
Conclusion and Recommendations

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Based on the findings of the current study, it is concluded that all the studied mothers had “poor” level of knowledge about their children disorder and nearly half of mother’s total management practices of their epileptic children were “unsatisfactory”. Statistical significant differences were found between mothers’ characteristics in area related to education and residence and their level of management.

Based on the findings of the present study, the following recommendations are to be considered:

1. Regular and continuous health educational programs are essential for mothers of epileptic children about care of their children and their community resources.
2. Information should be provided in formats and ways as manual booklet and pamphlets that are suited to the parents. Consideration should be given to child type of seizures, mothers’ level of understanding, and their cultural background.
3. Establishing a support group for epileptic children and their mothers is mandatory to support mothers' management.
4. Community resources must be available for children with epilepsy who may seek assistance and support to increase their knowledge and management skills.
5. The Ministry of Health should arrange the campaigns for children with epilepsy and their mothers to provide them with adequate information and skills regarding management of epilepsy which leads to good management practices.
6. Mass media should have a role in educating epileptic children and their mothers with emphasize on the physical, psychological, social and financial needs of children with epilepsy and their families.

For Further Studies:

1. Study the effect of cultural attitude on management of children with epilepsy.
2. Study the effect of mothers' knowledge and management on their epileptic children's quality of life.

Summary

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Epilepsy is a chronic neurological disorder, characterized by recurrent unprovoked seizures. Epilepsy has a special place among long-term illnesses; the highest prevalence is between birth and puberty. It starts in childhood in 60% of cases and most of the clinically significant aspects of the disease occur during childhood (*Mahmoud, 2009*). Epilepsy potentially affecting the physical, educational and psycho-social relationships of the children.

Parents, especially the mothers, play the most significant role in helping their epileptic children adapt with their condition. In practical terms their function include seeking treatment, ensuring their children's compliance with treatment, providing care before, during and after the attack, facilitating the children's functioning in and outside the home, and regulating the impact of other people's attitudes on their children.

This study aimed to assess maternal knowledge and management of their epileptic children. The study was conducted at the Epileptic Clinic of Mansoura University Children Hospital. A convenient sample of 100 mothers of children with epilepsy who are diagnosed as epilepsy since at least 6 months and free from other chronic disorder comprised the study sample.

Mothers' Knowledge and Management of Epileptic Children Interview Schedule was the tool used to collect the necessary data which included characteristics of children and their mothers, mothers' knowledge about epilepsy as well as their management before, during, and after the epileptic seizures. Each mother was individually interviewed to collect the necessary data.

The main results of this study were as follows:

- More than half of the studied mothers were in the age 30 to less than 40 years (53.0%).
- Slightly more than half of the mothers completed their secondary education (52.0%), while, 12.0% of them were illiterate.
- Eighty three percent of mothers were housewives.

- The majority of the mothers were residing in rural area (83.0%).
- Sixty five percent of mothers stated that their income was insufficient.
- More than half of the studied children were in the age 6 to less than 12 years (55.0%), while 28.0% of them were less than 6 years of age with a mean age of 8.71 ± 3.38 years.
- More than two thirds of the studied children were males (69.0%).
- Slightly more than half of the children were in primary schools (51.0%) and 18.0% were in preparatory schools, and 15.0% didn't attend school.
- Forty three percent of the children were the first child.
- The majority of the studied children were absent either for one or two days/week (40.6% for each).
- For the academic achievement, more than two thirds of the children in the past year had normal achievement (66.6%), while 18.2% were failed in last academic year.
- Forty three percent of children had their first epileptic attack at the age from 1 to 5 years.
- The duration of illness ranged from 1–15 years with a mean of 4.23 ± 2.91 years.
- The majority of the children had the medical consultation at the first epileptic seizures (97.0%).
- The majority of the studied children had a negative family history for epilepsy (82.0%).
- Excessive salivation was reported by all the mothers as a symptom of epilepsy (100%), rapid eye movement reported by 97.0%, body stiffness and jerking motion of arms and legs stated by 91.0% of the mothers. Loss of consciousness stated by 88.8%, cyanosis 82.0% and uncontrolled urination by 65.0% of mothers.
- Concerning the frequency of epileptic seizures, it had recurrent daily in 20% of the children, weekly in 38% of them and monthly in 42% of the studied children.
- Forty two percent of mothers stated that their children's epileptic seizures continued for 5 minutes and less and about half of the mothers didn't count the duration of fits (49.0%).

- Eighty percent of the children had a previous hospitalization due to epileptic seizures.
- The majority of the epileptic children were following-up regularly (97.0%).
- Hospital was the place of follow-up for all the children who had a regular follow-up (100.0%) and the place of follow-up was not near to their home for the majority of them (88.0%).
- Seventy six percent of mothers knew the trigger factors of their children.
- Psychological and physical stress was reported by more than half of the mothers as a trigger factor for their children's epileptic seizures (57.9%), followed by fever (46.0%), then sitting in front of computer for long periods (22.4%).

