



**GREAT ORMOND STREET
INSTITUTE OF CHILD HEALTH**

Great Ormond Street
Hospital for Children



NHS Foundation Trust

Mental health of children with epilepsy

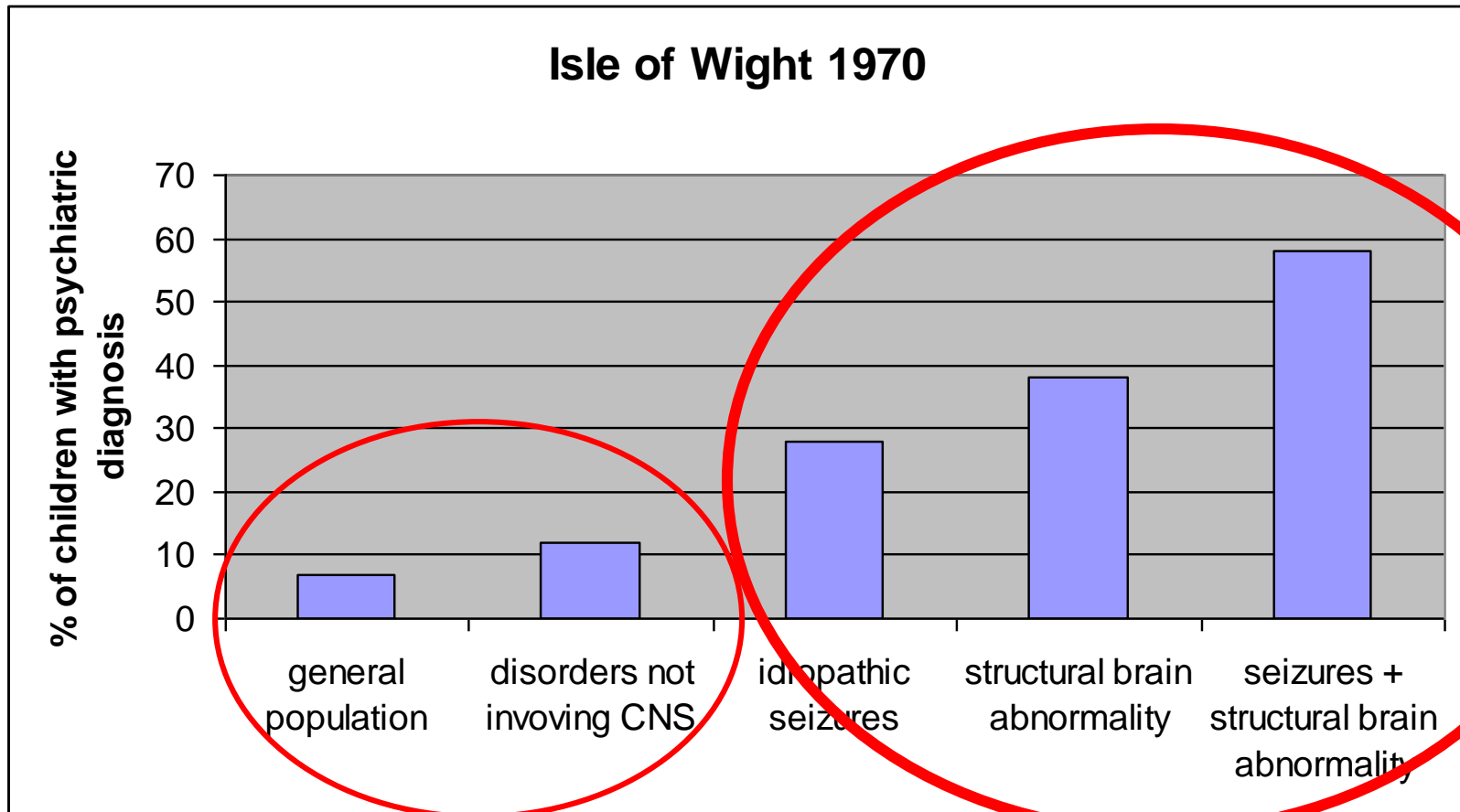
MICE Training 1-5 October 2018

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- Most of the mental health problems in children with epilepsy are the common ones

Background: Isle of Wight, 1970

Epilepsy and brain disorders are major risk factors for psychiatric disorders.



