127 - EPILEPSY AND THE STIGMA OF WORKERS IN CONTEMPORARY SOCIETY

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1. Introduction

Epilepsy is a relatively common condition in the general population and one of the diseases most often treated by neurology. The epileptic disorder is frequent and affects around 1-3% of the world population. The incidence of epilepsy in developed countries is estimated to be approximately 50 / 100,000h, while in developing countries this rate should increase to 100 cases / 100,000h (SANDER and HART, 1999).

Epilepsy is considered to be a chronic neurological condition that comprises a group of diseases, the epithets of which are recurrent in the absence of toxic-metabolic or febrile diseases (GASTAUT, 1973; ROGAWISKI and PORTER, 1990). It is not an individual disease, but the clinical expression of a large number of disorders resulting from abnormal, excessive and hyperchronic electrical brain activity. It tends to repeat itself and may result from multiple pathological processes in different brain areas (COCKERELL et al., 1997).

The so-called epileptic crisis is a transient paroxysm of cortical neuronal discharge capable of producing a manifestation that can be perceived by the individual himself or by an observer. These manifestations vary greatly from individual to individual, reflecting the cortical functions in which the discharge originated and where it spreads (SANDER and HART, 1999). As usually this path of origin and propagation is the same, the motor manifestations last few minutes (ictal period) and they give way spontaneously, following of drowsiness and mental confusion (post-ictal period) (SANDER and HART, 1999).

When investigating the causes of cognitive impairment in the individual with epilepsy, the multiplicity of factors involved should always be taken into account, ie factors related to the underlying disease that causes epilepsy (the etiology), epileptic seizures themselves , To the adverse effects of antiepileptic drugs (AEDs), to the mood and behavioral disorders that often accompany these individuals, as well as the lower learning opportunities when still young people often offered by teachers and parents who have created false negative expectations about their Performance (CORNAGGIA and GOBBI, 2001).

The incidence of epileptic seizures is higher in adolescence than in adult life, with the majority of epilepsies beginning during the early stages of human development (Da Costa et al., 1998). Hauser and colleagues (1993) report that the incidence of epilepsy in the elderly is higher than the incidence in children, and is included among the most common neurological disorders in the elderly.

It is estimated that 1% of the population develops epilepsy until the age of 20 years (BERG et al., 2003), however, this number is variable in several regions of the world, occurring more frequently in developing countries. The annual incidence ranges from up to 70 cases per 100 thousand inhabitants and the prevalence, from 4 to 10 cases per thousand inhabitants (SHORVON, 1982).

According to the World Health Organization, approximately 0.8% of the world's population (50 million) are carriers of epilepsy (PITKÄNEN et al., 2002). In Brazil, it is estimated that there are more than three million people with epilepsy (GUERREIRO and GUERREIRO, 1999).

The term Status Epilepticus - SE is defined as epileptic seizures that are sufficiently prolonged, or repeated at short intervals, resulting in a continuous and long lasting epileptic state (GASTAUT, 1973). It is estimated that between 1 and 8% of individuals with epilepsy have, at some point in their disease, had at least one SE episode. SE is associated with a significant risk of cognitive deficit (AKMAN et al., 2003).

Epileptic seizures can be classified in many ways (according to etiology, age of onset and topography of discharges, etc.). The most accepted one today is the proposal by the International League Against Epilepsy (ILAE) (COMMISSION, 1989), which is based on clinical and electroencephalographic manifestations of seizures.

This classification divides the crises into two major groups: partial crises, when the source of neuronal discharge originates in localized cortical areas (which may be generalized secondarily), and generalized ones, when they originate in both hemispheres at the same time. In this way, the first presents a clinical manifestation that precedes the loss of consciousness, whereas in the second, this loss of consciousness starts suddenly (ILAE) (COMMISSION, 1989). They are also classified as simple, when there is preservation of consciousness, or complex when loss of consciousness occurs (McNamara, 1994). The information presented above strongly influences the rise to the labor market by the individual with epilepsy.

2. Contextualization of the problem

Work occupies a central place in the dynamics of modern society. Thus, cultural controls unfavorable to the social adjustment of the epileptic (Jones, 1965), make it difficult for him to enter the increasingly competitive labor market, aggravated by the increasing level of unemployment. The individual usually has no work problems; But the mere fact of the existence of epilepsy may influence functional performance for a number of reasons, there are restrictions on functions considered to be risky, involving danger of accidents to the epileptic, third parties or damage to valuable material goods, and prejudice linked to epilepsy.

A historical view of epilepsy shows the multiplicity of causes that, at the heart of the epilepsy, lead to various forms of exclusion and social control of epileptics, indicating the type of society to which they belong. In this sense, the need arises to observe the identification observed in the work spaces in relation to the worker with epilepsy and which psychosocial aspects emerge from the objective and subjective identity.

