Maternal Depression Adversely Affects Quality of Life in Children with Epilepsy

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A study by Canadian researchers examined the prevalence of maternal depression and its impact on children newly diagnosed with epilepsy. Prevalence of depression in mothers ranged from 30%-38% within the first 24 months following a child’s epilepsy diagnosis. The mother’s depressive symptoms negatively impacted the child’s health-related quality of life, but the effects were moderated by the amount of family resources and mediated by how well the family functions and the extent of family demands. Details of this novel study appear online in Epilepsia, a journal published by Wiley-Blackwell on behalf of the International League Against Epilepsy.

A report from the World Health Organization (WHO) estimates that depression affects 121 million people worldwide. One significant source of stress for parents is caring for a child with a chronic illness, such as epilepsy. Prior studies have shown that families of a child with epilepsy experience significantly more stress, anxiety, and restrictions in family life. Mothers, in particular, are at greatest risk for psychological distress or depression in response to their child’s epilepsy, as they are often the primary caregivers for their children.

“Risk for clinical depression is common among mothers of children with new-onset epilepsy,” said Mr. Mark Ferro, a PhD candidate in the Department of Epidemiology and Biostatistics from The University of Western Ontario and lead study author. To determine the prevalence of maternal depression, researchers surveyed 339 mothers whose children were part of the Health-related Quality of Life of Children with Epilepsy Study (HERQULES). The Center for Epidemiological Studies Depression Scale was used to assess the maternal risk of clinical depression; at baseline, 38% of mothers were at risk, 30% at 6 months, 32% at 12 months, and 30% at 24 months.

In further analysis of the same 339 mother-child pairs from the HERQULES cohort, the researchers assessed the mothers’ depressive symptoms, the children’s health-related quality of life [reported by the mother using the Quality of Life in Childhood Epilepsy (QOLCE) questionnaire], and severity of epilepsy [reported by the neurologist using the Global Assessment of Severity of Epilepsy (GASE) scale]. Children had a mean age of seizure onset of 7 years and mean health-related quality of life score of 70, indicating relatively good health-related quality of life. Approximately 60% of the pediatric participants had “a little severe” or “somewhat severe” epilepsy.

Results showed that children of mothers with elevated levels of depressive symptoms have poorer health-related quality of life than children of mothers with low levels of depression. Furthermore, children of mothers who are depressed are unlikely to experience a significantly positive change in health-related quality of life during the first 24 months after diagnosis. Conversely, children of mothers with lower levels of depressive symptoms display improved health-related quality of life scores over time. The team found that the accumulation of supportive resources for both the mother and the child with epilepsy resulted in improvement to children’s health-related quality of life over time, moderating the effect of maternal depression. Family function and demands partially mediated the impact of maternal depression.

“It is important for clinicians to be aware of how a child’s epilepsy diagnosis can impact the mother’s mental health and family environment,” concluded Mr. Ferro. “Adopting a family-centered approach will enable healthcare professionals to intervene at the matenal or family level, which in turn may help to promote more positive outcomes for children living with epilepsy.”

This study is published in Epilepsia. Media wishing to receive a PDF of this article may contact healthnews@wiley.com.

