Exercise Habits and Health-Related Quality of Life in Adolescents with Epilepsy



Chi Fan¹, Chang-Jhih Song³, Huei-Shyong Wang^{1,2}, Cheng-Yen Kuo¹, Wen-Yu Liu⁴, Kuang-Lin Lin^{1,2}

1 Division of Pediatric Neurology, Department of Pediatric, Chang Gung Children's Hospital and Chang Gung Memorial Hospital, Taoyuan City, Taiwan, 2 College of Medicine, Chang Gung University, Taoyuan City, Taiwan

3 Development of rehabilitation, Far Eastern Medical Foundation Far Eastern Memorial Hospital, New Taipei City, Taiwan, 4 Department of Physical Therapy and Graduate Institute of Rehabilitation Science, College of Medicine, Chang Gung University, Taoyuan City, Taiwan

Introduction

Epilepsy is a chronic neurological disorder and affects nearly 50 million people of all ages worldwide[1].The prevalence rate of epilepsy worldwide is approximately 0.3% to 1%. In Taiwan, the estimated prevalence of epilepsy was 0.33% in the pediatric population, which to approximately 200,000 individuals and the epilepsy is the most common chronic disease in outpatient service of pediatrc neurology.

A growing number of studies has demonstrated the beneficial effect of regular exercise in individuals with epilepsy, including reduction in seizure frequency and severity, as well as better health and psychosocial benefit[2]. However, People with epilepsy (PWEs) are often advised against participating in sports and exercise, mostly because of fear, overprotection, and ignorance about the specific benefits and risks associated with such activities[3].

According to past studies, the exercise habits and performance of patients with epilepsy are lower compared to the general population. Pohl et al. recruited children aged 8 to 12 with epilepsy and used the Canadian Assessment of Physical Literacy (CAPL) scale to assess their physical literacy compared to healthy children of the same age. The results sho wed that the total CAPL score, movement skills, and muscle endurance of children with epilepsy were significantly lower compared to their healthy peers, but their motivation for exercise was higher[4].

Epilepsy impairs all aspects of quality of life (QoL), although at different degree, both in children/adolescents and in their families[5].

Exercise in people with epilepsy had the benifit effects in QoL, however the survey in adolescents with epilepsy in Taiwan is scant. This study explores exercise habits and QoL in adolescents with epilepsy.

This cross-sectional study uses the questionnaire to investigate the difference in quality of life, preference of exercise and frequency of seizure between the groups of good and poor exercise habit(according to quantity of exercise) in adolescent with epilepsy in one senior high school in Taiwan.

exercise habits.

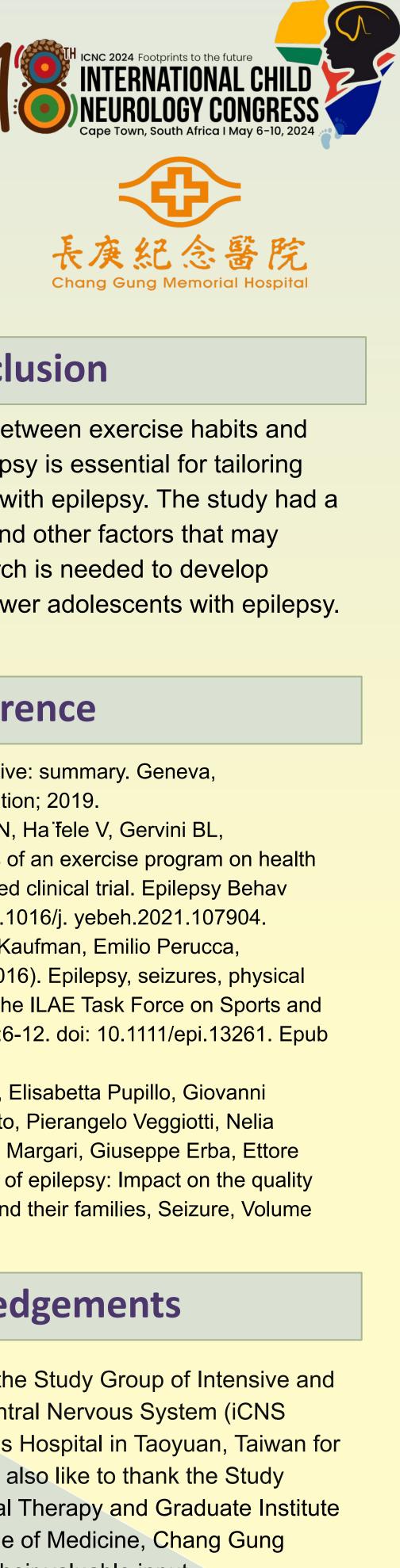
Table 1: basic characteristics		Table 2	Table.2			
Average age	15y/o (min=12, max=18)					
Sex gender	Male: 12 (48%), Female: 13 (52%)		Good exercise	Poor exercise	P value	
Past history	None		habit(11)	habit(14)		
Type of seizure	General onset: 13 (52%)	Quaility of life (QoL)				
	Focal onset: 12 (48%)	Unable to study	1.09	1.07	0.88ª	
The age of first onset	>8 y/o: 17 (68%), 5~8y/o: 1 (4%) 1~4y/o: 6 (24%), <1y/o: 1 (4%)	Excuses	1.36	1.35	0.98ª	
Last onset of seizure	No attack in recent 3 years: 10 (40%)	Physical fitness	1.09	1.5	0.15ª	
	Attack within recent 3 years: 15 (60%)	Not familiar to	1.09	1.5	0.15ª	
Frequency of seizure	No attack within 12 weeks: 20 (80%)	exercise			1 (PENNO E (SERVE)) 1 1 1 1 1 1	
	Once per month: 2 (8%) 2-3 times per month: 2 (8%) Above 3 times per day: 1 (4%)	Concer for seiuzre	2.77	2.64	0.53ª	
Timing of seizure onset	No: 11 (44%), In sleep: 6 (24%)	Peference for exercise	1.54	2.57	0.004 ^{a,*}	
	After awaking up: 3 (12%)	Frequency of seizure				
	After gender exercise: 4 (16%) After aggressive exercise: 1 (4%) During menstruation: 1 (4%)	Low frequency of seizure	2	3	>0.99 ^b	
Anti-seizure medication	yes: 25 (100%)	High frequency	9	11		
Operation for epilepsy	0 (0%)	a: T-test, b Fisher exact test, *: p <0.005				