Overview

- Up to 70% of children with epilepsy have psychiatric disorders.
- These associated psychological problems are often far more distressing and impairing than the epilepsy itself.
- Untreated, the problems are often very persistent.
- Treated, the problems often improve substantially.

Rates of Mental Health Problems

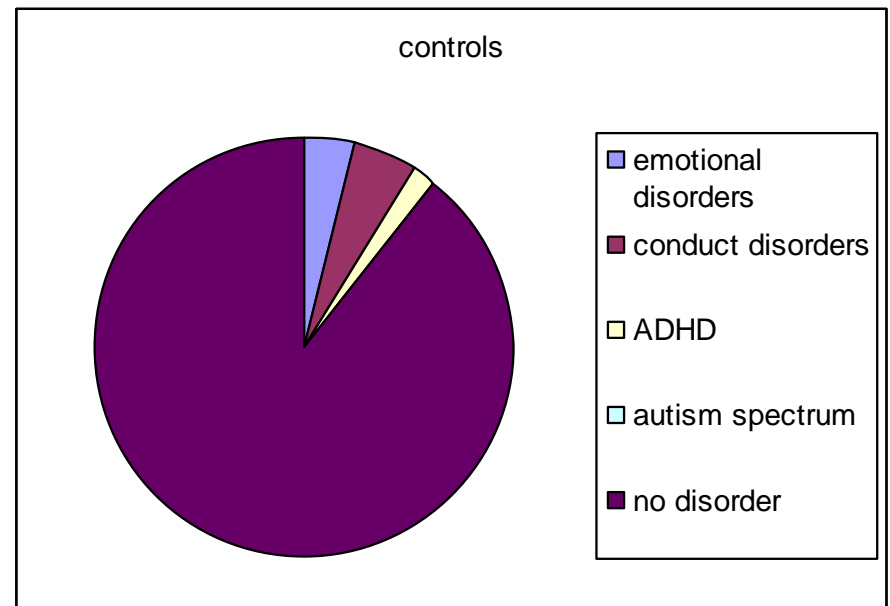
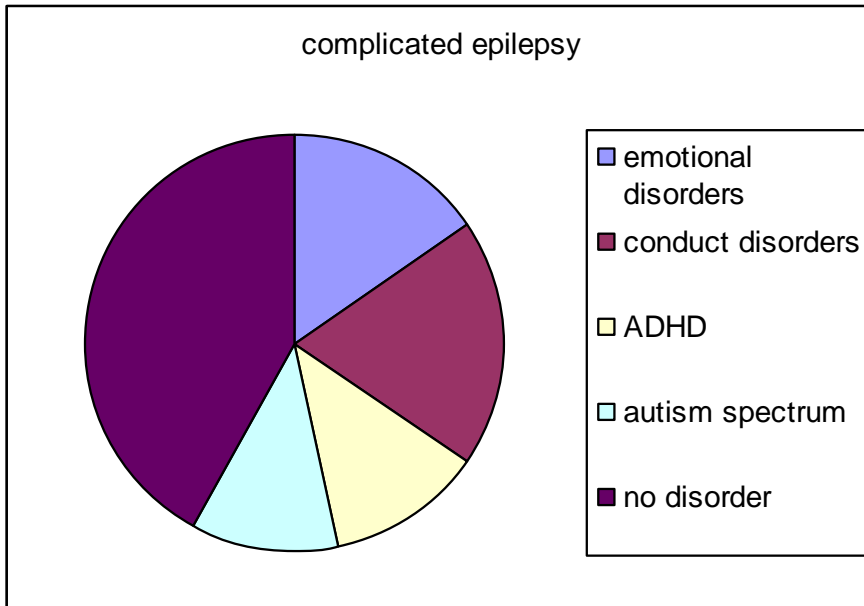
- 7% general population
- 12% disorders not involving CNS
- 28% idiopathic seizures
- 38% structural brain abnormality
- 58% seizures + structural brain abnormality
- 9% general population
- 11% diabetes
- 28% uncomplicated epilepsy
- 54% complicated epilepsy

