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Epileptic patient self-care deficit and efficacy expectation regarding medication consumption at neuroscience center in Al-Najaf city

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Abstract

Epilepsy means a chronic neurological disorder which is expressing by frequently unprovoked seizure attacks , this sign is commonly controlling by antiepileptic drugs (AEDs), the frequency of seizure attacks may be controlled by following the optimal self-care practices and avoiding factors that trigger the seizure and increase the frequency of its attacks (Callaghan P. and Waldock H., 2006). Middle East contains about 10% of 50 million patients suffering of epilepsy in the world (WHO, 2011). The main objective of those patients is to control the seizure by using efficient ADEs in right way . Assessing epileptic patient's self-care deficit and efficacy expectation regarding medication consumption in Middle Euphrates Neuroscience center. Quasi- experimental design used to detect the epileptic patient's problem toward medication consumption maintenance, purposive sample from (57) epileptic patients how visit outpatient were selected, the sample divided in to control and experimental group after obtaining their agreement to participate in this study, pretest performed to assess patients self –care deficit and their need for specific information related to medication , while post-test performed to assess the effectiveness of the educational program sessions upon patients information related to medication in order to control reduce epileptic attacks which may enhanced their efficacy and promote patients quality of life after presentation of two educational sessions extended to two days to enhance patients information and improve their practices. Self-care practices deficit presented in the pre-test among the study sample, while highly significant difference recorded upon self –care practices among the experimental group member after the educational sessions Structured educational program should be planned by specialist nurse in the health care center to cover epileptic patients' needs and improve self-care practices.

Keywords: Epileptic patient; self-care deficit and efficacy and medication consumption.

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1. Introduction

Seizure attacks may trigger in patients with epilepsy if he/she is not taking medications in regular pattern. The process of consumption of medications becomes easy for the epileptic patients because it becomes as routine activity which may be closed for all patients with chronic disease. The losing dose of medication followed any reason such as forgetting, unavailable, or any other cause can be tolerated by some of the epileptic patients but for some of them it is a risk and it results in seizure attack. Therefore, those patients should not miss dose that requiring a stimulator such as writing a paper and put on a familial place, or alarm clock to remember the treatment. Many of researches reported that highest than 30% of epileptic patients did not reach to completely seizure control status although, the availability of seizure's treatment. The singular cause for disturbance of treating of epilepsy is the impairment of AEDs adherence. Some of the studies are depending of insurance claims databases viewed that about 30-50% of epileptic patients were not adhering to AEDs regimens prescribed to them. Other cause for impairment of adherence is self-care deficit as mentioned by other research. The mortality and morbidity rate is elevating with fail of AEDs adherence and the negative effecting expanding to involve the quality of life. Forgetting or feeling stigma may interfere the stick to AEDs or other causes such as cost, side-effect, number of medications prescribed, frequently of dose at day, prolong period of using AEDs, and severity of seizure. To improve the adherence to AEDs the cause should be treat by using appropriate stimulus to avoid forget the dose, the epileptic patients should be supported to overcome the psychosocial effecting on the treating, scheduling the medications daily consumptions to avoid missing of dose, and educating the patients about the considerations related to AEDs medication. (Sweileh et. al., 2011).

There are many factors associating with the seizure occurrence. These factors are not considered as causes for epilepsy, but can exhibit seizure at sometimes such as stressful, sleep deprivation, flickering light, exhausting and tiring, and fever which result from infection or some sickness. Maintain a healthy life style will avoid the patients from seizure attack (Living with Epilepsy, 2012).

Epileptic patients suffering of the social status as stigma may continue and that lead to stress and may result in seizure attack, about 51% the percentage of those with stigma. There is not absent relation between the stigma and increasing frequency of seizure, some of patients feel stigma when they are taking medications of seizure in front of others that participate in losing dose or more of medications and this is considered one of the seizure trigger factors. Sometimes feeling of stigma some of employers, students, or workers those with epilepsy are not telling their colleagues about their health problems. The solving of stigma problem properly performed by educating patients with stigma to be more flexible by directing them practicing of solutions (Jacoby & Austin, 2010).

To maintain the optimal free of seizure condition mostly depends on the adherence to treatment situation. The significant ways are those enable the PWE to stick to medical treatments that might be the most effectiveness ways in improving health even than the treatment itself. Medical and nursing management in collaboration will help the patient to be free of seizure (Leenen et al., 2014).

