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Yoga for Patients with Epilepsy: A Pilot Study

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Purpose: Primary Aim: To assess the safety and feasibility of yoga in adults with poorly controlled epilepsy. Secondary Aim: To conduct a pilot study evaluating the impact of yoga on seizure frequency, quality of life, and perceived stress.

Methods: Women ages 18–64 with poorly controlled simple partial and complex partial seizures on antiepileptic medications were recruited for a six week yoga intervention including in-person instruction and home practice. Seizure frequency was assessed during a six week baseline period, immediately after, and six weeks after the yoga intervention using seizure calendars. Perceived stress and quality of life were assessed using the Perceived Stress Scale (PSS) and the Quality of Life in Epilepsy Inventory (QOLIE- 31) before and after the intervention.

Results: Five women completed the study. No participants reported seizures or adverse events during the six week intervention phase of the study. Scores on the QOLIE-31 demonstrated an average improvement of 11.7 points ($t=2.591$, $p=.0606$). Additional significant improvements were found on several of the QOLIE Subscales, including Seizure Worry ($t=2.929$, $p=.0428$) and Energy/Fatigue ($t=3.309$, $p=.0297$). A marginal improvement was illustrated on the Perceived Stress Scale (PSS) ($t=2.138$, $p=.0993$).

Conclusion: Results of this small pilot study were compelling on several levels. First, despite longstanding clinical concerns regarding exercise for epilepsy, patients self-reported reduced seizure frequency during the 6 week intervention and no adverse events were reported during the yoga intervention or follow-up period. Second, participants reported significant decreases in seizure worry and increases in energy on the gold standard for epilepsy quality of life (QOLIE-31). Finally, there were modest decreases in perceived stress. These results suggest that yoga is a feasible and safe intervention and should be considered as an adjunctive treatment in individuals with poorly controlled epilepsy on anticonvulsant medications. Follow-up research studies with larger sample sizes are warranted.

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