Screening for anxiety and depression among adult Filipino epileptics using the Hospital Anxiety and Depression Scale

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Background and Objective: Patients who are afflicted with epilepsy are at an increase risk of developing anxiety and depression due to the uncertainties that they experience coupled with the low esteem and stigma attached to having epilepsy. Taylor[1] reported that seizure was significantly associated with anxiety, depression and stigma (P<0.0001 for all variables). The Hospital Anxiety and Depression Scale (HADS) was originally developed and designed as a self-completed questionnaire to assess patients' anxiety and depression in in-patient care according to two sub-scales, the anxiety and depression scales, which both comprise 7 questions, each rated from a score of 0-3 depending on the severity. The severity of anxiety and depression are graded as follows: 0-7 (Normal), 8-10 (mild), 11-14 (moderate) and 15-21 (severe). Since its inception, these questionnaires were used in different cases of both hospital and non-hospital settings to assess the impact of certain disease entities on the daily living of the afflicted patients. The objectives of this study was to screen for anxiety and depression among Filipino epileptics using HADS, and to correlate different variables (age, sex, duration of illness, frequency of seizures) with anxiety and depression.

Methods: This is a case-control study. 102 Filipinos with epilepsy aged $\geq$ 18 with a mini-mental state exam score of $\geq$ 27 were age-, sex- and social class-matched to 102 non-epileptics. Both the subjects and the controls were interviewed using the HADS. Chi square were used as statistical tools with the level of significance at p < 0.05.

Results: Forty percent of the subjects were males, with a mean age of 35 years. The mean duration of illness was 8 years with a mean seizure frequency of 1.5 per month. Sixty four percent of person with epilepsy have anxiety while 51% have depression. Seizure, age <45 and < 3 years of illness were predictive of a higher anxiety score (p=0.007, p=0.01, p=0.029 respectively). The presence of seizure was predictive of a higher depression score (p=0.01). The mean anxiety score for the epilepsy group was 8.4. Sixty-six percent of patient with anxiety subscale score of 8 and above were classified under mild degree of anxiety. The mean depression score for the epileptic group was 7.5. Fifty-two percent of those who have depression were classified under mild degree of depression.

A significant difference in the anxiety and depression score (*t observed* = 5.85 and 5.17, respectively vs. *t expected* = 2.660) between groups was seen using matched pair test and confirmed by Sandler's test (*observed critical A* =0.039 and 0.046 vs. *expected critical A* of 0.155).

Conclusion: Sixty four percent of epileptics have anxiety while 51% were depressed. Seizure, age <45 and duration of epilepsy <3 years were predictive of a higher anxiety score. The presence of seizure is predictive of a higher depression score. A significant difference in the anxiety and depression score between groups was seen using the matched pair and Sandler's tests.

References

1. Taylor DC. A psychiatric perspective of epilepsy. *Arch Dis Child* 1997; 77: 86-8.
2. Trueman P, Ruthie T. Use of HADS in a large general population study of epilepsy. *Quality of Life Newsletter* 1998: 8-9.