1999 British Child Mental Health Survey

- Methodology – Nationwide study of rates of psychiatric disorder in 5 – 15 year old (n=10 438)
- Information on 34 health problems/conditions

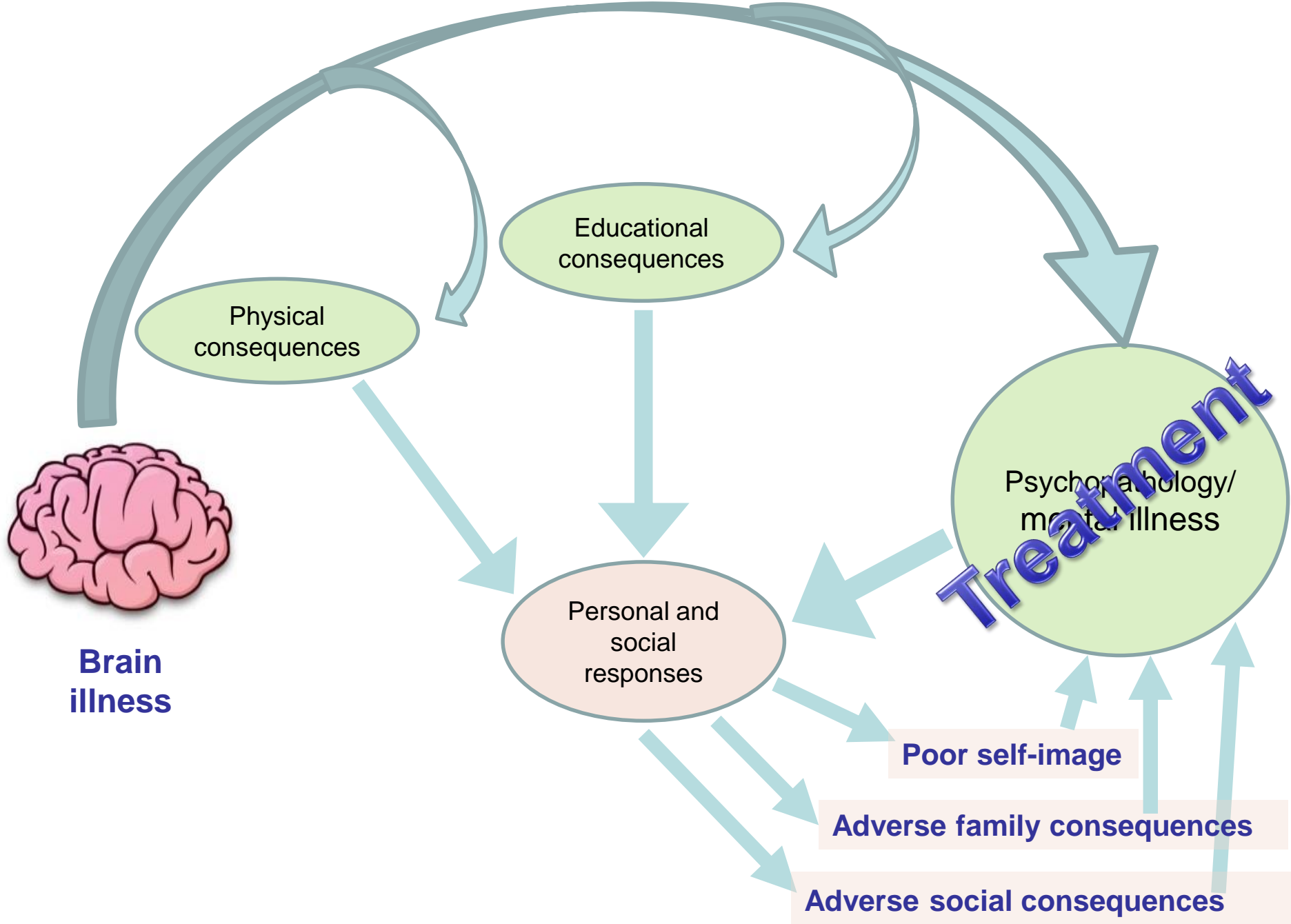


All psychiatric disorders are commoner - but some more than others



Symptoms of anxiety and depression in school-aged children with active epilepsy: A population-based study. Reilly et al 2015

