**Introduction**

The focus of the project is on two questions:

1) Are there disparities in self-management behavior and associated antecedents across socio-economically diverse populations?  

2) Do socio-demographic factors and self-management vary by SES?

Answers are needed to inform administrators, clinicians, and policy makers of the nature of disparities that exist among people living with epilepsy and the potential impact of strategies to reduce or eliminate them.

**Objectives**

To determine differences across socio-demographic groups in self-management and the relation between antecedent factors and self-management.

**Methods**

**Study Sites**

Kelsey-Seybold Clinic (KS) is a large multi-specialty medical organization in Houston with 22 clinics and over 300 physicians. Patients are largely from middle-class, employed, populations with private insurance coverage primary through HMOs or PPO-type plans. Epilepsy patients are referred to the KS Epilepsy Clinic, where there are three general neurologists, one epileptologist, and a nurse epilepsy specialist.

The Ben Taub General Hospital (BT) is one of two public general hospitals in Houston that serve about 275,000 primarily low-income, uninsured, and Medicaid-covered patients a year. The BT Epilepsy Clinic primarily serves Hispanics and black adults. Many patients are also managed by a primary physician in one of 11 community health centers operated by the public hospital system.

**Results**

1. The socio-economic characteristics of BT patients were significantly different from the KS patients, with respect to education, employment, income, and insurance.

2. The per item average score for overall self-management, information management, and safety management was higher for BT patients compared to KS patients (all p < 0.05), and similar on medication management, outcomes management, and lifestyle management.

**Discussion**

The findings of significant differences between low and high SES patients on all psychosocial variables are supportive of the contention that these populations face somewhat differing challenges for managing epilepsy. However, the differences were not large and the pattern was relatively similar in terms of the relative floor-casting levels of the scores for both groups.

The significant association between self-efficacy and self-management found in this study supports the theoretical rationale for these previous empirical studies. Significant associations were also found in the current sample for social support. Social support is an important contributor to efficacy beliefs through methods of verbal persuasion and reinforcement and is related to self-management in terms of behavioral cueing. The relationship between social support from family and friends and adherence to medication regimen has been previously reported.

The finding that self-efficacy and social support were strongly associated with self-management even after adjusting for SES differences in the patients suggests that strategies to improve self-management may have general applicability across diverse populations.

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