

BIDIRECTIONAL RELATIONSHIP BETWEEN EPILEPSY AND PSYCHIATRIC DISORDERS

ARTAN HARUNI, MARSELA HARUNI, VALENTINA ASABELLA,
GENTIAN VYSHKA

Literature review

Abstract

Epilepsy is a common neurological condition with wide-ranging neuro psychiatric manifestations. The relationship between epilepsy and psychiatry has been recognised for centuries. However, the wide range of neuropsychiatric comorbidities and their extent is only now beginning to be appreciated. The impact of these comorbidities on patients' help-seeking behaviour, seizure control and quality of life suggests that early detection and treatment are of paramount importance. Clinical issues in relation to accurate recognition and appropriate management of neuropsychiatric conditions in epilepsy are discussed.

Keywords: epilepsy, psychiatry

The association between epilepsy and mental health problems is reported in ancient texts. Hercules is said to have suffered from epilepsy and 'madness'. For centuries, the care provisions for patients with both mental health problems and epilepsy reflected this overlap. However, despite long-standing recognition of this association and advancement in the care of patients with epilepsy, neuropsychiatric disorders in epilepsy are still often missed.

Patients with intellectual disability, particularly severe intellectual disability, may have different neuropsychiatric presentations from those without intellectual disability.

Available data suggest that psychiatric comorbidity occurs in 20–40% of patients with epilepsy, with an even higher incidence in people with treatment-resistant epilepsy and temporal lobe epilepsy. An additional 5–20% of patients attending epilepsy clinics show evidence of functional non-epileptic attacks. A range of psychiatric problems can occur in people with epilepsy, including affective disorders, psychotic illnesses and personality change. However, most studies have focused on the link between epilepsy and depression and consequently there is a lack of epidemiological data on the association between epilepsy and psychiatric disorders as a whole.

Early recognition and treatment of neuropsychiatric comorbidities in epilepsy is important. The effect of anti-epileptic medications and symptoms of epilepsy itself can either mask or mimic features of psychiatric problems. Patients with epilepsy may present with psychiatric symptoms which may not neatly fit in with commonly used diagnostic categories. Treating these conditions may also pose complexities and dilemmas. Hence, a good awareness of all of these issues will go a long way in improving the quality of care of patients with epilepsy and mental health problems.

Depression is the most common psychiatric disorder in patients with epilepsy and a significant cause of morbidity. Reported rates of depression in epilepsy are 20–55% for patients with recurrent seizures,