

Knowledge and Attitude towards Epilepsy in Thai District Physicians

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Abstract : This study was done in order to survey the knowledge and attitude towards uncomplicated epilepsy of district physicians who participated in an intensive short course on epilepsy held by the Ministry of Public Health from December 2001 to March 2002. A questionnaire was developed by the author and adapted from Davies and Schambler's study that was designed to collect demographic data and information on general knowledge of epilepsy and the physician's role and attitude towards epilepsy. There were 30 items in the questionnaire relating to attitude, i.e. personality, emotion, job opportunity and family life of epileptic people. The 1-7 Likert scale was applied. 230 completed copies were analyzed by frequency and percentage.

Demographic data indicated that the participants were from the following parts of the country : North, 43 participants (18.9%); Northeast, 97 participants (42.1%); South, 42 participants (18.5%); Central and East, 48 participants (20.6%). The mean age was 31.40 ± 8.26 years. 81.7% had never attended a course on epilepsy. 70% gained experience in epilepsy from medical school. 33.5% thought that knowledge gained from medical school was sufficient for caring of uncomplicated epileptic cases. 57.9% felt confident caring for epileptics. 98% did not have enough knowledge on new anti-epileptic drugs. 60% considered conventional anti-epileptic drugs' efficacy in generalized tonic-clonic seizure different. 99.1% agreed that guidelines for care of epileptic patients were beneficial. 75% thought that general practitioners (GPs) should pay a role in counseling. Most had a positive view on epileptic peoples. 58.2% felt that epileptics were affected by a public stigma because of their disease. In conclusion, the attitude of district physicians was positive. Continuing medical education for GPs should be further developed and the curriculum for medical student should be revised.

Key words : knowledge, attitude, epilepsy, GPs.

เรื่องย่อ : ความรู้และเจตคติต่อโรคลมชักของแพทย์ในส่วนภูมิภาค
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การศึกษานี้มีวัตถุประสงค์เพื่อสำรวจความรู้และเจตคติต่อโรคลมชักของแพทย์ที่ปฏิบัติงานในส่วนภูมิภาคที่เข้าร่วมอบรมการดูแลผู้ป่วยโรคลมชัก ซึ่งจัดโดยกระทรวงสาธารณสุขระหว่างเดือนธันวาคม 2544 - มีนาคม 2545 โดยการตอบแบบสอบถามซึ่งประยุกต์จากการศึกษาของ Davies และ Schambler คำถามประกอบด้วยข้อมูลทั่วไปของผู้ตอบ ความรู้ทั่วไปเกี่ยวกับโรคลมชัก บทบาท และเจตคติของแพทย์เวชปฏิบัติต่อโรคลมชัก ด้านเจตคติมีคำถาม 30 ข้อ ซึ่งเป็นการประเมินค่าระหว่าง 1-7 ประกอบด้วยบุคลิกภาพ อารมณ์ โอกาสในการทำงานและชีวิตครอบครัวของผู้ป่วยโรคลมชัก ผลการศึกษาได้รับแบบสอบถามครบถ้วนจำนวน 230 ฉบับ จำแนกตามสถานที่

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ปฏิบัติงานดังนี้ ภาคเหนือ 43 คน ภาคใต้ 42 คน ภาคกลางและตะวันออก 48 คน และภาคอีสาน 97 คน อายุเฉลี่ย 31.40 ± 8.26 ปี ร้อยละ 81.7 ไม่เคยเข้ารับการอบรมใดๆ เกี่ยวกับโรคลมชัก ร้อยละ 70 มีประสบการณ์การดูแลผู้ป่วยโรคลมชักจากโรงเรียนแพทย์ ร้อยละ 33.5 คิดว่าความรู้ที่ได้รับจากโรงเรียนแพทย์เพียงพอในการดูแลผู้ป่วยโรคลมชักที่ไม่ซับซ้อน ร้อยละ 57.9 มีความมั่นใจในการดูแลผู้ป่วย ร้อยละ 98 มีความรู้ไม่เพียงพอเกี่ยวกับยาขนานใหม่ๆ ร้อยละ 60 เชื่อว่ายานในกลุ่มดั้งเดิมมีประสิทธิภาพในการรักษาโรคลมชักชนิดเกร็งกระตุกทั้งตัวต่างกัน ร้อยละ 99.1 เห็นด้วยว่าคู่มือหรือแนวเวชปฏิบัติการดูแลผู้ป่วยโรคลมชักมีประโยชน์ ร้อยละ 75 เห็นด้วยว่าแพทย์เวชปฏิบัติควรมีบทบาทในการให้คำปรึกษา ส่วนด้านเจตคติ ส่วนใหญ่มีเจตคติที่ดีต่อผู้ป่วยโรคลมชัก ร้อยละ 58.2 เห็นด้วยว่าผู้ป่วยมีตราบปในการเป็นโรคลมชัก สรุปแพทย์ในสวนภูมิภาคมีเจตคติที่ดีต่อโรคลมชัก แต่ความรู้ส่วนใหญ่ได้จากโรงเรียนแพทย์ จึงควรมีการปรับหลักสูตรการเรียนการสอน และเน้นการศึกษาต่อเนื่องเพิ่มเติม

คำสำคัญ : ความรู้ เจตคติ โรคลมชัก แพทย์เวชปฏิบัติ

INTRODUCTION

In 1995 the Department of Mental Health screened and registered epileptic patients in order to provide basic health care at the primary health care unit level.¹ During that time epileptic patients could receive medications from regional hospitals or from remote specialist centers such as medical schools. The health care referral system had not yet been devised until the universal coverage system (UC) was implemented in 2001. The general public who do not have any health care security have been registered at the nearest community hospital. The competency of Thai general practitioners (GPs) in handling epileptic patients is not yet known. From November 2001 to March 2002, the Ministry of Public Health incooperated with Chulalongkorn's comprehensive epileptic care unit, held an intensive short course on epilepsy care for district physicians working in 4 regions of Thailand. The purpose of this course was to enhance their potential and knowledge of epilepsy focusing how to handle difficult cases. This project was successful as demonstrated by an evaluation of the GP's current knowledge of epilepsy and guidelines for treatment and diagnosis of epilepsy.² The researcher is not aware of any other that evaluates the knowledge and attitude towards epilepsy in Thai physicians. There are a few reports concerning physician and public knowledge and attitude towards epilepsy but only of some aspects.³⁻⁶ This study will be beneficial for medical schools and the Epilepsy

Association in developing continuing medical education programs.

MATERIALS AND METHODS

There were 380 total participants enrolled in the short course held in 4 regions of Thailand, the North, Northeast, South and Central and East parts. Participants were requested to complete questionnaires before the lecture started. The questionnaire, adapted from Davies and Schambler's study³, was composed of 4 parts: demographic data, knowledge of epilepsy, attitude towards general practitioners' role, and attitude towards epilepsy. For the attitude aspects, the 1-7 Likert scale (strongly disagree to totally agree) was applied. Frequency and percentage were analyzed.

RESULTS

1. Demographic data

230 (60.8%) completed questionnaires were analyzed. 107 (46.5%) were by males and 123 (53.5%) by females. The mean age was 31.40 ± 8.26 years old (range 20-60 years). Regarding regional distribution, 43 (18.9%) were from the North, 97 (42.1%) the Northeast, 42 (18.5%) the South and 48 (20.6%) from the Central and East. Most (40.3%) worked in community hospitals. Concerning area of specialty, 145 (62.2%) were GPs; 29 (12.4%) pediatri-

cians; 20 (8.6%) internists, 10 (4.3%) psychiatrists; 8 (3.4%) neurosurgeons; 5 (2.1) epidemiologists; 4 (1.7%) general surgeons, obstetricians and anesthesiologists.

2. Knowledge of epilepsy

70% gained experience in epilepsy from medical school, 29.2% from their junior post, 31.1% from self study, 11.7% from special training. Concerning special training (short courses, lectures, seminars), 81.7% had never attended a course in epilepsy. 33.5% thought that knowledge gained from medical school was enough for uncomplicated epileptic care. Regarding knowledge of new antiepileptics (topiramate, lamotrigine, gabapentin), 98% had insufficient knowledge. Concerning efficacy of conventional antiepileptic drugs, i.e., phenytoin, phenobarb, carbamazepine and valproate in generalized tonic-clonic epilepsy, 60% believed the drugs to be different. 47.3% considered antiepileptic drug blood level monitoring important in treatment. 99.1% agreed that guidelines for epilepsy care were

beneficial. 73.1% thought that an EEG was essential for the diagnosis. 57.9% felt confident giving uncomplicated epileptic care.

3. Attitude towards general practitioners' role

The majority felt that GPs were the most important physicians in epileptic care (92.6%), that the diagnosis of epilepsy was a source of greater suffering than were the seizures (75.2%), that the GPs were in a position to advise of the psychosocial correlates of epilepsy (74.6), and that people with epilepsy would benefit from counseling (97.4%). The results are shown in Table 1.

4. Attitude towards epilepsy

Physicians were asked to judge whether a list of 30 items was more or less common among uncomplicated epileptics than among normal people as they related to behavior and personality of epileptics, public image, family life and employment. The results are shown in table 2.

Table 1. Knowledge and attitude towards GPs role.

