PSYCHIATRIC ISSUES IN EPILEPSY

INTRODUCTION

- Associated psychological disturbances in epilepsy are as debilitating as the seizures themselves
- The type and severity of psychological problems vary tremendously among individual patients in keeping with heterogeneous nature of epilepsy itself

Psychiatric problems in Epilepsy

- Ictal psychic symptoms
- Peri-ictal
  irritability,
  depression, headache
  delirium
  psychotic symtoms
- Inter-ictal
  schizophreniform
  psychosis
  personality disorders

- Mood disorders (depression and mania)
- Dissociative states
- Aggression
- Hyposexuality
- Suicide
- And other behaviours

AGGRESSION IN EPILEPSY

- Usually associated with
  - Psychosis
  - Intermittent explosive disorder
- And co-relates with
  - Sub-normal intelligence
  - Lower socio-economic status
  - Childhood behavioral problems
  - Prior head injuries
  - Possible orbital frontal damage

Cont…

AGGRESSION IN EPILEPSY

- Simple violent automatism such as spitting or flailing of arms seen with complex partial seizures

- Destructive behaviour or angry verbal outbursts occurs during post-ictal delirium

MANAGEMENT OF AGGRESSION IN EPILEPSY

Pharmacotherapy – Anti-psychotics
Mood stabilizers
Anxiolytics

Psychotherapy - Cognitive behaviour therapy
Relaxation therapy

GASTAUT-GESHWIND SYNDROME

- Group of personality traits
- Occurs in sub-set of patients with partial seizures mostly with temporal limbic focus
- Characteristic Features

✓ Serious, humorless, over-inclusive, intense interest in philosophical or moral or religious issues

✓ Viscosity

✓ Hypergraphia

DEPRESSION IN EPILEPSY

- Disorder of mood, emotion and affect occurs depending on the type of seizure
- 15% of epileptic auras involves mood and affect
- Depression may be a prodrome to a seizure and also may be seen post-ictal lasting for upto 1 – 2 weeks.

cont…

DEPRESSION IN EPILEPSY

- Endogenous features common in depression
- Ictal depression common in complex partial seizures
- Depression may also be seen due to inter-personal difficulties seen in epilepsy

MANAGEMENT OF DEPRESSION IN EPILEPSY

- **TCA'S and SSRI (preferred)**
- Harden & Goldstein (CNS Drugs Nov 2002)
- SSRIs (Paroxetine, Fluvoxetine, Sertraline), Nefazodone, Venlaflaxine most appropriate treatment;
- Escitalopram, Buproprion, Clomipramine & Maprotiline associated with greater risk for seizure
- Some studies also indicate use of ECTs in cases with severe Depression with suicidality

- **Cognitive Behaviour Therapy to identify negative cognitions by using behavioural tasks and consciously modifying the patients thoughts**

EPILEPTIC AUTOMATISMS

- State of clouding of consciousness which occurs during or immediately after a seizure
- Pt performs simple or complex movements or actions without being aware of what is happening
- Occurs for brief periods from a few seconds to a few minutes
- Different patterns of behaviors are seen

✓ Epigastric sensations

✓ Confusions or difficulty with memory

✓ Feeling of strangeness or unreality

✓ Stereotyped manoeuvre such as pulling of clothes, passing of hands over face or fumbling with objects

- Commonest sites : Medial temporal lobe structures

SEXUAL PROBLEM IN EPILEPSY

- Pt's with epilepsy tend to be hypo-sexual
- Sexual arousal problems
- Low sexual drive
- Sexual fantasies/eroticism/dreams
- Study of sex hormones suggest that the possibility of sub-clinical hypogonadotropic hypogonadism.
- Few cases of transvestism, fetishism and gender dysphoria.
- True ictal sexual manifestations are also unusual such as libidinous feelings, erotic sensations, even orgasms may occur

TREATMENT OF SEXUAL DISORDERS IN EPILEPSY

- Need for arousal
- Methods to ↑ attraction between partners
- Couple counselling
- Dual sex therapy
- Sex education

SUICIDE AND EPILEPSY

- Risk of completed suicide in epileptic patients is 4 to 5 times greater than in non-epileptic population.
- Complex partial seizure of temporal lobe origin (left greater than right) have higher risk (upto 25 times greater)

cont…

SUICIDE AND EPILEPSY

- **CONTRIBUTORY FACTORS:**

  Border-line personality behaviors

  Psychosis

  Paranoid hallucinations

  Agitated compulsion to kill themselves

  Ictal command hallucinations to suicide

TREATMENT OF SUICIDAL PATIENTS IN EPILEPSY

- Hospitalization in a psychiatric hospital
- Treatment of underlying psychiatric disorder
- Pharmacotherapy – Anti-psychotics
  Anti-depressants
- Psychotherapy – Insight oriented therapy
  Cognitive behaviour therapy
- Counselling for the family.

CRIME AND VIOLENCE IN EPILEPSY

- Lay people have accredited epilepsy to aggressive and violent acts and have even used the “Epilepsy defense” in criminal proceedings.
- Criteria for assessing ictal violence in epilepsy
  - ✓Diagnosed by at least one specialist in epilepsy
  - ✓Epileptic automatisms and violence are documented by history and closed circuit EEG telemetry.
  - ✓Clinical judgment attested by epilepsy specialist the possibility that the aggressive act was part of the seizure.

