Chapter-VII

SUMMARY AND CONCLUSION

The present study was carried out with the aim to assess the prevalence of mood disorders in epilepsy and to study the relationship of mood disorder to epilepsy variables like type, duration and seizure frequency.

The sample consisted of 100 individuals selected from the patients presenting at Psychiatry and Neurology OPD of this hospital and having epilepsy (two or more seizures) and were of the age group 15-50 and did not have mental retardation, epilepsy secondary to head injury, OBS and were not using psychotropic drugs.

The males outnumbered females 61 : 39. The mean age for males was 23.71 (±8.11) and for females 23.49 (±7.53) (23.62 ± 7.86 for the entire sample).

There was no significant religious difference in the sample (Sikhs: 51%, Hindus : 49%).

There were more patients from urban area (61%) probably due to easier access to urban community or due to presence of alternative, non-medical beliefs regarding epilepsy in the rural. There were more 'single' patients, i.e. 59 per cent as compared to 41 per cent who were married possibly due to the younger age of the sample and delay in marriage due to epilepsy.
Most of the patients were literate (69%) having 5-12 years of education and 17 per cent having higher education. The sample consisted of wide range of occupation notably higher number were students (33%) and housewives (24%). There were only few professionals in the sample suggesting that epilepsy possibly may hinder higher achievement. Majority of the patients came from middle class (61%), about 25 per cent from higher socio-economic strata while only 14 per cent were from lower socio-economic status.

Generalized seizures were predominant in the sample (79%) of which generalized tonic-clonic/tonic/clonic type were the most frequent (71%). Partial seizures occurred in 21 per cent. The mean age of onset of epilepsy was 18.23 (±8.59 years) and the mean number of fits in the last year were 11.82 (±38.20). They were significantly more in patients with partial seizure (p<0.01). Mean duration of epilepsy was 5.42 years (±5.64) and the mean number of episode of status epilepsy was small, i.e. 0.10.

In the sample majority of the patients were on monotherapy (51%) while 19 per cent were on no drugs, 30 per cent had 2 or more AEDs. The mean number of AED was significantly (p<0.05) more in patients with partial epilepsy (1.48) as compared to generalized epilepsy (1.05). Phenytoin, carbamazepine, Phenobarbitone, valporate and Clonazepam were used in 38, 32, 21, 17 and 3 per cent, respectively.

On BPRS only 12 patients had possible schizoaffective state. There were no cases of definite schizoaffective state and the mean BPRS score was 6.05 (±2.99) with no significant difference between the two types.

On HARS 25 per cent had significant anxiety while as many as 49 per cent other had mild anxiety. More patients with partial seizures were likely to
have significant anxiety (p<0.05). The mean HARS was 10.24 (±6.11). On PGI Nr 38 per cent of the sample had significant N score (> 13) and majority of the patients with partial seizure (57.14%) are likely to have significant scores as compared to 39.91 per cent patients of generalized seizures (p<0.05).

On HDRS while 25 per cent patients had major depression (HDRS > 15) another 40 per cent had mild depression changes (HDRS 8-15) and more patients with partial seizure (38.09%) had major depression scores as compared to generalized (21.52%) (p<0.05). The mean scores on HDRS were also higher in partial seizures (13.81) as compared to generalized seizures (10.33); (p<0.05). The mean score on BDI was 12.81 ± 8.55.

There were no significant sex differences on these scale except higher HARS scores in females.

42 per cent of the patients suffered from mood disorder according to the criteria of ICD-10. Depressive Spectrum Disorder were the commonest disorder and there was one case of Bipolar mood disorder currently manic.

The commonest symptom disturbances in the sample were tension (74%), loss of concentration (73%), lack of energy (63%), lack of self-confidence (60%), irritability (57%), indecisiveness (53%), sadness (49%) and subjective decrease in memory (45%).

36.07 per cent of males suffered from a mood disorder, whereas 51.28 per cent of females had mood disorders (P>0.05). The majority of patients of rural background suffered from mood disorder (53.85%) as compared to 34.43 per cent of urban patients (P>0.05). Most of the housewives suffered from a mood disorder (75.00%). Married patients were more likely to suffer from mood disorders as compared to single patients but difference was not significant.
62 per cent of patients with partial seizures suffered from mood disorder as compared to 36.71 per cent patients of generalized seizure (P < 0.05).

Mean number of AEDs was higher in patients with mood disorders (1.33 ± 0.778) as compared to those without mood disorder (1.0) and the relationship was significant.

Mood disorders were significantly more common in patients with higher number of seizures (frequency). Mean seizure frequency in mood disorder group was 17.276 ± 47.43 as compared to 6.981 ± 27.37 in patients without a mood disorder (P < 0.05).

There was a significant difference of duration of epilepsy in patients with mood disorder (mean: 6.536 ± 6.282) and patients without mood disorders (mean: 4.616 ± 5.032).

CONCLUSION

It can be concluded from the study that mood disorders are frequently associated with epilepsy (42%) and depression is the commonest mood disorder and manic disorder is relatively uncommon (1%).

There appears to be a significant relationship between seizure frequency and mood disorder, relationship between type of epilepsy and prevalence of mood disorder was well established and patients with partial seizures not only had more frequent mood disturbances but also had more severe presentations (significant higher scores on HDRS, PGI N₂ and HARS).

Other risk factors for mood disorders in epileptic patients include being housewife using higher number of AEDs and longer duration of epilepsy. Female patients were more likely to have anxiety symptoms.
LIMITATIONS OF THE STUDY AND FURTHER SUGGESTIONS

This study was conducted on a hospital sample and does not necessarily represent the psychopathological changes in the entire population.

Comparison with the control group consisting of normal population and as well as patient population of chronic disorder other than those involving neurological system would further help to elucidate the nature of mood disorders in epilepsy.

Patient’s own perception about the disease and their psychosocial consequences were not taken into the account.

So, keeping these limitations in mind further studies based on community sample which also assess the perceived stigma and social consequences would help to explain more this association between mood disorders and epilepsy.