A disability is imputed to the epileptic, and thus the stigma of epilepsy - a cultural issue woven by myths and beliefs - reduces their life aspirations, increasing both their self-demand and self-deprecation.

The epileptic crisis makes the individual dependent on others, unable to manage their own lives and, although transient, generates insecurity, facilitating domination, and explicit the fear of death. The unpredictability of crises diminishes self-confidence, autonomy, and the sense of freedom. These characteristics of the disease alter the individuality of the epileptic, cause it psychic alterations and hinder the relationship with oneself and with society (Ryan et al., 1980; Penry & Devinsky, 1993), make it difficult to access the labor market and , Thus, the social ascension, contributing to its isolation and exacerbating or triggering psychosocial pathologies. If, on the one hand, work is a source of physical and mental health that is often denied to the epileptic (Dasagupta et al., 1982; Gloag, 1985; Callagham et al., 1992), on the other hand, It is not unusual for professional activity itself to give rise to epilepsy both by direct brain injury (Allister et al., 1981, Littorin et al., 1988) and indirect (Ross, 1988) as well as being a triggering factor for seizures (Winget et al., 1978) as a function of certain characteristics of the process and work organization. In Brazil, however, there is a lack of research on epileptics in their interface with work. However, even at the international level, there is insufficient information on the number of epileptics of productive age and of the unemployed (Allister et al., 1981; Dasgupta, 1992). Therefore, we intend to present the occupational situation of a sample of epileptic individuals, and to identify the factors that limit their access to the labor market, taking into account the intrinsic and extrinsic factors.

3. Rationale and result

Informing an individual that he or she has epilepsy implies a diagnosis and a social label - low self-esteem, dependence, need for anticonvulsants, alcohol and driving restrictions, and repercussions at work - are some of the chronic problems in the Psychosocial context faced by the epileptic.

Psychosocial difficulties may have even more serious consequences on quality of life than the occurrence of epileptic seizures per se. Therefore, treating the individual with epilepsy means not only exam and medication care, but also observing their performance in family, school, work and society. All epileptic individuals are often faced with work-related problems, are twice as likely to be unemployed, or underemployed when compared to people without epilepsy.

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The factors contributing to this situation may be internal and / or external in nature. The simple information that the worker is epileptic does not support the thesis of incapacity for work, since the determination of the incapacity due to epilepsy should not be considered an easy activity by the expert physician. In addition, there is an enormous difficulty for employers to accept admitted candidates with epilepsy at the time of the admission examination, and it is also not uncommon for workers with epilepsy to stay away from work because of disease-related issues, arguing that the epileptic condition is incompatible with Professional practice.

Therefore, the admission of workers with epilepsy to the employer can lead to early withdrawal from work, leave or retirement, which in many situations can be understood as exaggerated, in the same way as the impediment of the entry of people with epilepsy into the labor market, in addition to Can lead to social exclusion, increase stigma and thus facilitate the onset of psychological disorders.

This is precisely the discussion that is intended to be presented, a description of how the epileptic individual feels before the labor market and the daily life in which it is inserted. This shows the labor problematic of the epileptic individual, and makes vocational counseling and adaptation to work of extreme relevance when it is desired to offer integral assistance to these individuals.

Also, regarding the access of the epileptic to the labor market, it is necessary that the procedures of recruitment and selection should be as fair as possible and not stigmatizing. For this, the empowerment of the individual to the position is what should be considered and not his limitations. Restrictions, where necessary, should be placed in a context of clearly established rules within an appropriate vocational orientation and with rehabilitation programs ensured.

In these contingencies it becomes important the intervention of the neurologist, as well as other professionals who can help, reinforcing the medical conduct and establishing contact with the labor market / employer in the sense of helping the epileptic individual in the professional readaptation by placing the epileptic individual in Conditions, with positive results for companies, social security and society.

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EPILEPSY AND THE STIGMA OF WORKERS IN CONTEMPORARY SOCIETY

Keywords: epilepsy, stigma, society

Abstract: Epilepsy is a relatively common condition in the general population and one of the diseases most often treated by neurology. The epileptic disorder is frequent and affects around 1-3% of the world population. Work occupies a central place in the dynamics of modern society. The cultural controls unfavorable to the social adjustment of the epileptic (Jones, 1965), make it difficult for him to enter the labor market, aggravated by the growing level of unemployment. The individual usually has no work problems; But the mere fact of the existence of epilepsy can influence functional performance for a number of reasons, there are restrictions on functions considered to be risky, involving danger of accidents to the epileptic, third parties or damage of valuable material assets. A historical view about epilepsy allows us to verify the multiplicity of causes that, at their heart, lead to various forms of exclusion and social control of epileptics. In this sense, the need arises to observe the identification in the work spaces in relation to the worker with epilepsy and which psychosocial aspects emerge from the objective and subjective identity. It is intended to present occupational status of a sample of epileptic individuals, and to identify the factors that limit their access to the labor market, taking into account the intrinsic and extrinsic factors.