About 70-80% of those with epilepsy can be free of seizure activities or the seizure activities under control by using of AED perfectly. So the patients may practice his/her life without limitation which indicates that the quality of life QOL is not effected completely the persons with epilepsy to controlling their seizure activities (Shanmukhi et al., 2015)

Self-care is defined according to the world health organization, 2009 as "the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability without the support of a health-care provider".

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Humans care practices that providing to their bodies recently becoming a major model especially in the western population and that make people to be responsible for their health. This is assigned not only for people at healthy situation but also when they become ill (Alftberg & Hansson, 2012).

The main practice in self-care is a care. Sometime this care should provide for the person by him\herself and mostly began after effected with disease especially chronic disease and obtaining medications, and direction or instructions from the healthcare provider may be not enough, not significant, not identified by the patient, and not established as a custom. The patient will search for instructions about caring after diagnosis, maybe he achieve some of information from non-specialist origins, this situation may not produce acceptable care or producing care activities that not related to health care (Mol et. al., 2010).

Self-care practices instructions always offer by educating the patients by usage of written papers with sessions of education, which completed by present of volunteers patients and examine their education to identify their educational level as that's occur in educational program. The important of this self-care instruction is to enhance the self-care practices and acquired educational about disease (Challis, 2010).

Orem's self-care deficit theory in nursing is one of the famous theories in nursing that always uses in practices of nursing (Im & Change, 2012). The self-care as person regular functions is distinguished from other types of regulatory function of the person and developing just like neuro-endocrine regulation in body. Self-care practices should be educated to the patient carefully, persistently, and consenting the patient demand (Alligood, 2014).

2. Methodology

Quasi- experimental design used to detect the epileptic patient's problem toward medication consumption and maintenance was carried out in Middle Euphrates Neuroscience Center in AL-Najaf City, from the period 21 December 2014 to 26 March 2015.

3. Objective

Assessing epileptic patient's self-care deficit and the effectiveness of the educational program toward the efficacy and expectation regarding medication consumption. Purposive sample from (60) epileptic patients how visit outpatient were selected, the sample divided in to control and experimental group after obtaining their agreement to participate in this study, pretest performed to assess patients self –care deficit and their need for specific information related to medication , while post-test performed to assess the effectiveness of the educational program sessions upon patients information related to medication in order to control \ reduce epileptic attacks which may enhanced their efficacy and promote patients quality of life after presentation of two educational sessions extended to two days to enhance patients information and improve their practices. The questionnaire which used to assess self-care deficit and efficacy is prepared by the researcher after reviewing literature and depending on the Epilepsy Self-Management Scale, and Epilepsy Self-Efficacy Scale. The questionnaire listed along one dimension vertically with response alternative always, sometime, and No rated as 3 always, 2 sometime, 1 No score listed along the other. The questionnaire consist of three parts. Part I: Demographical characteristics which include (age, gender, marital status, level of education, residency, and occupation).Part II: Self-care practices extended to (14) items related to taking of medications and psychosocial factors that increase the trigger of the seizure. An educational program was constructed to improve self-care practices, it contains two sessions, first session consists of the objectives of the program and medications consumption, while the second session includes the practices related to some of the psychosocial factors that trigger the seizure each session required nearly about (35) minutes, the sessions were presented to study group only in special class which is prepared in the center for this purpose. The content of educational program is validated by (16) experts they have more than (8) years in their job, the expert's recommendations were taken as a

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base to readjustment of an educational program content, many teaching methods used during the presentation of the educational program such as (slide show, pictures, dramatic work, and written paper). In order to implement the study an official permission obtained from the Najaf health directorate at 1 December 2014. To determine the stability of measuring tool a pilot study was carried-out from 3 – 10 January 2015, on (10) participants (5) of them were agree to be in the experimental group in order to achieve the effectiveness of the content of the educational program, while the other (5) patients play as a control group, after two week post-test implementing up on all participants, the data of the pilot study managed statistically the result was (0.76) which is acceptable. The patient who participated in the pilot study were excluded from the original study sample. Data were collected by interview each patient need about 10-15 minutes to complete the necessary data , pre-test was applied by using the questionnaire to (60) patients to assess self-care deficit, later on two educational program sessions conducted to (30) patient who agree to participate in the experimental group , two weeks later posttest was performed among (27) patients who are attending the educational program sessions in order to assess the self-care efficacy toward medication consumption, (3) patients (1) male and (2) female were apologized to attend the second session so they did not participate in post-test, while (30) patients participated in post-test as a control group, the posttest completed by home visit.

