



## The Brain Briefing, Episode 5

Dr. Stuart: Mental health & Epilepsy, March 22, 2023

### Credits:

Host – Maria Perrone

Guest – Dr. Dr. Jill Stuart

Audio Engineer – Stephany Perez-Sanchez

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 and today, we'll be talking about mental health and epilepsy. Last time we spoke, you mentioned the high prevalence of mental health challenges for persons with neurological disorders. Let's talk more specifically about persons with epilepsy. What are the most common mental health issues experienced by persons with epilepsy?

Dr. Jill Stuart:

So the most common mental health challenges experienced by persons with epilepsy are depression and anxiety. So we know that in persons with epilepsy, up to 60% will experience depression and about 25% will experience anxiety. And then we know also that depression and anxiety often go together, so persons aren't only depressed or only anxious, but often a little bit of both and that is also quite common among persons with epilepsy.

Maria Perrone:

And could you just give us a very brief description of depression and anxiety? They're pretty commonly used in the general vernacular, but it'd be nice to hear it from a professional's perspective.

Dr. Jill Stuart:

So there's the DSM, or the Diagnostic and Statistical Manual definition, which is what psychologists and psychiatrists use to determine whether or not someone has enough symptoms that would make you diagnose them with depression or anxiety. And then there's the reality that people just experience a number of these symptoms and don't necessarily meet textbook definition of having a major depressive disorder, or having an anxiety disorder. So what depression often looks like in persons with epilepsy is a waxing and waning course, so you're going to have good days and bad days.

Most people will feel when they're depressed that they just don't get a lot of joy out of things, that they feel more excessively tired, that they're irritable, that they're snapping at people, family members and friends and they have a low frustration tolerance, or that they have mood swings with sometimes bouts of crying and sometimes not necessarily tearful. Changes in sleep or appetites, so either sleeping a lot more, sleeping a lot less, or eating a lot more, or not wanting to eat. Those are also quite common in the course of depression. With regard to anxiety, that can just be worrying a lot. Worrying about what's



going to happen, anticipating something, worrying about other people in your family or friends. It's excessive worry that impacts your ability to participate or get enjoyment out of your day-to-day activities.

Maria Perrone:

Are there any other unique concerns for persons with epilepsy when it comes to depression and anxiety?

Dr. Jill Stuart:

So for persons with temporal lobe epilepsy, for example, there is an area within the temporal lobe that controls or regulates your emotions and so they can sometimes experience intense emotions, anxiety, fear, or depressive symptoms, either before, during, or after they have a seizure, due to the location of their epilepsy in their brain and the location of where emotions are regulated in their brain. I think it's also really important to remember that there is a higher risk of suicide for persons with epilepsy than there is in the general population. And that is something that I think we don't talk enough about, but is extremely critical to assess suicidality in epilepsy, or in persons with epilepsy.

Maria Perrone:

What would you recommend for someone who thinks they might be experiencing some of these challenges in their everyday lives?

Dr. Jill Stuart:

I think it's important to know that depression has been found to be the most powerful predictor of health related quality of life in people with epilepsy and that it can also impact their outcomes as far as how well they do with their treatment. So they want to partner with their epileptologist to get the most benefit out of any type of treatment that they are seeking for their epilepsy and that is going to also include treating their mood, or treating their anxiety and it's important to be open about that, because both the patient and the doctor have that same shared goal of having the patient have the best quality of life as possible. So step number one is bring it up. Tell your doctor where you're at with those symptoms. Step number two would be to ask for resources or referrals for treatment.

Maria Perrone:

And lastly, what kinds of treatments are most common for persons with epilepsy who might be going through some of these mental health challenges?

Dr. Jill Stuart:

So the most common and effective treatments are usually a combination of medication and talk therapy. So for medication, that's often a class of medicine called serotonin reuptake inhibitors or SSRIs. And then for talk therapy, some of the most evidence-based treatment options are going to be cognitive behavioral therapy, or offshoots, or cousins of that type of treatment. So cognitive behavioral therapy is a treatment that usually involves learning how to change how we're thinking, because thoughts influence feelings and influence actions, so if we can learn to think about things in a different way, or problem solve, or have other strategies in place when we recognize negative thoughts and feelings, we can choose more active ways of addressing that and changing how we feel. It can be effective in as little



as 8 to 12 sessions, so it's not necessarily even a long-term investment in therapy to really reap a positive benefit to one's mood or anxiety symptoms.

Maria Perrone:

Thanks to Dr. Stuart for talking to us today, thanks to our audio engineer, Stephanie Perez 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>.