Depression Shows a Different Face With Epilepsy

BY BRUCE JANCIN

Dover Bureau

Breckenridge, Colo.—Depression has an atypical presentation in people with epilepsy, but recognizing and treating depression can significantly improve quality of life for patients carrying the dual diagnosis, according to a recent study at the University of Texas at San Antonio.

Findings from recent studies demonstrate that depression is a major driver of poor quality of life in patients with epilepsy. It also markedly increases their health care utilization, added Dr. Frey, a neuropsychiatrist at Rush Medical College, Chicago.

Preliminary evidence shows that anti-depressant medication is safe and effective in epileptic patients, she continued.

Although these patients had some changes in sleep, appetite, and concentration, the most prominent manifestations of their depression were intermittent anhedonia, irritability, and poor tolerance of frustration. They also displayed mood lability, anxiety, and fatigue, with some symptom free days.

Comorbid symptoms of depression and worry about seizures were the two strongest predictors of quality of life in a series of 115 patients in the study. A multi-center, placebo-controlled, double-blind, flexible dose study reported recently by David W. Loring, M.D., and coinvestigators at the University of Florida, Gainesville, and quoted by Dr. Frey. In the study, 74% had moderate depressive symptoms and 66% had severe symptoms.

The adverse effect comorbid depression exerts on use of health care resources by epilepsy patients was underscored in a recent study by Joyce Cramer and colleagues at Yale University, New Haven. In their national postal survey of people with epilepsy, 443 respondents had symptoms of depression on the widely used Centers for Epidemiologic Studies Depression Scale (CES-D), while 74 had mild to moderate depressive symptoms and 166 had severe symptoms.

People with epilepsy and comorbidity to mild depressive symptoms had twice as many visits to medical doctors in the past year, compared with nondepressed respondents. Those with severe depressive symptoms had four times as many visits (Epilepsy Behav 2004;5:337-42).

The most disturbing survey finding, said Dr. Frey, was that a mere 47% of respondents with current symptoms of severe depression were on antidepressants.

The main aim of the study, was to look at the safety of sertraline in an epileptic population, a valid concern because an earlier generation of antidepressants—the tricycles—are known to lower the seizure threshold.

One patient’s seizures were definitely worse on sertraline. Five had worse seizures, probably related to the double dose of the antiepileptic drug recently reported by David W. Loring, M.D., and coinvestigators at the University of Florida, Gainesville, and quoted by Dr. Frey.

In regression analysis, depressive sympto

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