.78, anxiety standard deviation was,5.80, stress presented with standard deviation of6.89which shows significant level of depression, anxiety and stress among dissociative population. Moreover, in the present study, depression, anxiety and stress were found with higher intensity among epilepsy sample as compare to sample with dissociative disorder. Hozoori, and Barahmand, (2013) explained about anxiety and stress evocation in dissociative sample and argued that overwhelming emotional response to traumatic event arouse anxiety which supports stress and other psychiatric issues in sample of dissociative disorders. Consequently, dissociative disorder individuals show higher level of stress and these findings support our results by showing higher level of stress among population with dissociative disorder.

Present study evaluated gender differences and found the higher level of stress, anxiety and depression in female as compared to male. Mean and standard deviation score of male and female in depression was, M= 18.90 SD= (5.16) and M= 22.59, SD= (6.22), Mean and standard deviation score of anxiety was, M= 20.23 SD= (5.71) among male and M= 23.79 and SD= (5.65) in female. Mean and standard deviation of stress score among male and female was, M= 18.61 and SD= (6.74) and M= 21.84, SD= (6.89) which shows higher level of depression, anxiety and stress among female as compared to male with epilepsy. Gaus, Kiep, Holtkamp, Burkert, andKendel, (2015) also discussed anxiety and depression in both genders and found higher frequency of anxiety and depression among female as compared to male epilepsy population.

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