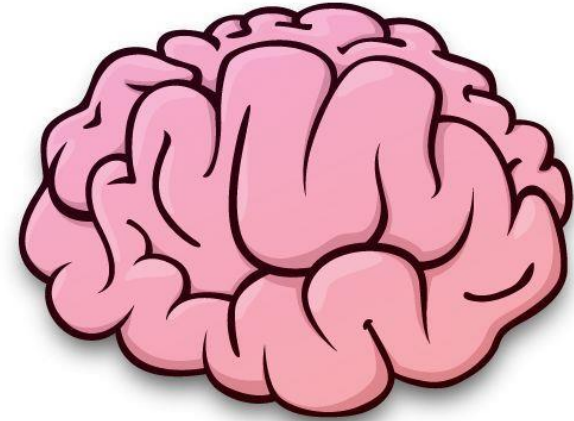
- Significantly elevated rates of anxiety on self-report > 30%
- Significantly increased rates of depression >20%



Adapted from Heyman, Goodman and Skuse (2016)

Which patients are at particular risk?

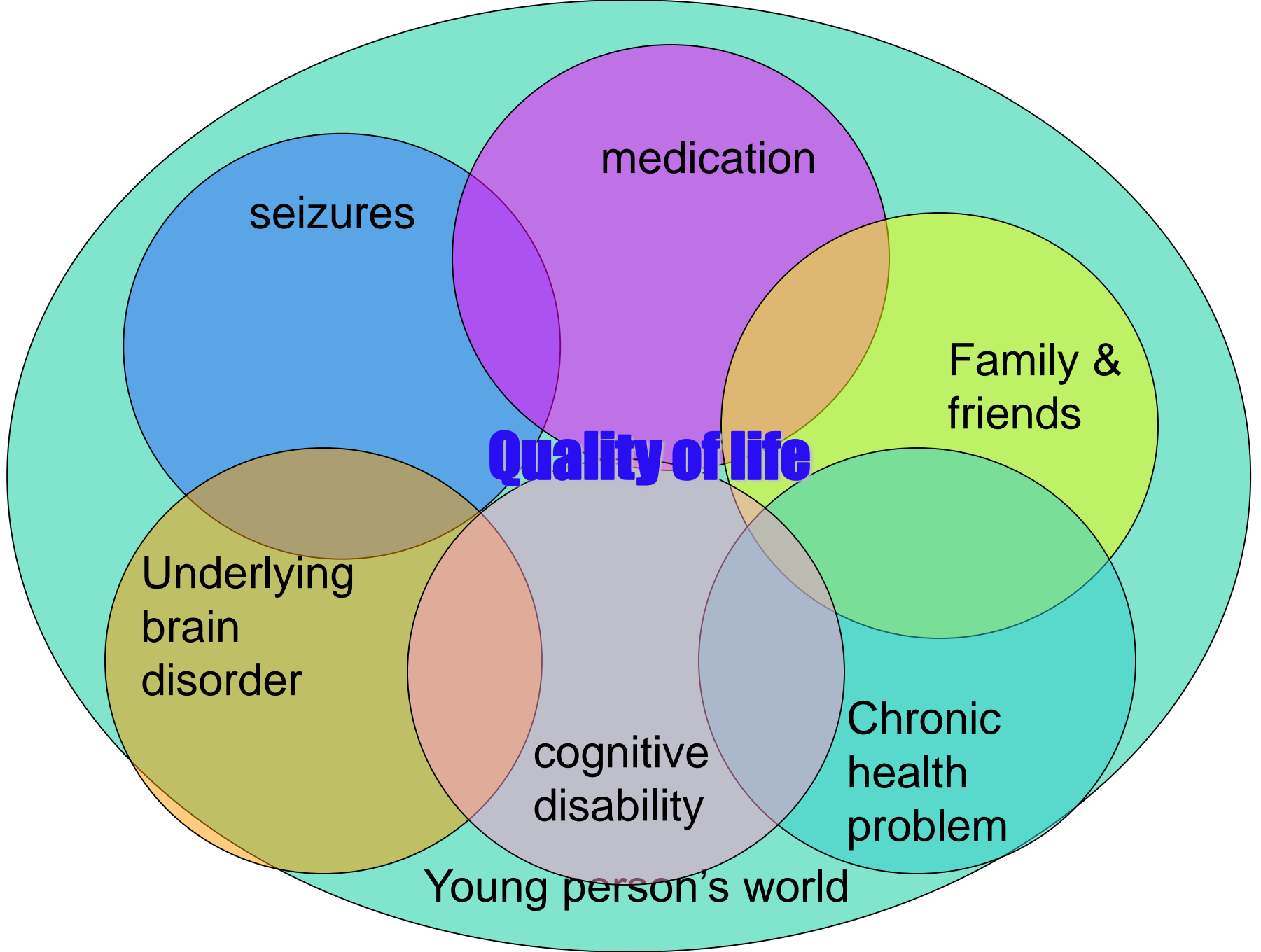
- Structural brain abnormalities
- Learning difficulties
- Poor seizure control
- Younger age of seizure onset
- New onset seizure disorder
- Particular anti-epileptic drugs and multiple drugs
- Family/psychosocial factors