4. Results

Table 1. Distribution of Socio-demographic data for the study sample

Parameters	Groups				
	Control (N=30)		Study (N=27)		
	No	%	No	%	
Age groups	(18-27) years	10	33.3	15	55.6
	(28-37) years	9	30.0	5	18.5
	(38-47) years	11	36.7	7	25.9
Gender	male	20	66.7	17	63.0
	female	10	33.3	10	37.0
Marital Status	single	10	33.3	16	59.3
	married	20	66.7	11	40.7
Level of Educational	read and write	8	26.7	11	40.7
	P. School	11	36.7	7	25.9
	S. School	6	20.0	5	18.5
Residency	College	5	16.7	4	14.8
	Urban	19	63.3	22	81.5
	Rural	11	36.7	5	18.5
Occupation	Not working	8	26.7	4	14.8
	free working	6	20.0	7	25.9
	office holder	7	23.3	5	18.5
	house wife	7	23.3	6	22.2
	Others	2	6.7	5	18.5

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Table 2. Epileptic patient's self-care practices for medication consumption

Questions	Control		p	Study		p
	Pre Mean±SD	Post Mean ±SD		Pre Mean±SD	Post Mean ±SD	
Regularly taking epileptic medication at proper time	2.27±0.91	2.33±0.88		2.33±0.84	2.56±0.75	
Taking epileptic medication with correct dose as prescribed by physician	2.23±0.90	2.27±0.91		2.20±0.92	2.74±0.66	
Stop medication when feel decrease the frequency of seizure attacks without counsel physician	1.67±0.92	1.77±0.97		2.10±0.82	2.52±0.75	
Asking care giver about medication side effects	1.60±0.89	1.63±0.89		1.50±0.82	2.41±0.75	
Tell the care giver about any side effects may feel as (changes in mood, behavior, or personality) with using medications	1.53±0.82	1.40±0.72	0.775	1.60±0.86	2.56±0.64	0.000
Notify the medication instruction in the leaflet inside the medication packet	1.67±0.84	1.60±0.89		1.73±0.83	2.37±0.69	
Taking epileptic medication by preparing schedule	1.73±0.98	1.50±0.86		1.90±0.92	2.44±0.85	
Following special method to avoiding missing dose	1.30±0.65	1.40±0.72		1.57±0.82	2.44±0.89	
General Mean	1.75±0.38	1.74±0.40		1.87±0.43	2.51±0.48	

Table 3. Epileptic patient's self-care practices and triggers of seizure

Questions	Control		p	Study		p
	Pre	Post		Pre	Post	
	Mean ±SD	Mean ±SD		Mean ±SD	Mean ±SD	
Depend relaxation method to improve quality of life	1.80±0.92	1.90±0.92		1.97±1.00	2.52±0.80	
Overcome stress by regular exercise	1.20±0.55	1.20±0.55		1.20±0.48	1.93±0.92	
Feeling stigma or shy during uses of medication in front others	1.63±0.93	1.67±0.92	0.749	1.80±0.96	2.33±0.83	0.000
Spend long time watching flickering light as (T.V., computer)	1.30±0.60	1.32±0.61		1.53±0.68	2.04±0.76	
Leaving noisy crowd that may be with high music	1.57±0.86	1.30±0.65		1.83±0.91	2.52±0.70	
General Mean	1.50±0.43	1.48±0.42		1.67±0.42	2.27±0.41	

