

## Opinion

# Pregnancy, epilepsy and quality of life

Viroj Wiwanitkit

Dear Editor,

I read the recent report on pregnancy, epilepsy and quality of life with a great interest<sup>1</sup>. Lunardi et al. concluded that “*pregnancy could be interpreted as a stressor*” and “*In late pregnancy when this stressor was removed, women with epilepsy had improvement in their quality of life*”<sup>1</sup>. There are several concerns on this work. First, few subjects with imbalance controls might mean bias and statistically unacceptability. Quality of life might be the result of many factors rather than pregnancy and epilepsy. The adjustment for confounding factors especially for socioeconomic status is required. Second, it is required to fur-

ther study on the level of quality of life and the exact episode of epilepsy, during pregnancy and before pregnant period. In addition, the stress as mentioned by the authors should be further considered in the postpartum period. The “blue” or postpartum stress is also mentioned as a factor impairing quality of life of the women with epilepsy<sup>2</sup>.

### REFERENCES

1. Lunardi LL, Costa ALC, Guerreiro CAM, Souza EAP. Quality of life in pregnant women with epilepsy versus women with epilepsy. *Arq Neuropsiquiatr* 2011;69:336-341.
2. Turner K, Piazzini A, Franza A, et al. Postpartum depression in women with epilepsy versus women without epilepsy. *Epilepsy Behav* 2006;9:293-297.

### GRAVIDEZ, EPILEPSIA E QUALIDADE DE VIDA

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## Reply

Dear Editor,

Our study shows the first results with women with epilepsy (WWE) in whom pregnancy and it could be interpreted as a stressor with impact in their quality of life (QoL)<sup>11</sup>.

Several aspects can be discussed in our work:

1. The aim was to evaluate the QoL in pregnant women with epilepsy and to compare with non-pregnant women with epilepsy. This design that was sought to control the stressor of epilepsy (controlled variable) and pregnancy.

2. Statistical analysis was carried out to compare the groups using the SAS Statistical Software (2002-2003; version 9).

3. In the group of pregnant women that evaluated pre-and post partum, the subjects were own controls, not requiring adjustment for socio-demographic and disease variables.

4. For comparison between groups of QoL could be an adjustment if we had found differences between them, which did not happen. Any adjustment would not change the results.

QoL is a subjective measure and strongly controlled by intrapsychic variables. Several studies agree that it is the cognitive representations that control the responses of well-being and the presence of emotional disorder<sup>1,2</sup> rather than clinical or sociodemographic factors in epilepsy:

1. Lunardi<sup>2</sup> has worried to identify in her work which stressors from pregnant would be controlling the responses of well-being (QoL) of the subjects. These were

explained in the discussion. No women reported post partum depression.

2. Souza e AL<sup>3</sup>, in a pilot study and now with larger number of subjects showed more stress in WWE in pre partum that decreased in postpartum but maintaining still high compared with the control group.

3. Lunardi also compared levels of stress in three groups: pregnant women with epilepsy, pregnant women without epilepsy and women with epilepsy and showed more stress in the first group<sup>2</sup>.

Our service has been working for multidisciplinary care to women with epilepsy since 2002 where there are a clinic specifically destiny to that. The subjects were selected among people who have attended on this clinic.

Our study shows the presented results and researches with different paradigms and greater number of subjects or other instruments must be carrying on. However, calls the attention of health professional on this topic: QoL.

### REFERENCES

1. Lunardi LL, Costa ALC, Guerreiro CAM. Quality of life in pregnant women with epilepsy versus women with epilepsy. *Arq Neuropsiquiatr* 2011; 69:336-341.
2. Souza EAP, Salgado PCB. A psychosocial view of anxiety and depression in epilepsy. *Epilepsy Behav* 2006; 8 :232–238.
3. Lunardi LL. Stress e qualidade de vida em mulheres grávidas com epilepsia. Thesis, FCM, Unicamp. Campinas, 2010.
4. Souza EAP, Costa ALC, Guerreiro CAM. Clinical and psychological aspects of pregnancy in women with epilepsy. In: Keith J. Hollaway (Ed). *New researchers on epilepsy and behavior*. New York: Novapublishers 2007:161-183.

### Resposta

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