

Pediatric Epilepsy and Depression

Depression is a medical condition that affects about 10 percent of the general population. Girls are more likely to be depressed than boys, and teenagers are more likely to be depressed than younger children. Depression is common in patients with epilepsy; up to half of children with epilepsy develop depression at some point in their lives.

The longer the symptoms of depression last, the more difficult they are to treat. Some studies have reported a definite relationship between depression and epilepsy. It is important to recognize the symptoms and degree of severity early on, since children and youth with epilepsy are at risk for *attempted suicide*.

How does depression look in youth with epilepsy?

It is sometimes hard for parents to recognize the symptoms of depression. Depression in children and adolescents can look very different from how it looks in adults with mood disorders. Children with depression normally don't appear sad. They might appear irritable; they might be uninterested in regular activities. Sometimes parents will notice a decrease in school grades or important changes in behavior such as refusing to do regular chores or routines.

Some of the important symptoms observed in children with depression:

- Problems falling asleep or staying asleep;
- Sleeping too much
- Changes in appetite
- Greater sensitivity to rejection
- Poor self-esteem
- Hopeless thoughts
- Thoughts of suicide

Note: if you truly believe your child is at risk, consider taking him or her to the Emergency Room.

What is the impact of depression in the life of my child?

Patients with epilepsy and depression usually have a poor quality of life, even when seizures are under control. Sometimes parents decide to wait to get treatment for depression until the seizures are under control, but the longer the depression lasts, the tougher it is to treat. Symptoms of depression usually don't improve unless they are addressed.

In addition, the issue of how children who have epilepsy feel about themselves and how they get along with others, is still not completely understood. Some studies suggest that children with epilepsy might have lower self-esteem because of their disorder. Other studies show that children with epilepsy have poorer self concepts than children with other chronic medical conditions and frequently struggle in school and other social settings. These experiences might lead to poor self-esteem and symptoms of depression.

Suicidality in Epilepsy. Studies have consistently shown that patients with epilepsy are at higher risk for committing suicide. Patients with epilepsy have two to four times greater mortality (death) rates compared to the general population. In patients with epilepsy, thoughts of suicide occur more often in patients who are depressed. Among patients who have epilepsy, those with temporal lobe epilepsy are at higher risk for suicide compared with other types of epilepsy.

Other important risk factors for suicide in patients with epilepsy:

- Symptoms of depression

- Irritability
- Temporal lobectomy (surgery to remove part of the temporal lobe of the brain)
- Having epilepsy early in life
- A tendency to be impulsive and have outbursts of violent behavior

Some of the risk factors associated with suicide:

- Mood disorders (major depressive disorder and bipolar disorder)
- Psychotic disorders
- Personality disorders
- Substance abuse (for example, drugs and/or alcohol)
- Earlier suicide attempts
- History of suicide attempts or completed suicides in the family
- Critical life events

Other epilepsy-specific risk factors are the stigma (negative labeling) associated with epilepsy, and changes of mood very close to the time of the seizures. According to studies, an epilepsy patient who commits suicide is more likely to be someone who:

- Has early onset epilepsy
- Is an adolescent
- Has seizures often
- Takes two or more antiepileptic medications (AEDs) at the same time
- Has a history of major depressive disorder

The severity of depression is probably the most important risk factor.

If a child talks about feeling suicidal, it is very important to listen and to connect with your physician as well as with a mental health professional. It can also be important to supervise your child's activities closely and to be sure that your child does not have access to a ready means of harming him or herself. For example, if you have firearms, be sure that they are taken apart and stored properly, with ammunition stored separately from the gun itself. Likewise, it is important to store medicines and other

implements, like sharp knives, in a lockbox which can be kept in the trunk of your car. If any of the behaviors that concern you last for more than a few days, you should contact your physician (your primary care physician, epilepsy doctor or family doctor).

Psychopharmacologic (Medication) Treatment

Depression

For medications, the treatment of choice is a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs). For therapy choices, cognitive behavioral therapy (CBT) is discussed below under psychotherapy.

Does the treatment for depression make the seizures worse?

According to several studies, there is no difference in the number of seizures before and after treatment with SSRIs. Antidepressants must be closely monitored by a child psychiatrist to detect any side effects or possible interactions early.

Do antiepileptic medications cause thoughts of suicide?

In January 2008, the U.S. Food and Drug Administration (FDA) issued a black box warning about the increased risk for thoughts of suicide in the clinical trials of 11 antiepileptic drugs (AEDs). Another important risk factor is whether any of the child's first-degree relatives (parents, brother or sister) have any mental illness; this can predict whether the child will develop psychiatric symptoms.

AEDs are the only treatment available for epilepsy; therefore, it is important to continue your child's medication to prevent seizures. You can always talk to your physician if you feel your child is having symptoms of depression after starting a new medication. Together, you and the doctor can make the best decision to help your child. Stopping any medication, especially antiepileptic medication, is very risky and can have a long-lasting negative effect on seizure control.

Do antidepressants cause thoughts of suicide?

In 2004, the FDA put a black box warning on pediatric antidepressants because studies showed a small increase in suicidal thoughts and behaviors in patients who were taking these drugs (although there were no actual completed suicides reported in any of these studies).

The evidence strongly supports the treatment of children and adolescents with depression, despite the risks. Pediatric depression is a severe and real illness. Effective treatments for depression are available. Although antidepressant treatment carries risks, untreated depression has potentially worse risks, and treatment is effective, especially when started early. *Depression* is a serious illness when it occurs in childhood. In addition to the human suffering that occurs, the symptoms of depression interfere with everyday living, school work, interactions with friends and family relationships, and causes delays in development. Untreated depression can have serious consequences; longer episodes last from six to nine months. It can increase the risk for other issues such as substance abuse, eating disorders, teenage pregnancy and suicidal thoughts and behavior.

It is very important to have SSRIs prescribed by a child psychiatrist and closely monitored for children with epilepsy. Creating a partnership with your doctor will help detect possible problems in early stages. Stopping the medication suddenly, rather than slowly, can produce bad side effects for the patient.

To learn more about antidepressants in the treatment of depression see the following link.

parentsmedguide.org/pmg_depression.html

Psychotherapeutic Treatment

Behavioral health treatments for depression include: cognitive behavioral therapy, parent management training, psychoeducational or support groups, behavior therapy, and play therapy.

Some of the things that you and your child may do if you go to a behavior health specialist:

- Learn about feelings and how to recognize which feeling is which
- Change thoughts that are not based in reality and may get in the way
- Make a plan to increase social and physical activity
- Make a plan to communicate with everyone who works with your child
- Talk with the entire family so that everyone communicates with your child in the same way

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. CBT helps 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 improve mood. It also takes the family and the patient to practice these techniques.

Parent management training (PMT) is often helpful for children up to about ages 10 to 12, depending on their maturity. A behavioral health specialist works with parents to teach them parent management skills, including:

- Helping parents define certain behaviors that the child needs to change

- Setting up a “behavior contract” based on rules, consequences and rewards
- Teaching children how to show more of the “good” behavior

Since depressed young children often break rules, teaching them to follow rules can improve their mood.

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 conditions 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. Is there is anyone in the family with a similar condition? If so, are they taking any 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 risks, 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 questions, whom should I call?