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RESEARCH ARTICLE

STUDY OF INTER-RELATIONSHIP BETWEEN QUALITY OF LIFE AND COGNITION IN PEOPLE WITH EPILEPSY – CROSS SECTIONAL STUDY FROM NORTH COASTAL ANDHRA PRADESH

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Abstract

Objective: To study the Inter – relationship between Quality of life and Cognitive dysfunction in People with Epilepsy and to identify the factors that influence Cognition and QOL in PWE.

Methods: We analyzed the factors that were independently associated with QOLIE-31, MMSE and MOCA scores which included demographic and clinical variables using Chi square, ANOVA and Multivariate regression analysis. Pearson coefficient calculator to know the interrelationship between QOLIE-3 scores, MMSE and MOCA.

Results: We found a significant association between polytherapy, TLE and LRE with QOLIE-31 scores (p value being 0.0007 and <0.00001 respectively). We found a significant association between low MMSE scores and long duration of epilepsy more than 6 years (p: 0.001 and 0.002), statistically highly significant association when compared with TLE and LRE (p: 0.000). However MOCA showed strong positive correlation with QOLIE-31 scores when compared with MMSE. We found a moderate positive correlation with r value being 0.6 and a significant p value being <0.0001. Correlation between MOCA and QOLIE 31 score showed a significant positive correlation with an r value of 0.7 and a P value of <0.0000. Correlation between total MMSE and MOCA scores showed a significant positive correlation of r value being 0.8, p value being 0.000.

Conclusion: Polytherapy, Long duration of Epilepsy, Temporal Lobe and other Focal Epilepsies, Poor Quality of Life standards are all independent factors determining the Cognitive dysfunction. There seems to be bidirectional relationship between Quality of Life and Cognitive dysfunction. MOCA seems to be superior to MMSE for Neurocognitive screening in PWE.

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Introduction:-

Objective:-

To study the Inter – relationship between Quality of life and Cognitive dysfunction in People with Epilepsy and to identify the factors that influence Cognition and QOL in PWE.

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Methods:-

We analyzed the factors that were independently associated with QOLIE-31, MMSE and MOCA scores which included demographic and clinical variables using Chi square, ANOVA and Multivariate regression analysis. Pearson coefficient calculator to know the interrelationship between QOLIE-3 scores, MMSE and MOCA.

Results:-

We found a significant association between polytherapy, TLE and LRE with QOLIE-31 scores (p value being 0.0007 and <0.00001 respectively). We found a significant association between low MMSE scores and long duration of epilepsy more than 6 years(p: 0.001 and 0.002), statistically highly significant association when compared with TLE and LRE (p: 0.000).

However MOCA showed strong positive correlation with QOLIE-31 scores when compared with MMSE. We found a moderate positive correlation with r value being 0.6 and a significant p value being <0.0001. Correlation between MOCA and QOLIE 31 score showed a significant positive correlation with an r value of 0.7 and a P value of <0.0000.

Correlation between total MMSE and MOCA scores showed a significant positive correlation of r value being 0.8, p value being 0.000.

Conclusion:-

Polytherapy, Long duration of Epilepsy, Temporal Lobe and other Focal Epilepsies, Poor Quality of Life standards are all independent factors determining the Cognitive dysfunction. There seems to be bidirectional relationship between Quality of Life and Cognitive dysfunction. MOCA seems to be superior to MMSE for Neurocognitive screening in PWE.