Anna: assessment

- Age 13
- Seizures since first year of life
- Continuing epilepsy
- Irritable, weepy; last 9 months
- Not enjoying school last 2 years; attendance poor; school work deteriorating
- Refusing to take medication regularly





Anna: interventions

- Checked well supported at home and in school
- Circle of aware and supportive friends
- Any further scope for seizure control eg epilepsy surgery
- Assess for depression; do standardised measures
- consider psychological treatment/medication
- Offered 10 sessions of evidence-based treatment for depression
- Much happier and willing to take epilepsy meds
- Repeat measures and follow-up



Anna: interventions

- Teenage developmental issues, especially social skills: social skills group
- Increased awareness of social stigma: coping strategies and explanatory skills
- Any further scope for seizure control eg epilepsy surgery
- Assess for depression; consider CBT/medication
- Psychometric assessment revealed IQ of 60; special needs acknowledged and met
- Much happier and willing to take meds





Identifying emotional and behavioural problems

Review:

- Epilepsy
- Mental health
- Behavioural analysis
- Family situation
- Education

5 key questions in psychiatric assessment:

– Symptoms

- What sort of problem is it?

– Impact

- How much distress or impairment does it cause

– Risks

- What factors have initiated or maintained the problem?

– Strengths

- What assets are there to work with?

– Explanatory models

- What beliefs and expectations do the family bring with them

The most common psychiatric problems in children with epilepsy are the same as those in all children

- Four domains of symptoms:
 - Emotional symptoms
 - Conduct problems
 - Developmental delays
 - Relationship difficulties

Disruptive behaviour disorders

- Conduct disorder (may be less common in epilepsy)
- Oppositional defiant disorder
 - Little or no evidence for drug treatments
 - most evidence for behavioural treatments
- Attention deficit hyperactivity disorder
 - Methylphenidate can be useful even with epilepsy

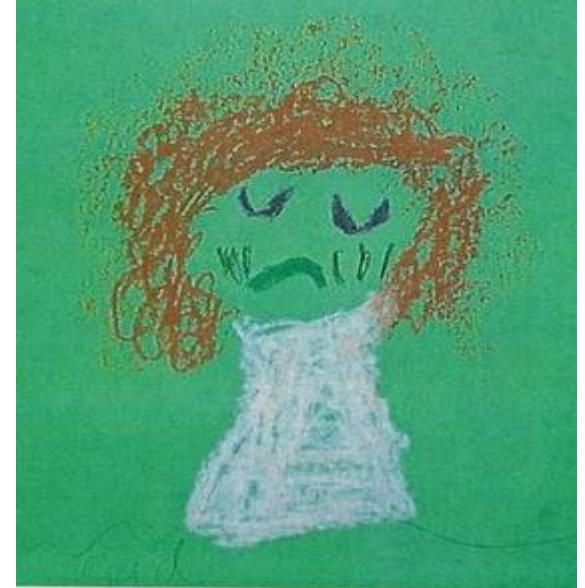
?? Other variants of these in children with epilepsy

