

Prevalence of Major Affective Disorders and Manic/Hypomanic Symptoms in Persons with Epilepsy: A Community Survey

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BACKGROUND

- The prevalence of depressive symptomatology in persons with epilepsy is common. Prior surveys of various methodology support this.
- UK Community-Based survey by medical records and postal questionnaire revealed that seizure control correlated with: anxiety, depression, impact of epilepsy, perceived stigma, and marital and employment status. These problems persisted even in those seizure-free.
- A tertiary center survey of 175 outpatients indicated comorbidity of 55% of epilepsy with depression compared with 30% of matched controls. Suicide attempts 4 times more common in epilepsy.
- Community Hospital-Based Survey of Temporal lobe epilepsy vs. normal and psychiatric controls revealed depression and anxiety in TLE, however less severe than psychiatric controls.
- Comorbidity of bipolar symptomatology in epilepsy has not been assessed.
- The Mood Disorders Questionnaire (MDQ) has been developed to assess bipolar symptoms in the general population by focusing on manic symptoms.
- Diagnostic threshold on the MDQ is a positive response on seven or more symptoms with co-occurrence of at least two symptoms. The symptoms must cause at least moderate functional impairment.
- MDQ supports diagnosis of Bipolar Spectrum Disorder, including Type I, II or NOS.
- Validity of the MDQ has been confirmed in 198 patients in a mood disorders clinic. Compared to a SCID interview, the MDQ had 0.73 sensitivity and 0.90 specificity.

SURVEY METHODOLOGY

- 180,996 US adults returned surveys
 - Balanced with 2000 US Census data for
 - Age, gender, region, city size, household size
 - A sub-sample of non-responders was resurveyed by telephone
 - Epilepsy sample = 2,282 (1,928 > 18 years)
- Survey Comments:
- Demographic questions
 - Age, sex, race, income
 - Medical Diagnosis items
 - Epilepsy, depression, bipolar, asthma, diabetes
 - Mood Disorders Questionnaire

DEMOGRAPHICS

| Sex, % | Epilepsy | Population |
|---------|----------|------------|
| Male | 48 | 48 |
| Female | 52 | 52 |
| Race, % | Epilepsy | Population |
| White | 86 | 88 |
| Black | 8 | 6 |
| Other | 6 | 5 |

Figure 1. Persons with epilepsy are over-represented on lower end of income ranges and under-represented on higher income ranges

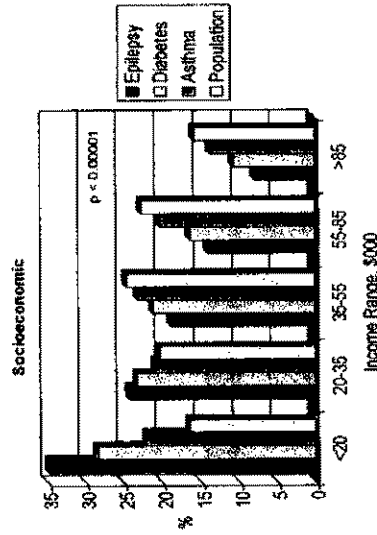
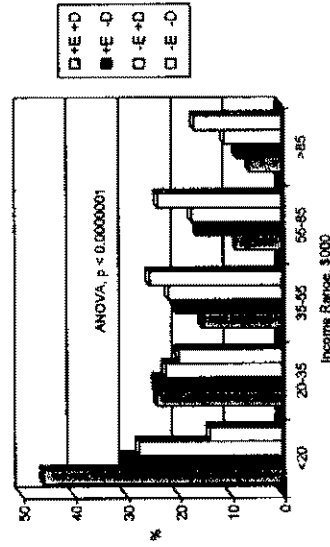


Figure 2. Persons with epilepsy and depression worse off than with either condition alone



RESULTS

Figure 3. Self reported diagnosis of depression significantly more common in persons with epilepsy even when compared to persons with other chronic diseases

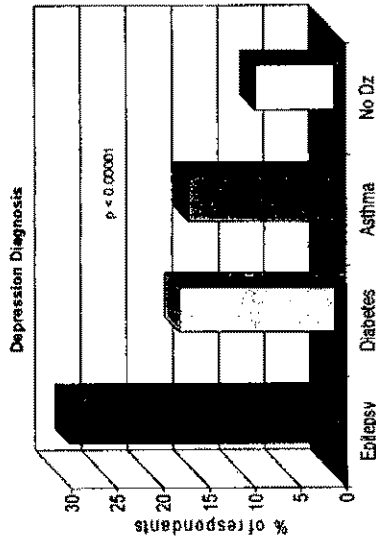


Figure 4. Self reported diagnosis of bipolar significantly more common in persons with epilepsy even when compared to persons with other chronic diseases

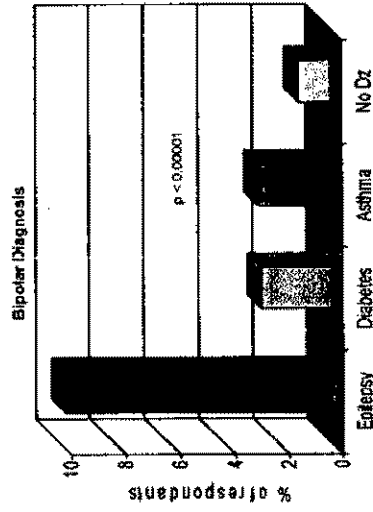
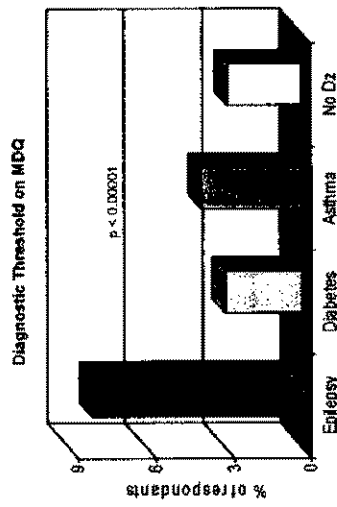


Figure 5. Significantly more persons with epilepsy met the diagnostic threshold on MDQ for bipolar disorder



SUMMARY

- Represents largest community-based survey of depression in epilepsy (N= 2,282)
- Confirms socioeconomic impact of epilepsy and depression
- Suggests persons with epilepsy have diagnosis of
 - Depression 29%
 - Bipolar 9.8%
- MDQ indicates bipolar likely present in 8.1% of persons with epilepsy
 - Higher rates for epilepsy than asthma, diabetes
 - Follow-up survey currently underway

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