# What are the predictors of quality of life of people with epilepsy?

The article, "Determinants of quality of life among people with epilepsy attending a secondary care rural hospital in south India," [1] explores quality of life (QOL) of people with epilepsy attending the outpatient department of a secondary care hospital. The main aim of the study was to determine the various social and demographic factors affecting it. Medical factors, such as kind of epilepsy or frequency of seizures, were not taken into account in the study and this fact may have negatively influenced the interpretation of some of the results obtained. On the other hand, the article contains some interesting findings, which deserve a further discussion.

First, the authors found that QOL of women is statistically significantly lower than QOL of men. It may be connected with the finding that all patients in the study used single or even poly antiepileptic drugs (AEDs). It had been reported that perceived side effects of AEDs and number of AEDs simultaneously used strongly predict QOL in female patients, whereas these factors play only a minor role in QOL of male patients.<sup>[2]</sup> A plausible explanation may be that fertile female patients with epilepsy worry about increased risks of miscarriage, congenital malformations, prenatal death, and cognitive impairments of the child resulting from exposure to AEDs. Although the study we are commenting on reports that the effect of medication is not significant, it would be interesting to check whether the reported difference in QOL between men and women is actually due to medication use.

Second, the authors found that currently married patients exhibit on average significantly lower QOL compared with unmarried patients. It is quite a surprising finding because a review article devoted to predictors of QOL in patients with refractory

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mesial temporal lobe epilepsy<sup>[3]</sup> reported that marital status had mostly not been found to be a statistically significant predictor or had even been found to have a positive association with QOL. This difference between the study being commented on and a number of other studies may be due to the instrument used to determine QOL. It is possible that the WHOQOL-BREF instrument used in the study being commented on laid stress on other aspects of QOL related to marital status than instruments such as QOLIE 31, QOLIE 89, etc., typically used in studies cited in.<sup>[3]</sup>

Finally, the authors found that younger patients exhibit on average higher QOL compared with older patients. It is in good agreement with the findings about negative effect of age on social functioning and cognitive functioning of people with epilepsy reported in the literature. [4,5] On the other hand, age might be an important predictor of QOL for another reason. It was reported [6] that duration of the epilepsy, which was not investigated in the study being commented on, is a very important factor negatively affecting QOL. The duration of epilepsy is usually strongly correlated with age. Thus, it raises the question whether duration of epilepsy is a more important factor than age, and, consequently, what is QOL of older people with a later onset, and hence a lower duration, of epilepsy.

The main aim of this commentary is to demonstrate how complex and complicated the topic of QOL is. There are many mutually coupled factors and sometimes it is very difficult to determine which of them are the driving factors because it is possible to find several different reasonable interpretations of the data obtained. In order to overcome such difficulties it is necessary (i) to characterize very carefully the studied sample of the patients by all relevant medical, sociodemographic, and other factors and (ii) to develop new QOL instruments with superior psychometric properties, which would minimize the probability that some very important factor would be classified by the statistical analysis as not so important due to its shielding by other factors. In our opinion, this is the way to learn more about this topic in the future.

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