Disinhibited, intrusive, irritable, easily frustrated



Emotional disorders

- Depression
- Anxiety disorders
 - generalised anxiety disorder
 - social anxiety
 - specific fears and phobias
 - separation anxiety
 - obsessive compulsive disorder
 - Cognitive Behaviour Therapy is first line; some evidence for medication



Robust evidence for effective treatments in child psychiatry.....

- **Child/Adolescent Anxiety Multimodal Study (CAMS).**
- **Anxiety disorders**
- **Randomized to a 12-week treatment of sertraline, cognitive behaviour therapy, their combination, or clinical management with pill placebo.**

Walkup et al. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine*, 359 2753-2766

Ginsberg et al (2011). Remission after acute treatment in children and adolescents with anxiety disorders: findings from the CAMS. *J Consult Clin Psychol*. 79 806-13.

.....and these treatments can lead to full recovery.....

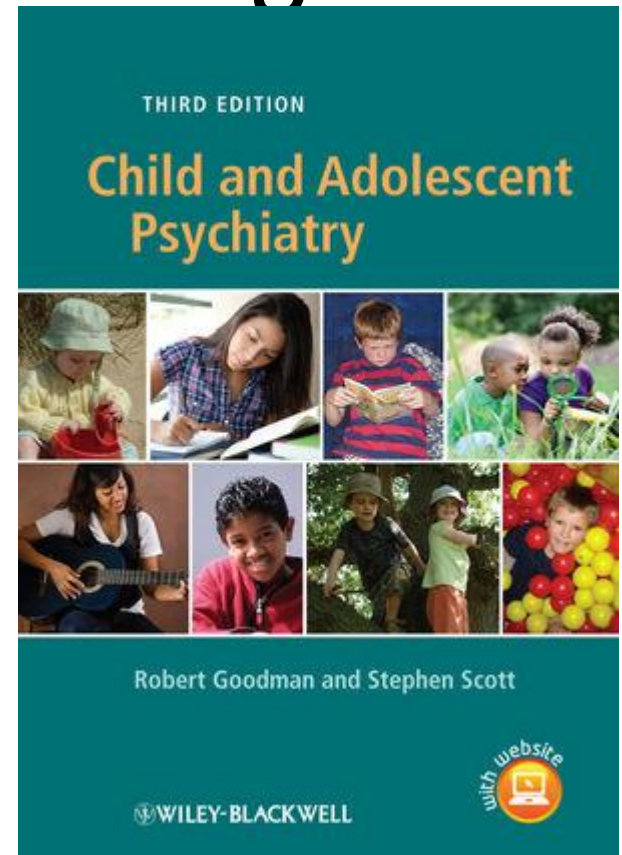
Treatment	% remitted (range)
Combination	46-68
Sertraline	34-46
CBT	20-46
Placebo	15-27

Recommended reading:

Child Psychiatry

Goodman and Scott

Wiley-Blackwell 2012



<http://youthinmind.info/py/yiminfo/GoodmanScott3.py>

Anti epileptic drugs and behaviour



- Listen to parents; collaborative/experimental approach
- Few systematic/controlled studies (Besag, 2001)
- More likely if pre-existing behavioural disturbance and/or learning disability
- Irritability, agitation, aggression, psychosis and depression reported with vigabatrin (Thomas, 1996)
- May be positive behavioural effects eg mood stabilisation

Psychiatry & Epilepsy

- Emotional & behavioural problems are common in children with epilepsy
- cognitive disabilities are associated with even higher rates
-as are structural brain abnormalities
- Mental health problems seem highly constitutional: shift blame away from families
- Mental health problems contribute to overall level of disability
- Multidisciplinary assessment and/or screening
- Optimise management of epilepsy
- Access to effective, evidence based mental health treatments