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| □ | **EDITORIAL**  **EPILEPSY - BEYOND THE 'PURLE RIBBON': AN OVERVIEW OF PSYCHOSOCIAL ASPECTS**  **NIGHAT HAIDER', IMTIAZ AHMAD DOGAR2, MOWADAT HUSSAIN RANA3**  'Ph. D. Clinical Psychologist, Department of Psychiatry & Behavioral Sciences, Allied/DHQ hospitals, PMC, Faisalabad. 'Professor & Head, Department of Psychiatry & Behavioral Sciences, Allied/DHQ hospitals, PMC, Faisalabad.  3Professor & Chief Editor, Journal of Pakistan Psychiatric Society (Sitara e lmtiaz).  26r" March is a day celebrating the purple ribbon i.e. World Epilepsy hand, the role of friends and family contributes to the appraisal of Awareness Day. Epilepsy is a well known neurological condition that illness as a threat. The way family reacts to the condition and lends still poses a challenge to physicians. Among a population of 50 their role in management or withdrawing from the responsibility, million that suffers from this disease around the world, 80% of mark the boundaries of social impairments the patient may face'. sufferers are from developing countries'. The risk of depression is  raised up to 77 % 2 in patients with epilepsy with suicide rates five The second appraisal is related to identifying the resources at hand at times higher in patients with epilepsy4 especially in temporal lobe an individual and public level. Hardiness, restlessness are traits that epilepsy where the risk is 25 times higher'. Deliberate self harm is 5-7 are attributed to personal resources. While public resources are times higher in patients suffering from epilepsy than the normal founded on the basis ofthe following 4 components being provided population5• Two third of patients who report the precipitating to the patient10.  factors involved in an epileptic fit report going through a stressful  event. Emotional support; providing a sense of being cared  Esteem support; Providing an air of being respected  Although epilepsy is a neurological condition, psychiatrists play a Instrumental support; helping the access to management or pivotal role in its treatment': providing management.  Informational support; the array of information that is helpful in In the differential diagnosis of episodic disturbances of behavior managing the illness.  In the treatment of psychiatric and social complications of  epilepsy The third task is contributing to the magnitude of stress generated by In the management of seizures caused by psychotropic illness by way of coping with the illness. The aim of coping may be medication problem focused or emotion focused11. The technique for coping In the management of psychological side effects of may be cognitive, behavioral or social in which the patient may anticonvulsants change their views, life styles and ways of borrowing help from professional agencies. The effective results may be produced by  Since the majority of patients of epilepsy live in LAMI (low and middle benefit finding and downward comparison in reappraising the income) countries,' public health resources for treatment are scarce chronic medical condition epilepsy has produced'. Style of coping and neurological consults are only available at tertiary care district (active or passive) may also be worked upon for an over all better hospitals or in private medical settings. These factors contribute to outcome".  the overwhelming numbers of sought consultations by patients of  epilepsy from general physicians and psychiatrists rather than neuro Then there is the part of communicating the mechanic role that physicians. The role of psychiatrists, therefore, goes far beyond just medication plays in the recovery from the disease. Making the the basic prescription of drugs. patients understand the mechanism through which the drug will  either be worse than the disease itself or help with its treatment.  The burden of informational care lies with psychiatrists.This includes  guiding the patient and his family through the triggers of the fits, Epilepsy is still grossly misunderstood and much like psychiatric ways of controlling fits by minimizing the occurrence of these illnesses, carries a stigma with it1315• This highlights the need to focus triggers, communicating psychosocial risks and complications, and upon the pathway of care. By raising awareness at all concerned communicating to them, the various ways to deal with the levels; among colleagues including mental health professionals, complications of epilepsy. general physicians, medical specialists, neuro physicians and neuro surgeons, among professional organizations like PPS, PMA, ECT,  The physician's role appears can be reduced down to three basic among patients and lay men, we can increase awareness and tasks8.The first is the appraisal of the experience of illness as a threat decrease stigma to help correct the pathway to care and shift it to a or demand. The components of this threat may include immediacy, medical paradigm rather than a super natural one. Providing ambiguity, uncontrollability,or undesirability.It also incorporates the informational care, constitutes the major part of the treatment"; health belief model of the patient which may include identity of  illness in form of a label and associated symptoms, causal ideas, Nature, aetiology and prognosis of epilepsy.  consequences, time line and curability/ controllability9• On the other Drug treatments available including efficacy, side effects, |  |
| *PAGE 06 JANUARY- MARCH 2017* J *VOLUME 14 NUMBER 1* |  |



interactions,and compliance. Likely duration of treatment Aggravating factors

**Journal of Pakistan Psychiatric Society**

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Risks including first aid, accidental injury and sudden death Information on driving, education and employment Addressing special issues for women

This information may include clarifying the cultural myths about epileptic fits, re assurance to the patient and family regarding the relative preservation of cognitive and intellectual abilities, particularly after the management of epilepsy, importance of treatment adherence, and the non-contagious nature of epilepsy. The mental health professionals must also work with the patient and the family on issues like education, marriage, change of home, job, driving, swimming, types of sports and leisure best suited. We must also play our role in reducing stigma, marginalization and discrimination experienced by patients of epilepsy. There is also a need for a greater awareness and use of concepts highlighted by WHO on subjects of treatment gap, mental health gap, standard guidelines of management, prevention of misuse of polytherapy, and separating psychogenic / dissociative fits from epileptic fits amongst GPs, PHCPs, psychiatric trainees, medical specialists and health care providers in general".The crux of the treatment does not lie in the medical prescription but is obtained by imparting proper informational care to the patient and family, a difficult feat as perceived by the clinicians in light of the number of patients they have to attend to. Keeping printed material in local languages that explains the basic informational care regarding epilepsy is a practical solution. Such leaflets may be presented to the patient with prescriptions and conveyed to be read over by the patients themselves or by a relative or friend. The social responsibility of the patients to spread the awareness to their social circle must be emphasized.

The purple ribbon calls to our attention the need to open the knots in the mind of the patients, families, and the community as regards their understanding of epilepsy. The mental health professionals must play their role in this pursuit. Epilepsy is as much a mental issue as it is a neurological disease.

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*JANUARY- MARCH 2017* I *VOLUME 14 NUMBER 1 PAGE* 07