PSEUDO-SEIZURES

- They are involuntary psycho-genically induced spells that mimic many epileptic behaviours.
- Common in women between 26 to 32 years with psychological stressors and poor coping skills
- Characterized by unresponsiveness with violent and uncoordinated movements of the whole body
- Common in conversion disorder, depression, anxiety disorder and border line personality disorder

MALINGERED SEIZURES

- Seizures under volitional control
- Evident secondary gain
- More common in males
- Conscious awareness of seizures
- Less likely to obtain psychiatric history
- Following seizures patients are angry, anxious on confrontation, uncooperative and gives evasive and circumstantial answers
- May leave against medical advise.
- In factitious disorder gain is the seizure behaviour itself with a constant medical attention

MANAGEMEMT OF PSEUDO-SEIZURES

- Insight oriented supportive or behaviour therapy
- Caring and authoritative therapist
- Parental amobarbital or lorazepam Challenge Test
- Psycho-dynamic psycho analysis exploring intra-psychic conflicts

USE OF ANTI-EPILEPTIC DRUGS IN PSYCHIATRIC DISORDERS

- Carbamazapine, Valproate, Gabapentin and Lamotrigine have significant anti-manic and modest anti-depressant properties.
- Carbamazepine and Valproate are used to control aggressive and discontrolled behaviour in brain injured people.
- Clonazepam, in addition to anxiolytic properties can serve as add-on to anti-manic therapies
- Carbamazepine and Ethosuximide is used for borderline personality disorder.
- Gabapentin may induce aggressive or hypomanic behaviour and Vigabatrin may precipitate depression

PSYCHIATRIC ISSUES IN CHILDHOOD EPILEPSY

Co-morbid conditions seen in young people with epilepsy are

- ✓ Conduct disorder and oppositional defiant disorder
- ✓ ADHD
- ✓ Depression
- ✓ Epileptic psychosis
- ✓ Anxiety disorders like
  - Generalised anxiety disorders
  - Specific fears and phobias
  - OCD
  - Autistic spectrum disorders

PYCHOSOCIAL ASPECTS IN CHILDREN AND ADOLESCENTS

- Quality of life affected
- Academic problems due to cognitive and behavioral aspects of epilepsy
- Problems at school, for e.g. poor grades, drop-outs.
- Peer rejection and social isolation
- Stigma
- Excessive restrictions in social life, for e.g. sports, swimming, driving
- Secondary psychiatric problems like anxiety, depression, adjustment problems

MANAGEMENT OF PYCHIATRIC PROBLEMS IN CHILDHOOD EPILEPSY

- Special expertise in epilepsy to teach epilepsy awareness and medication management to school teachers / nurses.
- Freeman et.al developed a more extensive programme that involved

✓ Initial need assessment

✓ Counselling

✓ Evaluation of classroom placement

✓ Vocational training

- They were able to reduce school dropouts and grade failure to 50%

MANAGEMENT OF PYCHIATRIC PROBLEMS IN CHILDHOOD EPILEPSY

- Supervised life style
- Play therapy
- Not imposing excessive restriction on social life in the case of controlled epileptic children
- Confidence building measures to increase self esteem

IMPROVING QUALITY OF EPILEPSY CARE IN CHILDHOOD

- Treatment of co-morbid psychiatric conditions
  - ✓ Depression
  - ✓ Anxiety
  - ✓ Behavioural problems
  - ✓ Psychosis or schizophrenia-like conditions
  - ✓ Sleep disorders
- Interaction between psychiatrists and neurologists
- Comprehensive epilepsy centres / support groups

PSYCHO-SOCIAL PROBLEMS IN WOMEN

- Teen-age: low self-esteem, social isolation
- Menstrual: Longstanding menstrual irregularities and reproductive endocrine disorder leads to secondary psychiatric problems such as low self esteem, anxiety, depression, irritability
- Pre-marriage :difficulty in finding suitable partner
- Marriage: strained inter-personal relationship with husband and in-laws secondary to epilepsy can cause conversion disorder, possession syndrome, dissociative disorders
- Contraception :some anti-epileptic drugs (AEDs) decreases the efficacy of hormonal contraception. Contraception failure which can lead to unwanted pregnancies and issues related to rejected child
- Pregnancy: side- effects of AEDs on foetus are well known to cause psychiatric problems in children at a later age

PSYCHO-SOCIAL ASPECTS

- Psycho-education of patients regarding disease and medication and its side effects
- Epileptic centre or support groups
- Cognitive behaviour therapy

✓ Stress management

✓ Positive coping skills

✓ Management of emotions

✓ Assertiveness

IMPACT OF EPILEPSY ON THE FAMILY

- Disruption of family process
- Lower levels of self esteem, communication and less extended family support – kitamoto et.al (Brain and Development – 1988)
- Epileptic patients can lead to marital discord, strained interpersonal relationship, divorce or psychiatric illness – Ostrom et.al (Epilepsia 2000)
- Mothers of children with complicated epilepsy were anxious, over-protective, while fathers were rejecting.
- Family members of epileptic patients had frustration, guilt, anger, depression – Thomas & Bindy –(Seizure 1999).

COUNSELLING OF FAMILY

- Regarding medication and its side effects
- Maintaining positive inter-personal relations with the patients
- Family support structure
- Family therapy by trained psychiatrist

CONCLUSION

- Invariably epilepsy is associated with many psychological problems
- The best treatment is a team approach of a psychiatrist and neurologist


THANK YOU