EPILEPSIE ET TRAVAILLEUR STIGMATISATION DANS LA SOCIÉTÉ CONTEMPORAINE

Mots-clés: épilepsie, la stigmatisation, la société

Résumé: L'épilepsie est une affection relativement fréquente dans la population générale et l'une des maladies les plus fréquemment traités par la neurologie. Le trouble épileptique est fréquente et touche environ 1-3% de la population mondiale. Le travail occupe une place centrale dans la dynamique de la société moderne. contrôles culturels défavorables à epilepticus adaptation sociale (Jones, 1965), lui entravent l'accès au marché du travail, aggravée par la hausse du chômage. L'individu n'a généralement pas de problèmes de main-d'œuvre; mais le simple fait de l'existence de l'épilepsie peut influer sur les performances fonctionnelles pour diverses raisons, il y a des restrictions considérées à des fonctions de risque, qui mettent en danger de blessure pour les tiers, d'épilepsie ou de dommages des biens matériels précieux. Un aperçu historique sur l'épilepsie permet de réaliser la multiplicité des causes qui, à sa base, conduisent à diverses formes d'exclusion et de contrôle social des épileptiques. En ce sens, il est nécessaire d'observer que l'identification dans les espaces de travail par rapport à l'employé avec l'épilepsie et quels sont les aspects psychosociaux émergent de l'identité objective et subjective. Il est destiné à présenter la situation professionnelle d'un échantillon de personnes épileptiques, et d'identifier les facteurs qui limitent leur accès au marché du travail, en tenant compte des facteurs intrinsèques et extrinsèques.

EPILEPSIA Y TRABAJADOR ESTIGMA EN LA SOCIEDAD CONTEMPORÁNEA

Palabras clave: epilepsia, el estigma, la sociedad

Resumen: La epilepsia es una condición relativamente frecuente en la población general y una de las enfermedades más comúnmente tratados por la neurología. El trastorno epiléptico es común y afecta a alrededor del 1-3% de la población mundial. El trabajo ocupa un lugar central en la dinámica de la sociedad moderna. controles culturales desfavorables para el ajuste epiléptico sociales (Jones, 1965), lo obstaculizan el acceso al mercado de trabajo, agravado por el aumento del desempleo. El individuo por lo general no tiene problemas de mano de obra; pero el simple hecho de la existencia de la epilepsia puede influir en el rendimiento funcional, por diversas razones, hay restricciones en las funciones consideradas de riesgo, que implican riesgo de lesiones en los terceros epilépticos, o el daño de las posesiones materiales valiosos. Una visión histórica sobre la epilepsia permite darse cuenta de la multiplicidad de causas que, en su núcleo, provocan diversas formas de exclusión y control social de los epilépticos. En este sentido, existe una necesidad de observar los cuales la identificación de espacios de trabajo en relación con el empleado que tiene epilepsia y cuáles son los aspectos psicosociales emergen de la identidad objetiva y subjetiva. Se tiene la intención de presentar la situación laboral de una muestra de individuos epilépticos, e identificar los factores que limitan su acceso al mercado de trabajo, teniendo en cuenta los factores intrínsecos y extrínsecos.

A EPILEPSIA E O ESTIGMA DO TRABALHADOR NA SOCIEDADE CONTEMPORÂNEA

Palavras chave: epilepsia, estigma, sociedade

Resumo: A epilepsia é uma condição relativamente comum na população geral e uma das doenças mais frequentemente tratadas pela neurologia. O distúrbio epiléptico é frequente e acomete em torno de 1-3% da população mundial. O trabalho ocupa lugar central na dinâmica da sociedade moderna. Os controles culturais desfavoráveis ao ajustamento social do epiléptico (Jones, 1965), dificultam-lhe o acesso ao mercado de trabalho, agravado pelo crescente nível de desemprego. O indivíduo geralmente não tem problemas de trabalho; porém o simples fato da existência da epilepsia pode influenciar o desempenho funcional por vários motivos, existem restrições às funções consideradas de risco, que envolvem perigo de acidentes para o epilético, terceiros ou danificação de bens materiais valiosos. Uma visão histórica acerca da epilepsia permite constatar a multiplicidade de causas que, em seu cerne, conduzem a diversas formas de exclusão e controle social dos epilépticos. Nesse sentido, surge a necessidade de observar qual a identificação nos espaços de trabalho em relação ao trabalhador com epilepsia e quais os aspectos psicossociais emergem da identidade objetiva e subjetiva. Pretende-se apresentar situação ocupacional de uma amostra de indivíduos epilépticos, e identificar os fatores que limitam seu acesso ao mercado de trabalho, levando em conta os fatores intrínsecos e extrínsecos.