An illness that lasts more than 6 months is considered chronic. Epilepsy is considered a chronic condition in most cases and a person’s adjustment to a chronic condition is an individual experience. People living with epilepsy are generally concerned with seizure control and when seizures are less frequent they experience an improvement in quality of life and satisfaction with their life. The majority of people living with epilepsy can identify factors which trigger their seizures, and some engage in attempts to reduce their seizure frequency by avoiding these factors. Despite this, they are generally not encouraged to identify specific triggers that may precipitate seizures, or alternatively to employ non-medication based strategies to improve seizure control by treating clinicians. Poor regulation of seizures can impact negatively on the person’s sense of mastery over their condition or control (self-efficacy) and subsequently affect their quality of life. Interestingly, research evidence suggests people living with epilepsy who believe they have some sense of control over their symptoms and who are satisfied with the social support report a higher sense of self-efficacy (self-mastery and control) in turn encouraging better coping and better self-management (Chung et al., 2012).

Seizure management and seizure control can also extend beyond the physical disorder as seizures are often predisposed by a number of psychological factors. These psychological triggers indicate the possibility that seizures can be controlled by psychological methods such as cognitive-behavioural therapies (that is, talking therapy). These factors (example - depression and/or anxiety) can be powerful predictors of a person’s perception of their quality of life and sense of wellbeing. Additionally, people living with epilepsy who report poor social support are more likely to report poor health related quality of life. Psychological interventions and self-management strategies related to seizure control for adults living with epilepsy can produce significant gains in overall wellbeing and condition adaptation.

In relation to adaptation and being resilient (that is, bouncing back in the face of adversity), the more resilient a person is to psychological stressors the more likely they are to report the absence of a mood disorder and are likely to have fewer negative treatment effects. Furthermore, they are likely to experience a good health perception and a sense of mastery over their condition (Taylor et al., 2011). Educational programs can add considerably to improved personal coping, better treatment tolerability (anti-epileptic drug therapy) and personal resilience. Education related to living with epilepsy can enhance self-management and facilitate better lifestyle choices for people with epilepsy, however the mode of education needs to be taken into consideration so that it suits the needs of the individual (Koo et al., 2012). For example, a recent education program provided information to people with epilepsy through electronic means such as telephone SMS in combination with hard copy education modules showed promise in increasing support and knowledge (Lua & Neni, 2013). The content of these education modules had a special focus on helping people with epilepsy gain a better understanding of their condition and improving capabilities in self-management. The outcomes from this example revealed that receiving specific epilepsy self-management education was related to improvements in quality of life and well-being.
References:


