

How to understand and address the cultural aspects and consequences of diagnosis of epilepsy, including stigma

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General recommendations

for physicians and healthcare providers to address stigma in PWE

- Discuss ***felt and enacted stigma*** at the first visit and periodically with all patients
- If a formal evaluation tool is used, consider the target population for which it was designed and available information on its validation ***for a particular country/culture***
- Support ***self-empowerment of PWE***
- Deliver ***professional counselling and support***

Stigma and epilepsy

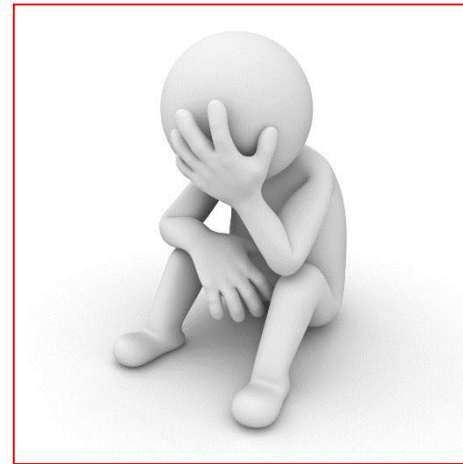


Enacted stigma

refers to instances of discrimination against PWE on the grounds of their perceived unacceptability or inferiority

Felt stigma

refers principally to the fear of enacted stigma, but also encompasses a feeling of shame associated with being a PWE



Scambler G. and Hopkins A. Being epileptic: coming to terms with stigma. *Sociology of Health and Illness* 8, 26-43, 1986

Most relevant determinants of felt stigma and quality of life in PWE

		Felt stigma	Quality of life
EPILEPSY- related factors	<i>Seizures</i>	↔	↓
	<i>Seizure frequency/ severity</i>	↔	↓
	<i>AED adverse effects</i>	↑	↓
	<i>Longer epilepsy duration</i>	?	↓
	<i>Drug resistance</i>	↑	↓
DEMOGRAPHIC factors	<i>Age</i>	↑	No effect
	<i>Low educational level</i>	↑	↔
	<i>Unemployment</i>	↑	↔
COMORBIDITIES	<i>Anxiety / depression</i>	↑	↓
	<i>Behavioral problems</i>	↑	?



Increased



Decreased



Heterogeneous



No data