5. Discussion

The results of the table (1) presented that most of the study sample was males (66.7%), (63.0%) in both control and study group, their age group were between (38-47) years 36.7% were for control group and 55.6% were between age group (81-27) years for the study group, (66.7%) were married in control group while (59.3%) were single in study group, (36.7%) in the control group were with primary school, but (40.7%) can read and write in the study group, (63.3%) and (81.5%) of both group were urban area residence. These results were agree with finding of study which conducted in neurology clinic at Princess Basma Teaching Hospital in Northern Jordan by Hussein and El-Qaderi (2002) who revealed that the target population of the study consisted of 116 patients with epilepsy, most of the participated were with 19 years old, (n=54) were males (n=47) were females. (n=53) Patients had a poor level of education because they had less than 10 years of formal education, (n=88) patients live with their parents (n=50) were students and (n=21) unemployed. (Dehghan-Nayeri et. al., 2013) in their study supported this result, they presented that the detected age their study were between (18-25) years the same age group in current study was the more including group. In regarding to marital status subjects current study presented that most of the patients were married in the study group the single patients were higher percentage than married, while in control group the married patients were more than single. Self-care practices related to the consumption of medication in table (2) shows that the control group recorded no significant differences, compared with the post – test of the study group which pointed highly significant changes among the study group members after involving in an educational program. These results agree with the study that conducted in two critical care units in the Ma’an and Queen Rania hospitals in the south of Jordan in line of this study reported that effective educational intervention shows significant difference to enhance self-care practices among patients with specific diseases when assessed (Khouri, 2011).

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Alteration of the psychosocial aspects which play important factors which increase trigger of seizure in epileptic patients, table (3) shows that there is a significant difference clearly appears among the post test of the study group members who participated in the educational program sessions which included advices and suggestions to enhance self-management and improve coping mechanism in order to decrease the triggers of the seizure, while no significant differences indicated among the pre and post-test of the control group members, this result was paralalled with (Otsu H, and Moriyam, 2014) who found that significant responses were detected among patients.

6. Conclusion and Recommendations

Self-care practices deficit presented in the pre-test among the study sample, while highly significant difference recorded upon self –care practices among the experimental group member after the educational sessions. Structured educational program may be planned by specialist nurses in the health care center to cover epileptic patients' needs and improve self-care practices.

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References

- Alftberg, A. & Hansson, K. (2012). Introduction: Self-care translated into practice culture unbound. *Journal of Current Cultural Research*, 4(3), 415-424.
- Alligood, M. R. (2014). *Nursing theorists and their work*. US: Elsevier Mosby.
- Callaghan, P. & Waldock, H. (2006). *Oxford handbook of mental health nursing*. UK: Oxford Publishing.
- Challis, D., Hughes, J., Berzins, K., Reilly, S., Abell, J., & Stewart, K. (2010). Self-care and case management in long-term conditions: The effective management of critical interfaces. *Report for the National Institute for Health Research Service Delivery and Organisation programme, Queen's Printer and Controller of HMSO 2010*, pp. 8-12.
- Dehghan-Nayeri, N., Aliasgharpour, M. & Yadegari, M. A. (2013). Psychometric properties of the Persian version of self-management scale for sample of Iranian patient with epilepsy. *Nurs Midwifery Stud.*, 1(3), 211-216.
- Hussein, M. J. & El-Qaderi, S. (2002). Socio-demographic characteristics of adolescents with epilepsy in Northern Jordan. *Seizure*, 11(8), 483-488.
- Im, E. O. & Ju Chang, S. (2012). Current trends in nursing theories. *Journal of Nursing Scholarship*, 44(2), 156-164.
- Jacoby, A. & Austin, J. K. (2007). Social stigma for adults and children with epilepsy. *Epilepsia*, 48(9), 6-9.
- Khouri, R. (2011). Impact of an educational program on nursing students' caring and self-perception in intensive clinical training in Jordan. *Advances in Medical Education and Practice*, 2, 173-185.
- Leenen, L. A., Wijnen, B. F., de Kinderen, R. J., Majoie, M. H., van Heugten, C. M. & Evers, S. M. (2014). (Cost)-effectiveness of a multi-component intervention for adults with epilepsy: Study protocol of a Dutch randomized controlled trial (ZMILE study). *BMC Neurology*, 14(1), 255-267.
- Mol, A., Moser, I. & Pols, J. (2010). Care: putting practice into theory. *Care in practice: On Tinkering in Clinics, Homes and Farms*, 8, 7-27.
- Otsu, H. & Moriyama, M. (2014). 36-Month follow-up study of post-intervention chronic heart failure patients. *Health*, 6(7), 559-575.
- Sweileh, W. M., Ighesheh, M. S., Jarar, I. S., Taha, A. S. A., Sawalha, A. F., Sa'ed, H. Z. & Morisky, D. E. (2011). Self-reported medication adherence and treatment satisfaction in patients with epilepsy. *Epilepsy & Behavior*, 21(3), 301-305.