Items	Likert scale						
	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
1. Blood level monitoring for antiepileptic drugs is important in epilepsy treatment.	17 (7.39)	21 (9.13)	27 (11.74)	55 (23.91)	40 (17.39)	27 (11.74)	43 (18.7)
2. Epilepsy treatment guidelines will be beneficial for GPs.			1 (0.43)	1 (0.43)	10 (4.35)	49 (21.30)	169 (73.48)
3. EEG is necessary for epilepsy diagnosis.	2 (0.87)	5 (2.17)	10 (4.35)	45 (19.57)	66 (28.70)	42 (18.26)	60 (26.09)
4. You feel competent to treat uncomplicated epilepsy.	6 (2.61)	10 (4.35)	15 (6.52)	66 (28.70)	72 (31.30)	39 (16.96)	22 (9.57)
5. Knowledge gained from medical school is enough for epilepsy treatment.	13 (5.65)	26 (11.30)	45 (19.57)	69 (30.00)	54 (23.48)	15 (6.52)	8 (3.48)
6. Public education concerning epilepsy should be promoted.		1 (0.43)	3 (1.30)	15 (6.52)	25 (10.87)	37 (16.09)	149 (64.78)
7. GPs have the most important role in epilepsy treatment.		1 (0.43)	6 (2.61)	10 (4.35)	37 (16.09)	61 (26.52)	115 (50.00)
8. People with epilepsy suffer from the diagnosis rather than the disease itself.	6 (2.61)	10 (4.35)	13 (5.65)	28 (12.17)	60 (26.09)	52 (22.61)	61 (26.52)
9. GPs do not have role in psychosocial support for people with epilepsy.	86 (37.39)	58 (25.20)	28 (12.17)	17 (7.39)	12 (5.22)	9 (3.91)	20 (8.70)
10. People with epilepsy should have benefit from counseling to adjust themselves living with epilepsy.	1 (0.43)	1 (0.43)	1 (0.43)	3 (1.30)	20 (8.70)	44 (19.13)	160 (69.57)

4.1 Behavior and personality aspect

This part had 14 items (item number 1- 14 of table 2). Apart from the accident item, the scores

indicated that most did not have different attitude towards uncomplicated epileptics from towards normal people.

Table 2. Response comparing people with controlled epilepsy who have an uncomplicated seizure disorder to normal people.

Items	Likert scale						
	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
1. Behaviour problems	51 (22.17)	47 (20.43)	23 (10.00)	38 (16.52)	44 (19.13)	16 (6.96)	11 (4.78)
2. Mood swings	41 (17.83)	47 (20.43)	20 (8.70)	35 (15.22)	57 (24.78)	18 (7.83)	12 (5.22)
3. Ability to relate to others	10 (4.35)	8 (3.48)	9 (3.91)	20 (8.70)	39 (16.96)	61 (26.52)	83 (36.09)
4. Emotional problems	36 (15.65)	34 (14.78)	36 (15.65)	43 (18.70)	34 (14.78)	31 (13.48)	16 (6.96)
5. Aggression	44 (19.13)	46 (20.00)	42 (18.26)	52 (22.61)	30 (13.04)	7 (3.04)	9 (3.91)
6. Intelligence	14 (6.09)	23 (10.00)	33 (14.35)	96 (41.74)	38 (16.52)	17 (7.39)	9 (3.91)
7. Ability to concentrate	3 (1.30)	8 (3.48)	29 (12.61)	54 (23.48)	47 (20.43)	53 (23.04)	36 (15.65)
8. Irritability	30 (13.04)	47 (20.43)	31 (13.48)	54 (23.48)	39 (16.96)	20 (8.70)	9 (3.91)
9. Absenteeism (school or work)	33 (14.35)	32 (13.91)	40 (17.39)	45 (19.57)	46 (20.00)	18 (7.83)	16 (6.96)
10. Ambition	42 (18.26)	48 (20.87)	53 (23.04)	62 (26.96)	15 (0.52)	5 (2.17)	5 (2.17)
11. Accidents at work	18 (7.83)	24 (10.43)	24 (10.43)	43 (18.70)	45 (19.57)	39 (16.96)	37 (16.09)
12. Ability to accept discipline	11 (4.78)	9 (3.91)	16 (6.96)	51 (22.17)	44 (19.13)	61 (26.52)	38 (16.52)
13. Tendency to violence	38 (16.52)	51 (22.17)	34 (14.78)	65 (28.26)	23 (10.00)	10 (4.35)	9 (3.91)
14. Ability to assume responsibility	3 (1.30)	8 (3.48)	11 (4.78)	41 (17.83)	50 (21.74)	68 (29.57)	49 (21.30)
15. Stigma of being epilepsy	15 (6.52)	13 (5.65)	15 (6.52)	53 (23.04)	64 (27.83)	47 (20.43)	23 (10.00)
16. People with epilepsy contribute as much to society as other people	2 (0.90)	-	2 (0.87)	9 (3.91)	28 (12.17)	63 (27.39)	126 (54.78)
17. Job opportunities are very stricted for people with epilepsy	19 (8.26)	22 (9.57)	12 (5.22)	31 (13.48)	56 (24.35)	53 (23.04)	37 (16.09)
18. People with epilepsy do not have a normal family life	59 (25.65)	59 (25.65)	35 (15.22)	22 (9.57)	33 (14.35)	14 (6.09)	8 (3.48)
19. People with epilepsy cannot easily make close friendship	75 (32.61)	62 (26.96)	31 (13.48)	28 (12.17)	19 (8.26)	11 (4.78)	4 (1.74)
20. People with epilepsy are discriminated	34 (14.78)	31 (13.48)	17 (7.39)	52 (22.61)	46 (20.00)	35 (15.22)	15 (6.52)

