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E-NEWS for Epilepsy

Depression in Youth with Epilepsy

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Youth with epilepsy are at risk for various psychological difficulties due to a combination of factors such as underlying brain pathology, seizure activity, side effects of certain anti-epileptic drugs (AED) and social stigmatization. Depression is of particular concern, as the prevalence in youth with epilepsy ranges from 30 to 70 percent depending upon the age of the child and seizure control (or lack thereof). Rates of suicide among adolescents has increased in general — highlighting the need to assess depression among all youth but particularly among youth with chronic medical conditions that interfere with daily functioning and lifestyle such as epilepsy.

Warning Signs and Risk Factors

Typical signs of depression include diminished interest in previously enjoyable activities, social withdrawal or isolation, loss of appetite or failure to make expected weight gain, fatigue or poor energy, indecisiveness or difficulty concentrating, feelings of worthlessness or guilt, and/or thoughts of death. It is important to note that depression in youth often presents differently than classic signs of depression in adults. Whereas adults may present as sad or dysthymic, youth with depression may present as agitated or irritable. Depression in youth also tends to be less episodic and more chronic. Youth with epilepsy being treated with AEDs may also be at greater risk for symptoms of depression, as there is some research linking AED use with increased suicidality.

Assessment

A proactive assessment for depression is recommended, particularly for adolescents with epilepsy, as they may be more aware of and affected by the functional limitations of epilepsy such as school absences, learning or attention difficulties, driving restrictions and teasing or fear of teasing related to seizures. In addition, treatment nonadherence is often worse during adolescence, which can lead to worsening of symptoms.

It is important to know whether patients have pre-existing concerns with mood or behavior. Providers and parents should periodically inquire whether patients have experienced symptoms of depression. With youth, it is important to ask questions in a developmentally appropriate way. For instance, a child may not know the term "depression," but can respond to whether they have recently felt sad, down, or more frustrated than usual. It is also important to look for other symptoms of depression such as fatigue, changes in appetite or social withdrawal/ loneliness – as some children may not have the emotional vocabulary to describe their mood. Providers and parents also need, to be comfortable asking about suicidality, even with younger children. Direct questions presented in a non-judgmental manner are recommended such as, "Have you ever wished you were dead?" or "Have you had thoughts about hurting yourself?" There are also reliable, validated self- and/or parent-reported assessment measures that can easily be administered in the clinic or hospital setting (e.g., Children's Depression Inventory-2).

Intervention

If a child is struggling with depression, intervention is warranted. Cognitive-behavioral therapy (CBT) is an evidence-based psychosocial intervention for depression that targets thoughts, beliefs, attitudes and behaviors that contribute to emotional distress. In addition to traditional CBT, several interventions tailored for youth with epilepsy have recently been developed that show significant promise in treating the psychological sequelae of epilepsy, including Coping Openly and Personally with Epilepsy. For some youth, medication management of depression may be warranted and should be considered. Finally, school-based intervention is recommended. Not only should educators monitor for learning difficulties common to youth with epilepsy such as attention or memory difficulties, but educators should also consider providing preventive psychosocial supports such as school-based counseling or a peer buddy system to help youth with epilepsy better navigate common psychosocial challenges such as how to discuss their diagnosis with peers or how to manage any teasing about their condition.

Although youth with epilepsy are certainly at risk for depression, providing ongoing assessments and having candid, compassionate conversations about the mental health sequelae of epilepsy will help normalize symptoms, promote early detection and help patients obtain the appropriate psychosocial supports needed to reduce symptom burden and promote better lifelong coping.

If you think that your child is struggling with depression, you should contact your local mental health provider. If you are unsure of resources in your community, you can call the Children's of Alabama Psychiatric Intake Response Center (PIRC) at **205-638-7472** to obtain contacts for local mental health providers.