Maternal Knowledge

- Near half of the mothers' didn't know the definition of epilepsy (45.0%).
- More than half of the mothers didn't know the causes of epilepsy (52.0%).
- All mothers mentioned drooling or excessive saliva as the manifestation of epilepsy (100.0%), followed by rapid eye movement (97.0%), body stiffness and jerking motion of the arms and legs (91.0%), loss of consciousness (88.0%), cyanosis (82.0%) and loss of bladder or bowel control (65.0%).
- Two thirds of mothers stated that fever is a trigger factor of epilepsy (70.0%), followed by psychological and physical stress (57.0%). While, 13.0% of the mothers didn't know the trigger factors at all.
- Forty percent of the studied mothers didn't know about aura of epileptic seizures.
- The majority of the mothers identified anti-epileptic drugs as a treatment of epilepsy (79.0%). While, 20.0% of the mothers didn't know the treatment of epilepsy.
- Two thirds of mothers didn't know the side-effects of antiepileptic drugs (63.0%).
- Less than two thirds of mothers reported that tongue or a lip biting is a danger of epileptic seizures (60.0%). Injuries and fractures in various body places were mentioned by 49.0% and 23.0% respectively as dangers of epileptic

seizures. On the other hand, 26.0% of the mothers were not aware of dangers of epileptic seizures on their children.

- Three fourth of mothers stated that they will refer their children to the nearest emergency services when their children have a recurrent episode without regaining awareness in between seizures (75.0%), 32.0% mentioned if their children have difficulty in breathing during the epileptic seizures and 21.0% didn't know the epileptic seizures that require immediate referral at all.

Maternal Management

- For mothers' safety precautions of epileptic seizures, 63.0% of the mothers notified the school about their children's illness, 42.0% avoided leaving their children in a bath tub full of water alone, 39.0% prevented their children from getting in a contact with sharp objects, 36.0% didn't leave the child to ride bicycle alone.
- Almost one third of mothers didn't leave their children showering and swim alone (31.0% and 30.0% respectively) and 28.0% prevented the children from closing bath room from inside, 27.0% and 25.0%of mothers protected their children from being in a high place alone and exposing them to high voices respectively as safety precautions.
- None of the studied mothers reported that their children carried a medical alarm (0.0%).
- Regarding mothers' safety precautions when aura symptoms occur, 60.0% of mothers stayed with their children when they feel the aura symptoms, 56.0% kept things that may cause injury away from their children and prevent their children from leaving the home when they feel the aura symptoms, while 26.0% of mothers roll their children on their side on the ground.
- About one third of the studied mothers didn't gave the anti-epileptic drugs on times (32.0%) and 49.0% used the alternatives drugs without medical consultation.
- Twenty six percent of the mothers decrease the dose of the drugs from themselves without medical consultation when the epileptic seizures decreased in its frequency and 19.0% stop the drugs.

- Regarding mothers' management for prevention of dosing forgetfulness, 47.0% mentioned that they link the drug with a daily routine and 23.0% set the alarm clock, 20.0% didn't do anything to remember the time of the drugs.
- More than half of the mothers didn't give attention to side-effects as they not relate it to anti-epileptic drugs (58.0%) and 33.0% ask the doctor about these side-effects. While 7.0% of them said that they decrease the dose.
- All mothers stated that they stay with their children until seizure ends and restore their consciousness (100%), 84.0% protect their children from injury by removing hard objects away.
- Harmful unnecessary procedures followed by mothers during the epileptic seizures, 30.0% of the mothers tried to give their children any treatment in the mouth, 36.0% put anything solid like a spoon in the mouth, 39.0% reported that they restraining their children and 62.0% of the mothers bribe the children's faces with water.
- During seizures, 36.0% of mothers time the duration of the seizures. Only 24.0% of the mothers reported that they place their children on side and 18.0% place something soft under children's head.
- For mothers' management after the epileptic seizures, 99.0% of the mothers reported that they cleaned their children's mouth from saliva, 94.0% usually observed the children's level of awareness, 75.0% observe breathing and children's general condition and 72.0% examine the children for involuntary urination or defecation during the epileptic seizures.
- More than half of mothers observed their children's ability to move limbs (54.0%), 42.0% checked the children for any wounds or injuries, 36.0% delayed introducing food or drink until the children fully regained their consciousness, and 21.0% usually keep the children on their side or in back and the head turned to one side after the epileptic seizures.
- The minority of the mothers recorded the time and duration of seizures (12.0% and 13.0% respectively).
- The nurse was the source of information for 11.0% only of the mothers.
- All the studied mothers had a "poor" level of knowledge about their children disorder.

- About half of mothers had “unsatisfactory” score in their total management of epileptic seizures (49.0%). While 36.0% and 15.0% of them had “satisfactory” and “good” scores for their total management of their children epileptic seizures.
- More than half of mothers had “unsatisfactory” score for their management before epileptic seizures (56.0%). While, 10.0% and 35.0% of them had “good” and “satisfactory” scores of management during the epileptic seizures and 55.0% of mothers had “unsatisfactory” scores of management after the epileptic seizures.
- There were statistical significant differences between mothers’ management of their children with epilepsy and their education ($P=0.000$), residence had a statistical significant differences only between their management in the before and their total management ($P=0.005$ and $P=0.003$ respectively).
- There were statistical significant differences between mothers’ management before the epileptic seizures and their children’s gender and number of siblings ($P=0.016$ and $P=0.029$ respectively).

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