Table 2. Response comparing people with controlled epilepsy who have an uncomplicated seizure disorder with normal people. (cont.)

Items	Likert scale						
	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
21. People with epilepsy should avoid physically strenuous work	21 (9.13)	32 (13.91)	21 (9.13)	40 (17.39)	47 (20.43)	42 (18.26)	27 (11.74)
22. Many employers who claim not to discriminate against people with epilepsy, in fact, do	18 (7.83)	8 (3.48)	10 (4.35)	40 (17.39)	57 (24.78)	55 (23.91)	42 (18.26)
23. People with epilepsy should avoid mentally stressful work	1 (0.43)	10 (4.35)	12 (5.22)	35 (15.22)	47 (20.43)	61 (26.52)	64 (27.83)
24. Most people do not understand people with epilepsy	9 (3.91)	8 (3.48)	12 (5.22)	39 (16.96)	62 (26.96)	55 (23.91)	45 (19.57)
25. Most people are afraid of being with people with epilepsy	21 (9.13)	20 (8.70)	20 (8.70)	47 (20.43)	54 (23.48)	35 (15.22)	33 (14.35)
26. People with epilepsy should not marry	108 (46.96)	64 (27.83)	24 (10.43)	21 (9.13)	6 (2.61)	4 (1.74)	3 (1.30)
27. People with epilepsy should not have kid	106 (46.09)	68 (29.57)	25 (10.87)	16 (6.96)	5 (2.17)	6 (2.61)	4 (1.74)
28. People with epilepsy should declare their epilepsy to prospective employers	9 (3.91)	10 (4.35)	4 (1.74)	32 (13.91)	32 (13.91)	44 (19.13)	99 (43.04)
29. Other family members suffer because an immediate family member has epilepsy	2 (0.87)	8 (3.48)	10 (4.35)	40 (17.39)	56 (24.35)	49 (21.30)	65 (28.26)
30. People with epilepsy should have special clinic for them	2 (0.87)	6 (2.61)	5 (2.17)	19 (8.26)	43 (18.70)	55 (23.91)	100 (43.48)

4.2 Public images

94.4% viewed that epileptics contributed as much to society as normal people, 58.2% that epileptics had stigma related to epilepsy, 68.2% that most people did not understand epilepsy and 52.4% that they were afraid of living with epileptics. 41.7% felt that epileptics were treated as a minority group while 35.7% dissented.

4.3 Family life and relationship

66.6% disagreed that epileptics did not have normal family life, 73.1% that they could not easily make close friendships, 86.6% that they should not have children, and 85.2% that they should not marry. 73.9% agreed that other family members suffered when an immediate member had epilepsy.

4.4 Employment

74.7% agreed that epileptics should avoid mentally stressful work, 50.4% that they should avoid physically strenuous work. 67% felt that epileptics

were discriminated by employers, 76% that epileptics should declare their epilepsy to prospective employers.

DISCUSSION

Epilepsy is one of the top twenty burden diseases of Thailand.⁷ An advanced epilepsy center is found only in Bangkok while most epileptics live up-country under a GP's care. This study reveals that most GPs have gained knowledge on epilepsy since medical student but that it was not enough to effectively treat epileptic patients. GP's competency in treating epilepsy is also problematic in other countries.^{8,9} Guidelines for the treatment and diagnosis of epilepsy would be helpful. Only 1/3 reported they increased gained knowledge from self study, therefore out-reach programs for GPs in district areas should be magnified. Most GPs had good

attitudes towards epilepsy counseling, but they need to know better what issues must be included. Towanabut and colleagues reported that counseling improved outcomes of treatment by reducing false intractable epilepsy.¹⁰ For public image and family life, Thai GPs did not have a different view as compared with Davies and Schambler's study.³ Although the number of subjects in this report did not represent the whole population of district physicians, data yielded worthwhile information. This study reflects the fact that medical curriculum for undergrads regarding epilepsy need to be

improved and continuing medical education for GPs must be enhanced.

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