

Perception of Social Support in Brazilian Adult Patients with Epilepsy

Dear Editor

The study "Perception of Social Support in Brazilian Adult Patients with Epilepsy" evaluated 136 patients with chronic epilepsy, with a mean age of 45.5 years. This study aimed to evaluate the perception of social support and its relationships with quality of life and clinical aspects in adults with epilepsy. The project was approved by the Research Ethics Committee of PUC-Campinas (CAAE: 13195619300005481; nº 3608734). The participants signed the informed consent form. The study was conducted at the PUC-Campinas Hospital between January and December 2023, in Campinas, São Paulo, Brazil. The cross-sectional design limited the ability to observe cause-and-effect relationships. This study was conducted at a single epilepsy referral hospital.

The perception of social support was found to be associated with quality of life and clinical variables related to epilepsy. The patients completed the following instruments: The satisfaction with social support scale (SSSS), the quality of life in epilepsy inventory-31 (QOLIE-31), and the hospital anxiety and depression scale (HADS).^{1,2} A positive correlation was observed between the SSSS scores and the total QOLIE-31 score. In contrast, negative correlations were found between the HADS scores and both the total SSSS and the QOLIE-31 scores. Employed patients aged 60 years or older who experienced seizures scored higher on the social activity dimension of the SSSS. Overall, the findings of the study indicated that a perceived lack of social support was associated with clinical aspects of epilepsy and the presence of symptoms of depression and anxiety.

There was a positive relationship between better perceived social support and quality of life, highlighting the importance of social outcomes in epilepsy. Regarding epilepsy syndrome diagnoses, 14 (10.2 %) cases were genetic/generalized, 36 (26.4 %) cases were unknown, and 86 (63.2 %) cases were structural. An analysis of perceived social support by occupation revealed that employed patients (n=68) scored higher on the social activity dimension of the SSSS (*t* test; 9.2 ± 4.3 vs. 7.1 ± 3.6 ; $P=0.020$). Similarly, patients aged ≥ 60 years (n=28) also had higher scores on this dimension (10.3 ± 4.0 vs. 8.5 ± 4.1 ; $P=0.044$). In contrast, scores on the social activity dimension were lower among patients with seizure frequency ≥ 1 time per month (Kruskal-Wallis test: 7.0 ± 3.6 vs. 8.6 ± 3.9 vs. 9.8 ± 4.2 ; $P=0.017$). A negative correlation was found between the SSSS and HADS scores, whereas the SSSS score correlated positively with the QOLIE-31 score (Spearman correlation; $r=0.287$; $P=0.001$). Patients aged ≥ 60 years also demonstrated higher QOLIE-31 scores (*t* test; 68.2 ± 15.2 vs. 58.5 ± 16.4 ; $P=0.005$).

Our findings suggested that people with epilepsy need to be encouraged to seek and maintain personal relationships to enhance quality of life, thereby reducing psychological and economic burdens. Consistent with a previous study,³ we observed that a higher frequency of epileptic seizures, their unpredictability, and greater epilepsy severity adversely affect lifestyle, leading to reduced social activities, increased social isolation, and lower perceived social support and quality of life. The presence of anxiety and depression symptoms was associated with lower perceived social support. It is well established that psychiatric comorbidities, particularly depression and anxiety, are very common among individuals with limited social interaction, which in turn fosters loneliness and exacerbates the psychiatric condition.⁴ As reported in studies across different populations and cultural contexts, psychiatric comorbidities compromise quality of life in epilepsy.⁵⁻⁷ A higher perception of quality of life is associated with a stronger perception of social support, whereas a reduced perception of social support impairs quality of life. This finding reinforces the importance of increasing positive social interactions, emotional support, and community connectedness. Overall, this study suggested a complex relationship between the implications of social support in epilepsy.

Authors' Contribution

MAST.G: Conceptualization, study design, data processing, collection, performing the experiment, analysis and interpretation of the results, drafting the Manuscript, preparation, visualization, and critical reviewing the manuscript; M.NC: Data analysis and interpretation, drafting and reviewing the manuscript; S.BN: Data analysis and interpretation, drafting and reviewing the manuscript; All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Declaration of AI

The authors declare that no AI tools were used in the preparation of this manuscript.

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