Managing comorbidity in epilepsy and dementia

Our series of Commentaries from the Primary Care Neurology Society (P-CNS) aim to provide a primary care perspective on the neurology articles featured in each issue of Progress. Here, Dr Karen Lanyon provides a commentary on our Review ‘What do we know about depression in people with epilepsy?’ (see page 20 of this issue) and Dr Ian Greaves gives his perspective on ‘Clarifying the link between Alzheimer’s and vascular disease’ (page 27).

Improving depression management in epilepsy

Depression has been acknowledged by the World Health Organization as one of the most significant sources of burden of disease and suffering globally. The impact of this disorder on mortality, morbidity, quality of life, social function and occupational function has been well described.

The article by Sharon Muzerengi and Carl-Christian Moor ‘What do we know about depression in people with epilepsy?’ starting on page 20 of this issue of Progress highlights the coexistence of depressive symptoms in patients with epilepsy and emphasises the need for mental health assessment and appropriate treatment for these patients.

Patients with epilepsy are often disadvantaged by their chronic condition. Their inability to drive can exacerbate the problems of finding employment and contribute to social isolation. In addition, ongoing seizures can be unpredictable leading to a lack of control in their lives and a feeling of helplessness. Depression is more common in people with epilepsy than in patients with other chronic diseases, with prevalence rates of between 20 and 55 per cent. More than half of all patients with epilepsy are free of seizures. For many of these patients the only review of their disease will be the annual review of their epilepsy in primary care as part of the Quality and Outcomes Framework (QOF), introduced in 2004. A significant percentage of these reviews will not be carried out by doctors. Practice nurses, pharmacists and other healthcare professionals who are asked to perform these reviews will be focused on the four QOF criteria for epilepsy, which almost exclusively focus on seizure frequency. (Contraception, conception and pregnancy indicators are also required to be completed in women under 55 years). There is no requirement to assess mental health and therefore in most cases the opportunity to screen for low mood and identify patients who may be suffering from depression is lost.

Screening for depression

The article draws attention to the fact that even when depression is present in patients with epilepsy, it may be difficult for medical professionals to recognise. The authors quote studies that show the majority of epilepsy patients with depression do not exhibit most of the symptoms that are required to fulfil the diagnostic criteria for depression.

Optimising treatment

Identification of depression in patients with epilepsy is not the only problem in the management of this condition. The authors draw attention to the lack of treatment offered to patients with epilepsy even once depression has been diagnosed. The fear of provoking seizures is a frequent reason for not prescribing antidepressant medication in these patients. When antidepressant
medication is prescribed electronically in primary care, a warning that convulsions may be exacerbated is triggered. This article argues that there is very little evidence that the more commonly prescribed antidepressants, ie SSRIs, trigger an increase in seizure frequency at the doses used in primary care and may even have anticonvulsant properties at higher doses. Availability of cognitive behavioural therapy (CBT) is inconsistent and rarely available as an option for doctors treating patients with depression in primary care. As a result of these two situations, many patients with epilepsy are told there are no options for the treatment of their depression.

In this article, the consequence of antiepileptic drug (AED) prescribing on mood is also examined. Some AEDs can cause low mood and agitation, while others have mood stabilising effects. Other considerations for prescribers are the effect of enzyme-inducing AEDs on reducing the effectiveness of antidepressant medication even if it is prescribed, that antidepressant medication have a complex relationship, which may be bidirectional. Perhaps not only are patients with epilepsy at greater risk of developing depression, but also patients with depression may have a higher risk of developing epilepsy.

This article highlights the detrimental effect of low mood for patients with epilepsy. Epilepsy patients are at increased risk of depression and yet screening for this coexisting condition is rare in both primary and secondary care. The introduction of a screening tool in the epilepsy QOF would help to identify patients with depression and prescribing criteria need to be updated to take into account recent evidence that prescribing antidepressant medication for patients with epilepsy rarely provokes seizures.

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References

A complex relationship
Depression can have a negative impact on co-existing conditions such as pain and Drs Muzerengi and Moor identify studies that have shown that patients diagnosed with epilepsy who have a pre-existing depressive illness are less likely to become free of seizures than patients without this coexisting condition. Furthermore, they also debate evidence that mood disorders and epilepsy have a complex relationship, which may be bidirectional. Perhaps not only are patients with epilepsy at greater risk of developing depression, but also patients with depression may have a higher risk of developing epilepsy.

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References

Modifying vascular risk in dementia
In the article ‘Clarifying the link between Alzheimer’s and vascular disease’ (see page 27), the author states: ‘Although pure vascular dementia and AD are at two ends of a spectrum, the conditions seem intimately linked. Furthermore, managing vascular risk seems to protect against AD.’

The importance of this clarification is that vascular disease can be modified by lifestyle choice and therapeutic intervention. This is an important message for relatives of people with dementia to hear so that they can consider risk modification action at an early stage. It is also important that the co-morbidities in people with dementia are actively and appropriately managed. This requires an integrated approach with dementia specialists working closely with GPs in a holistic way. Doctors treat people with other conditions such as diabetes where the vascular picture dominates more aggressively and this review challenges whether the same should be done for all dementia patients.

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