

Pediatric Epilepsy and Anxiety

Anxiety is a condition that affects about 18 percent of the population. While everyone experiences stress, and sometimes fear, anxiety disorders last at least six months and can get worse if they are not treated. Types of anxiety that may require treatment include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), phobias (including social phobia) and generalized anxiety disorder.

Up to 40 percent of children with epilepsy develop anxiety disorders.

Anxiety disorders are very common in youth with epilepsy; the very nature of epilepsy can cause children to develop anxiety symptoms. Children with epilepsy often struggle with communicating their feelings effectively, which may affect how they cope and increase their anxiety. Sometimes kids who struggle to express how they are feeling report more symptoms such as headaches, stomach aches, back pain, nausea or vomiting.

In children, anxiety might look different than it does in adults; they might seem more argumentative, irritable or aggressive at times, perhaps having angry outbursts or destroying property. Sometimes parents feel that the child is misbehaving and they ignore important warning signs. For example, your child may have trouble doing the usual things, like going to sleep, getting out of bed or going to school because of worry about what will happen. Your child may avoid activities that he or she likes and has engaged in recently. Your child also may show fears, either specific or general, including fear of spiders, heights or social situations. Some children may need to check something over and over, like whether they left a light on.

Epilepsy can affect the way children think. This can decrease their attention and understanding, and school work may suffer. When this happens, children might unconsciously try to avoid school tasks, pretend to feel sick, and refuse to go to school. It is true that sometimes, because of the severity of the epilepsy, a child will have to miss school and sometimes kids get behind and it is hard for them to catch up. Getting the appropriate resources and asking the school for help early on can decrease the likelihood that the child will skip school.

Antidepressant Medications

The treatment of anxiety disorders is very similar to the treatment for depression.

Antidepressant medications are the treatment of choice for patients with depression, anxiety disorders, obsessive-compulsive disorder (OCD) and panic disorder, among others. There are different types of antidepressants. The most frequently used for the treatment of these conditions in children are selective serotonin reuptake inhibitors (SSRIs), which are effective for the treatment of mood disorders and anxiety disorders in children. In children and youth with epilepsy, antidepressants can help improve the symptoms of depression without having a negative impact on the seizures.

Common brand names: Prozac®, Zoloft®, Celexa®, Lexapro®, Paxil®

Common generic names: fluoxetine, sertraline, citalopram, escitalopram, paroxetine

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is appropriate for children who are approaching the teen years and who are able to think about themselves and their relationships with others and with their illness. Many specific aspects of cognitive behavioral therapy address anxiety; they all help the child interrupt and change the negative thoughts that sometimes pile on when things are not going well. CBT can be very effective; it takes the expertise of a behavioral health specialist who can coach the child to learn and practice strategies that help to manage anxiety.

Key things you and your child may address if you go to a behavioral health specialist:

- Learning about feelings and how to recognize which feeling is which
- How to change thoughts that are not based in reality that may get in the way
- Making a plan to increase social and physical activity
- Teaching relaxation skills; for instance, how to rate anxiety, using a rating of 0-10, with 0 being no anxiety and 10 being extremely anxious
- Identifying things that cause fear or worry, and developing a plan to deal with them in small steps
- Developing a plan to manage fears
- Making a plan to communicate with everyone who works with your child
- Talking with the entire family so that everyone communicates with your child in the same way

Psychotherapeutic Treatment

Children and youth with epilepsy often feel badly about themselves, are depressed or have other issues that can be addressed using psychotherapy, in addition to medication. Your child's doctor may recommend that you look into psychotherapy, since some kinds of talk therapy can be useful.

There are a few things to look for in psychotherapy for your child:

1. Developing a positive attitude toward epilepsy has been shown to be helpful. Both you and your child can take steps to do this. A therapist skilled in cognitive behavioral therapy can help you develop a step-by-step guide to support a positive attitude toward epilepsy. For example, developing a reward system so that your child receives praise or other desired rewards for taking medicine on time, is one way of supporting a positive attitude toward epilepsy.
2. Learning skills to support self-esteem can be helpful. A cognitive behavioral therapist can help you and your child with problem-solving skills, in which a step-by-step approach is applied to challenges and social skills training, which teaches and practices the best ways to interact with others in social situations.
3. Practicing new ways to think about challenging situations can help. Cognitive behavioral therapists work with your child to decrease the kind of thoughts that are self-defeating (seeing things as all black and white; thinking the worst about everything) and learn new problem-solving skills.
4. Learning how to relax and manage stress can help with most areas of living with epilepsy. A cognitive behavioral therapist can teach your child deep breathing and muscle relaxation, which are effective ways to keep focus.

Homework, charting and journaling are often used to practice and keep track of skills your child is learning.

Sometimes cognitive behavioral therapy is just for your child; sometimes you and your child may meet together, and sometimes the therapist will want to talk with you separately. In some settings, group therapy for children and youth may be provided. Since cognitive behavioral therapy is usually focused on goals and is often very structured, it usually lasts only a short time, such as three to five months.

Important questions to ask before starting any psychotropic medication:

1. Was my child examined by a child psychiatrist who recommended the psychotropic medication?
2. Were other treatment choices (psychotherapy) explored before a new medication was started?
3. Did the symptoms we are observing begin soon after my child started taking a new antiepileptic medication?
4. Is there any history of mental health condition in the family? Is there a history of suicide attempts in the family?
5. Is the psychiatric problem affecting the patient in more than one setting? If not, what can we do to improve the stressful situation?
6. If there is anyone in the family with a similar condition? If so, are they taking medication that has been effective?
7. Are the symptoms related to how severe the epilepsy is? Do the symptoms get better a couple of days after the last seizure?
8. What are the risk, benefits and alternatives of taking this medication?
9. Does the child have any conditions or other reasons to not take this medication?
10. For how long should the medication be continued? What happens if we miss a dose of the medication?
11. Is it OK to stop the medication on the weekends?
12. What are the major side effects and the most common side effects?
13. Is there any interaction between this medication and any of the other medications my child is taking?
14. Who is going to follow this new medication and how frequently should we see the doctor? If I have any questions, whom should I call?