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Role of Medical Social Worker Related to Disorder in Old Age with Special Reference to Epilepsy in District Dehradun

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Abstract

The mortality rate for elderly adults with epilepsy is two to three times that of the general population. Nearly 80% of incidents take place in underdeveloped nations. It caused 125,000 deaths in 2015, up from 112,000 deaths in 1990. Older persons are more likely to have epilepsy. Due to variations in the frequency of the underlying causes, onset is more frequent among older children and young adults in the developing world. Although epilepsy is a common neurological condition with documented cognitive effects, we will argue in the review that little is known about how chronic epilepsy affects cognition and brain structure in older (age 50+) and older (age 65+) individuals.

***Key words*:** Medical Social Worker, Old Age Disorders, Epilepsy, Dehradun Area.

Introduction

About 39 million individuals worldwide suffer epilepsy as of 2015. Nearly 80% of incidents take place in underdeveloped nations. It caused 125,000 deaths in 2015, up from 112,000 deaths in 1990. Older persons are more likely to have epilepsy. Due to disparities in the frequency of the underlying causes, onset is more likely in older children and young adults in the developing world. By the time they reach the age of 80, about 5–10% of people will experience an unprovoked seizure, and the likelihood of having another one is 40–50%. People with epilepsy are frequently subject to driving restrictions or are not allowed to drive until they have been seizure-free for a predetermined period of time. The world epilepsy is from Ancient Greek: ''to seize, possess, or afflict.

The mortality rate for elderly adults with epilepsy is two to three times that of the general population. Antiepileptic medication pharmacokinetics and pharmacodynamics may be impacted by age-related physiological changes. The situation is made worse by the dearth of high-quality clinical trials. We examine the difficulties and highlight recent advancements in the diagnosis and treatment of epilepsy in older patients in this study.

Epilepsy is a widespread medical, social, and behavioral illness with distinct features. The typical definition of epilepsy is a propensity for recurrent seizures. The terms for seizure and "to seize upon" in Latin and Greek are the origin of the word epilepsy. The rapid, typically transient, excessive electrical discharges in a cluster of brain cells (neurons) are what produce seizures. 50 million people globally are affected. The person having the seizure may shift or lose consciousness as well as make uncontrollable motions like jerking, shaking, or twitching. Additionally, epilepsy is very evenly distributed globally. There are no boundaries based on race, location, or social status. It affects people of all sexes and all ages, but it is most prevalent in childhood, adolescence, and an aging population.

The majority of neurological disorders, including epilepsy, impact between 20 and 50 million people worldwide. The condition affects children more frequently than it does adults, with newborn life

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experiencing the highest prevalence, which subsequently sharply decreases before increasing as people age. Epilepsy affects 4_10 people out of every 1000, or between 3 and 8 million people in India. Primary generalized tonic-colonic epilepsy (66.7%) and partial seizures (28.1%) were the two epilepsy subtypes that were found to be most common. About 39 million individuals worldwide suffer epilepsy as of 2015. Almost 80% of instances take place in the A set of neurological illnesses known as epilepsy are characterized by epileptic seizures. Epileptic seizures can range in length from a few seconds that are hardly noticeable to several hours of violent shaking. These incidents have the potential to cause serious harm, occasionally even breaking bones. Seizures brought on by a particular cause, such as poisoning, are not considered to be epileptic seizures in epilepsy. In various parts of the world, epilepsy stigmatizes those who have the ailment. Most occurrences of epilepsy have no recognized cause. Epileptogenesis is a process that causes some cases to develop as a result of brain damage, stroke, brain tumors, infections of the brain, and birth defects. Only a small percentage of cases have been explicitly connected to known genetic alterations. The brain's cortex experiences excessive and aberrant nerve cell activity during epileptic seizures. When making a diagnosis, it's important to rule out other diseases that could be the source of symptoms like fainting and look for additional seizure triggers including alcohol withdrawal or electrolyte imbalances. Blood testing and brain imaging may also be used to partially achieve this. An electroencephalogram (EEG) can frequently establish the presence of epilepsy, while the disorder cannot be ruled out by a normal test result. Epilepsy brought on by other conditions may be prevented. In roughly 70% of instances, medication can be used to control seizures. Affordable choices are frequently accessible.

