Other Psychiatric Disorders

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A. Epidemiology/Bidirectional Relation

- Increased incidence of several psychiatric disorders PRIOR TO and AFTER epilepsy onset
    - Psychosis (largest increase over general population)
    - Suicidality, substance abuse
    - Anxiety, depression
- Other/specific psychiatric disorders associated with increased risk of epilepsy
    - Bipolar disorder
    - Schizophrenia
    - ADHD

B. Classification of Psychiatric Symptoms: Relation to Seizure Timing

- Peri-ictal: symptoms occur in close temporal relation to seizure
    - Pre-ictal (prodrome)
    - Ictal (focal seizure with psychic symptom(s) as part of semiology)
    - Postictal (after seizure, often following an immediate symptom-free period)

- Interictal: symptoms are independent of seizure timing

Management:

- Peri-ictal: primary focus is treating the seizures
- Interictal: treated similarly to primary psychiatric disorder in general population

Other Causes of Psychiatric Symptoms in Epilepsy:
Iatrogenic-symptoms due to:

- Direct effect of the antiseizure drug

- Effect of discontinuing an antiseizure drug with psychotropic properties
- Effect of antiseizure drug on psychotropic medication
- Epilepsy surgery
- Postictal symptoms due to seizure cluster during video EEG monitoring

C. Psychosis

Key Features (DSM-V):

- Delusions: fixed beliefs not amenable to change despite conflicting evidence
- Hallucinations: perceptions without an external stimulus
- Disorganized speech
- Disorganized motor activity
- Negative symptoms: diminished emotional expression and avolition

Prevalence in epilepsy: 7-10% (in contrast to 0.4-1% in the general population)

Postictal Psychosis:

Toone's Diagnostic Criteria:

- Symptom onset within 1 week after seizure (following return to apparent normality)
- Duration: 1 day to 3 months
- Mental state:
    - Clouding of consciousness/disorientation/delirium
    - Delusions and hallucinations in clear consciousness
    - or a combination of both above
- No evidence of alternative causative factor

Treatment Approach:

- Low dose antipsychotic for a few days (eg risperidone 1-2mg daily)
- Potentially brief benzodiazepine therapy
- Support/close family monitoring (risk for suicidality)

Prevention:

- Better control of seizures; prevent seizure clusters

Risk Factors:

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- Family psychiatric history
- Focal seizure progressing to bilateral tonic clonic seizure, seizure clusters
- Bilateral independent seizure foci

Interictal Psychosis:

- Patients with history of postictal psychosis are at risk
- May resemble DSM-V psychotic disorders, but negative symptoms tend to be less prominent
- Treated with antipsychotic medications

D. Antipsychotic Drugs

- First generation:
  - Chlorpromazine
  - Droperidol
  - Fluphenazine
  - Haloperidol
  - Loxapine
  - Perphenazine
  - Pimozide
  - Prochlorperazine
  - Thiothixene
  - Trifluoperazine

- Second generation (Generally lower risk of seizure provocation than first generation, except clozapine-high risk):
  - Aripiprazole
  - Asenapine
  - Clozapine
  - Iloperidone
  - Olanzapine
  - Paliperidone
  - Quetiapine
  - Risperidone
  - Ziprasidone

- Interactions with antiseizure drugs:
  - Enzyme-inducing antiseizure drugs reduce levels of antipsychotics

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- No significant effect of antipsychotic medications on antiseizure drug levels

E. Bipolar Disorder

Definition of manic episode (DSM-V):

- 3 or more of the following (noticeable change from usual behavior)
    - Inflated self-esteem or grandiosity
    - Reduced need for sleep
    - More talkative than usual/pressured speech
    - Thoughts racing or flight of ideas
    - Distractibility
    - Increase in goal-directed activity, or psychomotor agitation (purposeless, non-goal-directed activity)
    - Excessive involvement in activities with high potential for painful consequences

- Minimum 1 week of abnormally and persistently elevated, expansive, or irritable mood, and abnormally and persistently increased activity or energy

- Postictal mania is often seen, and may persist longer than postictal psychosis

Treatment approach:

- Mood stabilizers
- Potentially atypical antipsychotics
- Potentially short-term additional benzodiazepine therapy

F. Obsessive-Compulsive Disorder

Diagnostic Criteria (DSM-V):

- Presence of time-consuming obsessions, compulsions, or both
    - Obsessions:
        - Recurrent/persistent intrusive thoughts/urges/images causing anxiety or distress
        - Attempt to ignore, suppress, or neutralize with another action (compulsion)
    - Compulsions:

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- Repetitive behaviors or mental acts that the patient feels driven to perform
- The behaviors aim to reduce anxiety or distress, or prevent a dreaded situation, but they are not connected realistically to what they are designed to prevent

Treatment

- Cognitive behavioral therapy
- Potential addition of SSRI such as sertraline

G. Post-Traumatic Stress Disorder

Diagnostic Criteria (DSM-V):

- Exposure to actual or threatened death, serious injury, or sexual violence, with present intrusion symptoms, avoidance of stimuli associated with the event, negative alterations in cognition and mood associated with the event, and alterations in arousal and reactivity.

- More common in psychogenic nonepileptic seizures than epilepsy

Treatment:

- Trauma-based psychotherapy, SSRIs

H. Personality Disorders

- More common in patients with psychogenic nonepileptic seizures than epilepsy

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