Managing secondary problems in epilepsy

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Chronic epilepsy and psychiatric disorders

50-60% of patients with chronic epilepsy have depressive or anxiety disorders

- No known association between depression and seizure type, frequency, duration, or age of seizure onset
- Left temporal or frontal lobe epilepsy exhibits a greater association to depression
Chronic epilepsy and psychiatric disorders

* Suicide: 5 times higher than in the general population and 25 times higher in complex partial seizures (temporal lobe)
Important Facts about depression

- Over 80% of those treated for depression improve.
- Depression can affect people of all ages, races, SES, and genders. However, the ratio of women to men is 2:1.
- Nearly half of all people who are depressed do not receive the appropriate treatment because they are not correctly diagnosed.
- Severe depression is associated with decline in mental function as time passes.
What is major depression?

- Depressed mood almost all day long
- Reduced interest in activities or people
- Weight change (5% in one month)
- Insomnia/hypersomnia
- Motor retardation or activation
- Fatigue
- Guilt or low self worth
- Concentration problems
- Suicidal thoughts or acts
GAD and epilepsy

GAD: disabling and free floating anxiety that lasts for at least 6 months (+poor sleep, appetite, concentration).

In epilepsy: it can present with a fear of future seizures/of medical complications.
Panic attacks and epilepsy

- Sudden and severe panic on a frequency of more than one attack per week for a period of at least 1 month
- Patients with epilepsy have panic attacks up to six times more frequently than control populations
Why depression and anxiety in epilepsy?

- Psychological reaction to epilepsy (sadness, hopelessness)
- Social factors (lost driver’s license, job, loss of control)
- Secondary medication effects (e.g., polypharmacy, high doses, sudden discontinuation)
- The effect of electrical discharges in or near the limbic system
Treatments for clinical range depression/anxiety

- Prescription of psychiatric meds with the epileptologist’s blessing
- Talk-therapy with a psychologist/social worker
- Close monitoring by the epileptologist especially if there is a connection between epilepsy and mood
Treatments for clinical range depression/anxiety

- Family therapy and psychoeducation
- Vagal Nerve Stimulator (FDA approved for mood disorders)
- For refractory major depression: Electro shock (ECT) or Transcranial magnetic stimulation (TMS)
Alternative treatments

Must consult with doctor prior to taking any of the following herbs/supplements: St. John’s Wort, Echinacea, Valerian—they have the potential to interact with AEDs.

Careful with some hands on techniques (Thai massage, cranio sacral massage, chiropraxis). Consult your doctor.
What can I do to help myself?

- **Exercise:** yoga, pilates, non-aerobic physical exercise, weight lifting under supervision. 30’ per day improves mood
- **Diet:** consult with nutritionist: proper calorie intake, fruits, vegies, whole wheat, low fat meats
- **Get treatment for sleep disorder**
- **Attend epilepsy support group and activities**
Achieving Optimism

Gratitude (Which three people in your life have most helped you. Write them a letter, call them, write about them)
How do I work on my stress levels?

- Breathing exercises (when nervous, we breathe fast, shallow. When calm, we breathe slow and deep)
- Autogenic training
- Deep muscle relaxation
Epilepsy and Memory

Memory deficits are the most frequently-measured cognitive impairments in epilepsy patients.

Prevalence of memory problems in patients with refractory epilepsy: as high as 20 to 50%.

More than 50% of the patients who are referred for neuropsychological assessment report memory difficulties in daily life.
Epilepsy and Memory – Causes

- Temporal lobe epilepsy (discharges here could affect storing capacity of LTM).
- Having a seizure right after learning new content could affect transfer of STM to LTM.
- Undetected seizures could affect attention and memory consolidation.
Epilepsy and Memory – Causes (cont.)

- Secondary effects of medication (slow mental processes, distraction)
- Co-morbid conditions: Depression, Anxiety, ADHD, LD, receptive language problems
- Sleep disorders
How do we measure memory?

Neuropsychological testing: Working memory, verbal and visual memory, Immediate and delayed memory
How do we treat memory problems?

- **Retraining**: Repeated practice on computerized tasks (or paper and pencil) to recover automatic behaviors that have been lost.

- **Compensatory exercises**: Learning strategies to overcome difficulties encountered in daily living.
Memory Treatment Groups

Six week long memory treatment groups are offered in several of our offices.

Weekly topics include:
- How memory works
- Improving attention
- Memory strategies
- Improving organizational skills
- Patients are asked to do homework that is applied to their regular daily life.
Thank you!

Be well
References and resources


http://www.nimh.nih.gov/publicat/spdep5122.cfm

1-866-615-NIMH (6464)

Autogenic training
(http://www.youtube.com/watch?v=t05S6O6YWgw)

Deep muscle relaxation
(http://www.youtube.com/watch?v=KxQJliu9tK0&feature=related)