Research Methodology

I selected this topic "Role of medical social worker related to disorder in old age with special reference to –epilepsy". And I selected this topic because I read about epilepsy disorder having very common in old age people. "And I do not have the knowledge of epilepsy so I decided to choice this topic and work on the epilepsy disorder in old age group . And role of medical social worker should know that how much patients know about their epilepsy disorder. The study will measure how far the various policies on old age people helped in addressing the needs of disorder. The evaluation of these credit strength and weakness regard the knowledge of epilepsy disorder."

Purpose of the Study

Due to wide acknowledgement of old age people as a key for development, it is of interest to find out how the problem of epilepsy disorder in old age people . In recent studies , access to credit and participation in field of where patients of epilepsy disorder been identified as much as old people I want to know and to provide them knowledge about epilepsy . This study will look further knowledge about how much old people having complete knowledge about epilepsy and they are aware I am focus on Dehradun district of Uttarakhand.

Objectives

- To study the knowledge of epilepsy in old age person.
- To get deep insight into the topic of the epilepsy issues.

Scope

The study included two particular areas of coverage –

- Geographical coverage- Prem dham 25, Nehru road Dehradun.
  Helpage india, happy home Dehradun Balliwala chowk GMS, Road (Dehradun district).
- Sample coverage – The survey includes a total of 30 respondents which includes areas namely Nehru road, balliwala chowk , Dehradun district.

Methods of Data Collection

It is a well known fact that employing various suitable methods of data collection helps a researcher evaluate his/her data source and to detect inconsistent answers. Following an exploratory research methodology enabled a researcher to collect valuable data for his/her study analyze and present them

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in a chronological manner. In the light of this, various source of data collection methods were adopted in order to obtain a reliable data and achieve the stated objectives of the study. This entailed primary and secondary sources of data collection.

Primary Sources-

Questionnaire, Case study and Discussion.

- Questionnaire- Structured and close ended questionnaire was used for study. The questions were presented with exactly the same wording and in the same order to all respondents.
- Case Study – About five case studies were taken of members of five different self help groups.
- Interview – Interview was conducted of about several different group members.

Findings and Suggestion

Even though epilepsy is a common neurological condition with recognized cognitive effects, we will argue in the review that little is known about how the condition of cognition and brain structure in aging (age 50+) and elder (age 65+) people with chronic epilepsy develops. There is hardly much research on this significant topic, but we will provide evidence to show that there are various causes for concern. Younger people with persistent epilepsy have many cognitive deficiencies, neuroimaging abnormalities, and mental comorbidities that have been widely described, and there is evidence that these issues worsen in some patients by middle age. In that context, chronic epilepsy patients have been exposed to a number of factors that could put them at an increased risk for accelerated cognitive and brain aging, such as medication use, which is now known to negatively affect glucose, folate, and cholesterol metabolism; an increase in risk factors for vascular disease; altered lifestyles that include decreased social interaction and physical inactivity; and elevated inflammatory markers. Prospective studies have validated the relationship between these factors and aberrant cognitive and brain aging as well as the risk of dementia, including vascular dementia (Va D) and Alzheimer's disease (AD), in the general aging literature. We will contend that these risk factors have never been thoroughly characterized for aging or older people with chronic epilepsy, examined in relation to significant aspects of physical health (such as vascular, pulmonary, or cerebral blood flow), or directly linked to cognitive ability or brain structure.

Unprecedented efforts are currently being made to identify the factors that contribute to aberrant cognitive and brain aging in the general population, but analogous research in epilepsy is scarcely evident. Little is known about the effects of aging on the trajectory of cognitive and brain health in people with chronic epilepsy, the prevalence of clinical aging disorders (dementia, mild cognitive impairment), the disease burdens, and the modifiable risk factors linked to abnormal cognitive and brain aging. In the material to follow we will review existing studies to address these points. While recent attention regarding epilepsy in aging individuals has centered on elders with new-onset epilepsy, the focus here is on persons who have lived with epilepsy for long periods of time (15+ years) and are now middle – aged and older.

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