



## The Brain Briefing, Episode 4

Dr. Stuart: The Mind Body Connection – where Neurology & Mental Health Intersect, March 2, 2023

Credits:

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Maria Perrone:

Welcome to the Brain Briefing, brief conversations with neurology experts with information for everyday people.

With us today is Dr. Jill Stuart, a neuropsychologist who specializes in evaluating the cognitive and mental health of patients with epilepsy. Today, she will be introducing us to the intersection of mental health and neurology.

How common are mental health issues in people who have neurological disorders?

Dr. Jill Stuart:

So mental health issues, such as depression and anxiety, are actually extremely common in people with neurological disorders. The literature estimates up to 50% of people with neurological disorders will experience depression and/or anxiety.

Maria Perrone:

Are people with neurological disorders or conditions more likely to have mental health issues?

Dr. Jill Stuart:

Actually, yes. People with neurologic disorders are more likely to experience mental health challenges, such as depression and anxiety.

It is obviously challenging living with a chronic medical condition or neurologic symptoms that may come and go in intensity or frequency or be unpredictable when they occur, and that's really disruptive to one's life.

I think it's also important to note though, that the brain controls everything, including emotions. So people with mental health diagnoses in their history, that might be an early symptom or a early part of a presentation of a neurological condition; certainly not the cause, but associated with other neurological conditions because they all come from the brain.

Maria Perrone:

So if the prevalence rate is this high, it's around 50%, in your experience, why is this so undertreated?



Dr. Jill Stuart:

That's a great question. I think that mental health issues in general, whether in the context of neurologic disorders specifically or just in the general population, is unfortunately undertreated.

One of the reasons is when you go to the doctor, it's normal to want to discuss and for them to ask you about your physical symptoms. That's what they're there to treat, and that's often the point of the visit. It's easy to get wrapped up until only focusing on that.

Patients sometimes assume that because they're having these symptoms, it's normal, which it is normal and understandable to have frustrations, to be irritable, to be depressed, to worry about your health. So they just take that as part of their disease course. When the physician or the provider asks them about those symptoms, they minimize or they are not as forthcoming about the severity of those symptoms and how that impacts their life, because either they feel like the point of the visit is to focus on the physical or because they feel like it's okay and normal part of the illness just to suffer with those mental health symptoms and have a reduced quality of life because they're sick.

The other thing that I think is worth mentioning is the fact that although we've come a long way and being more open and willing to talk about mental health, there's still a bit of shame and stigma about disclosing mental health. I think that, sadly, patients feel like their doctors might treat them differently if they disclose those symptoms. That is something that we all, as a society, need to work harder to continue to be open and validate people's experience and to be willing to help, without shaming them or judging them, because as we just mentioned, 50% of people with neurologic disorders have these symptoms.

Maria Perrone:

What can we do to help overcome these taboos and these stigmas and incorporate mental health into our total care?

Dr. Jill Stuart:

Yeah, that's great. I mean, mental health needs to be an integrated part of the care plan, the treatment plan, for all patients, and especially those with neurologic disorders because the prevalence is so high.

I think that step number one is for patients to realize that they deserve treatment for these symptoms, just as much as for the physical symptoms associated with their disease. Because this is part of what contributes to their suffering and their lower quality of life, and we can do something about this. We have tools and means and services out there to do something about this, and you don't have to just live with it as part of your illness.

The second thing is that recognizing that getting treatment for the mental health aspect that's associated with the illness can actually improve treatment outcomes. Most patients are willing and want to do whatever will lead them to a better outcome and to get their treatments to work more effectively, and their physicians have that goal, as well.

The third thing is, when your provider asks you about your mental health symptoms, don't downplay them. Be honest. Don't fear that they're going to judge you. If 50% of patients are living with this, then the provider is not going to be surprised when you answer, yes, that you've been feeling this way, or yes, you have these concerns and these worries. The provider is there to help you improve your quality of life in everything that's associated with your condition, including the mental health issues. So please just answer. Let them help you, let them provide you resources.



On the provider end, ask and maybe ask again because sometimes we, too, get focused on treating the physical, but we know that there's more to these conditions than just those symptoms.

Maria Perrone:

Thanks to Dr. Stuart for talking to us today, thanks to our audio engineer Stephanie Perez Sanchez, and thanks to you for listening to this episode of the Brain Briefing.

You can find more info about the Duke Comprehensive Epilepsy Center at <https://neurology.duke.edu/DCEC>.