EDITORIAL

Conception, Perception and Attitudes Among Epilepsy Patients in Bangladesh

Epilepsy is a chronic, noncommunicable brain disease that affects around 50 million individuals worldwide, with nearly 80% of them living in low- and middle-income countries, making it one of the most prevalent neurological diseases. It is distinguished by recurrent seizures, which are brief episodes of involuntary movement, feelings, or altered consciousness caused by an increase in electrical brain activity. [1] Epilepsy stigma is a serious public health concern in Bangladesh, with an estimated 1.2 to 2 million individuals mistaking the condition for a curse or mental lunacy. Epilepsy causes severe social marginalization, with studies showing that up to 89.8% of patients feel like misfits, resulting in intense stigma and distress. Stigma causes a ~70% treatment gap, especially in low-income areas, and creates impediments to employment, education and marriage.[2]

Epilepsy is a chronic neurological disorder that is regarded as one of the world's oldest conditions, but it still faces significant social stigma, prejudice, and widespread misconceptions. These beliefs frequently result in social marginalization, harming schooling, job, and relationships.[3] Epilepsy is a major public health concern in low- and middle-income countries (LMICs), thus prevention, diagnosis, and treatment must be tailored to local infrastructure, resources, and cultural contexts. Despite their diversity, LMICs usually experience a considerable urban-rural disparity in epilepsy treatment, with rural areas struggling with a shortage of professionals, limited healthcare facilities, and pervasive stigma.[4]

Epilepsy affects both adults and children nationwide. The incidence of epilepsy in Bangladesh is 8.4 per 1000 people[2]. Epilepsy diagnosis in children is confounded by clinical presentations that might mirror non-epileptic episodes, resulting in an over or under diagnosis.[5] Pediatric epilepsy diagnosis is extremely difficult, with misdiagnosis rates for non-epileptic episodes reaching 25-30%, according to studies, and up to 39% of children admitted to tertiary hospitals for refractory seizures do not truly have epilepsy. Epilepsy is difficult to diagnose accurately, with overdiagnosis frequently caused by syncope (fainting), tics, and behavioral disorders such as night terrors or daydreaming. Meanwhile, modest seizures—such as absence, focal seizures with impairment, or auras—are frequently overlooked or mistaken for inattention. [6]

Early epilepsy diagnosis is frequently associated with first issues in self-image and communication for youngsters. However, with the right help, many adolescents with epilepsy make positive social adaptations, with a considerable number being able to freely discuss their disease with their classmates. Concurrently, studies demonstrate that women with epilepsy who use anti-epileptic medicines (AEDs) are more likely to have preeclampsia, pregnancy hemorrhage, and preterm birth, despite the fact that the majority of their pregnancies are successful.[7] Epilepsy prevalence in poor countries typically ranges from 3.6 to 44 per 1000 people, with rural treatment gaps surpassing 75% due to a lack of specialists, high pharmaceutical prices, and social stigma. Community-based initiatives, including as training local health workers to administer AEDs and educating the public, are critical to improving early detection and lowering stigma.[8]

Epilepsy has a severe effect in Bangladesh due to low understanding and strong social stigma, with many people perceiving it as a spiritual or communicable disorder rather than a medical illness. Studies show a reliance on traditional healers (Ojha) and unfavorable views, requiring expanded awareness through multimedia and improved education to address treatment gaps and social stigma.5 Many people believe it is a supernatural, incurable punishment (jinn/possession), resulting in significant treatment disparities (50-60%) and social prejudice in marriage and employment, particularly in rural areas. This stigma usually leads to patients feeling alienated and avoiding getting proper medical care. [9]

In Bangladesh, there is a great deal of societal stigma, widespread misconceptions, and a moderate level of awareness regarding epilepsy. Raising awareness of epilepsy is essential to overcoming its ongoing stigma, which frequently results from false beliefs and a lack of knowledge about the illness. Improved education promotes social inclusion for individuals with epilepsy, lowers negative attitudes, and increases understanding of seizure initial treatment plan all of which improve their quality of life.

Keywords: Conception of epilepsy, perception of epilepsy, attitudes of epilepsy, epilepsy patients in Bangladesh

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