Method

Result

- Of 25 enrolled cases, the age was between 12 to 18 years old (mean: 15
- years old) and the male gender was 12(48%). Only 4% of cases
- considered that exercise will induce seizures(Figure 1).
- Preliminary findings revealed that 11(44%) of the cases engaged in good
- The QoL and the frequency of seizure had no significant difference between the good and poor exercise habit(Table 2). However, the preference of exercise was found significant difference to the preference for exercise (p<0.004)(Table 2). Besides, among 14 cases who claimed doing less exercise, 27% was attributed to seizure related. (2 worried about epileys, 1 prevented from teachers or parents).





Conclusion

The first research in Taiwan between exercise habits and QoL in adolescents with epilepsy is essential for tailoring interventions for adolescents with epilepsy. The study had a relatively small sample size and other factors that may influence QoL. Further research is needed to develop targeted strategies that empower adolescents with epilepsy.

Reference

[1] Epilepsy: a public health imperative: summary. Geneva, Switzerland: World Health Organization; 2019. [2] Ha fele CA, Rombaldi AJ, Feter N, Ha fele V, Gervini BL,

Domingues MR, et al(2021). Effects of an exercise program on health of people with epilepsy: a randomized clinical trial. Epilepsy Behav 2021;117:107904. https://doi.org/10.1016/j. yebeh.2021.107904. [3] Giuseppe Capovilla, Kenneth R Kaufman, Emilio Perucca Solomon L Moshé, Ricardo Arida(2016). Epilepsy, seizures, physical exercise, and sports: A report from the ILAE Task Force on Sports and Epilepsy. Epilepsia. 2016 Jan;57(1):6-12. doi: 10.1111/epi.13261. Epub 2015 Dec 10

[5] Carlo Cianchetti, Paolo Messina, Elisabetta Pupillo, Giovanni Crichiutti, Maria Giuseppina Baglietto, Pierangelo Veggiotti, Nelia Zamponi, Susanna Casellato, Lucia Margari, Giuseppe Erba, Ettore Beghi(2015). The perceived burden of epilepsy: Impact on the quality of life of children and adolescents and their families, Seizure, Volume 24, 2015, Pages 93-101

Acknowledgements

The authors would like to thank the Study Group of Intensive and Integrated Care for Pediatric Central Nervous System (iCNS Group) at Chang Gung Children's Hospital in Taoyuan, Taiwan for their support. The authors would also like to thank the Study Group for Department of Physical Therapy and Graduate Institute of Rehabilitation Science, College of Medicine, Chang Gung University, Taoyuan, Taiwan for their valuable input.