LETTERS TO EDITOR

IMPORTANCE OF HEALTHCARE-SEEKING BEHAVIOR OF PARENTS IN RESPONSE TO CHILDHOOD SEIZURES

Sir

The article titled ‘Healthcare-seeking behavior after seizures in children by Bavdekar et al. has highlighted the important issue of the reaction of the parents in response to any childhood seizures.[1] The authors say that hardly there is any Indian data on the parents’ attitude towards childhood seizures, which is incorrect. An earlier study dated ten years ago had highlighted the importance of the mother’s reaction to the child’s epilepsy.[2] Studies of this type in these times need to highlight not only the importance of the parental behavior, but also remedial measures.

The authors did not mention the exclusion criteria for the study. The statistical analysis should have compared the various groups. Mere description of the frequencies does not explain the significance. It has to be seen whether the correlation between the groups is significant or not. Many of the earlier studies focused on many scoring system domains. Item factor analysis, which was missing, should be performed. A P value has to be taken into consideration and that is the reason why proper statistical tests should have been undertaken.

The study was described as prospective but no particular duration was highlighted. The income groups are expressed in Indian rupees, which could have been converted to US dollars for easy interpretation by any overseas reader. It is probable that the behavior pattern of the father and mother would vary. An Indian study has shown that mothers exhibit feelings of guilt, rejection and low self-esteem.[2] Could these feelings be more in mothers than in the fathers? In that case, the results of the present study with 103 mothers and 37 fathers can be questioned.

A thorough search of the literature shows that there are three important research articles by Pal et al., which elaborately describe the seizures, their implications for the families and the predictors of parental adjustment in the Indian scenario.[3,4] The modified Dunst family support scale was used to measure the social support.[3] Parental adjustment correlated with satisfaction with social support.[3] In the present study the correlation could have been tested with an observance of the variables.

Interestingly, a recent study shows that even demographic variables like age, gender, sex and socio economic status were not effective predictors for parenting.[5] The level of family stress is very important. How the parents reacted to the severity of disease must be described in detail. Obviously, all cases were not serious and the parents did not know how to grade the severity. It is recommended that all the association of child domain factors and the parents’ domain factors should be explored while arriving at any conclusion.[5]

The article concludes by saying that there

Source of Support: Nil, Conflict of Interest: None declared.
is an urgent need for first-aid measures and to impart relevant skills to the parents but the pathways to these are not described clearly. Could we have role-play models, documentaries, pamphlet distribution, and healthcare information in the media to highlight the issue? There is also an urgent need to discard the old traditional, social and religious views. The problem must be tackled effectively and lessons may be learnt from developed countries. Overall, this is an interesting topic, which generates much debate. The authors and the Editor should try to highlight such articles and I would sincerely applaud their sincere efforts.

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Prime Minister of India was reported in the 16 September 2007 issue of _The Times of India_ to have undergone surgical treatment for benign enlargement of the prostate gland at the All India Institute of Medical Sciences. However, the actual current incidence of BPH will require valid scientific evidence from pooled data, and India as a whole lacks a large-scale screening database of patients diagnosed for any prostatic disease.

The recent increase in the BPH rate in several industrialized countries should inspire Indian urologists to more elaborate effort to investigate symptoms and risk factors of BPH. Further, public health perspective research with factual data collected through national and regional centers to assess future trends in BPH incidence rates and defining ethnic characteristics, as also case-control studies, must be strongly encouraged to identify risk factors for the Indian population.

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J Urol 2003;170:530-47.

BIPOLAR AFFECTIVE DISORDER IN PARKINSON’S DISEASE: CLINICAL DILEMMAS

Sir,
Psychiatric disorders are a common co-occurrence in people with Parkinson’s disease (PD).[1] Psychiatric symptoms may be the direct result of PD, its co-morbid pathologies, or occur as a side effect of its pharmacotherapy. About 10% of patients on treatment for PD will experience euphoria and 1% will develop mania.[2,3] We report a case of bipolar affective illness complicated by idiopathic PD and its treatment with special reference to its response to Clozapine.

The patient is a 56-year-old married lady with premorbid paranoid personality traits without family history of any neuropsychiatric illness. Her index visit was in August 2005 when she was diagnosed to have severe depression with suicidal intent, and a detailed neurological evaluation at that time did not reveal any symptoms of PD. She was treated with a course of seven bilateral brief pulse modified electro convulsive therapy and Sertraline 100 mg, and became euthymic within one month. One year later