‘No health without mental health’: The mental health of children with epilepsy

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Children with brain illness have:

• up to 10x the likelihood of having a common mental illness
• a possibility of having a mental disorder specifically associated with their neurological problem

Background: Isle of Wight, 1970

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

- Disorders not involving CNS
- Idiopathic seizures
- Structural brain abnormality
- Seizures + structural brain abnormal

% of children with psychiatric disorder
Mental health impacts on quality of life in children with epilepsy:

- Up to ¾ children with severe epilepsy will have psychiatric disorders
- The psychological problems may be more distressing/impairing than the epilepsy itself.
- Untreated, the problems are often very persistent.
- Treated, they often improve substantially

Which patients are at particular risk?

- Structural brain abnormalities
- Co-morbid cognitive difficulties
- Symptomatic generalised epilepsy
- Poor seizure control
- Younger age of seizure onset
- New onset seizure disorder
- Particular AEDs and polytherapy
- Family/psychosocial factors

What is HRQOL?

- Function (physical, emotional, cognitive, social, behavioural)
- 100s of disease specific measures
- Child and epilepsy specific measures

- Quality of Life in Childhood Epilepsy Questionnaire

QOLCE

- For parents (some studies eg Verhey et al 2009 suggest parent and child reports are important)
- In the past 4 weeks what has your child’s quality of life been (scale 1-5)
- Other sections
  - Physical activities
  - Well being
  - Cognition
  - Social activities
  - Behaviour
  - General health

- Sabaz et al, Epilepsia 2000
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.


…..similar studies have not been conducted in children with epilepsy:

- One RCT of CBT v TAU in depression
  Martinovic et al 2006
- One open SSRI study in depression
  Thome-Souza 2007
- One trial of CBT for anxiety
  Jones (in press)

Do ‘ordinary’ treatments work in children with epilepsy?

There is not much of an evidence base, but clinical experience suggests:

- Most psychiatric disorders can be treated in just the same way whether or not the child also has epilepsy
- The response to treatment seems at least as good for children with epilepsy
  - ? families strongly motivated
  - ? used to working with health professionals
  - ? fewer other risk factors for psychopathology

What are the common treatable child psychiatric disorders:

- Disruptive behaviour disorders
  - ADHD
  - ODD
- Emotional disorders
  - anxiety disorders
  - depression

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% remitted (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination</td>
<td>46-68</td>
</tr>
<tr>
<td>Sertraline</td>
<td>34-46</td>
</tr>
<tr>
<td>CBT</td>
<td>20-46</td>
</tr>
<tr>
<td>Placebo</td>
<td>15-27</td>
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</tbody>
</table>
"It’s not my area of competence"

Paediatrician: “I am not the right person to be treating emotional and behavioural problems.”

Psychologist or Psychiatrist: “I don’t feel competent to treat these problems in children with epilepsy.”

............unmet need

• Many adult studies

eg child study:
• 114 children age 5-16 with epilepsy
• ~60% had DSM psychiatric diagnosis
• ...of these < 60% had received treatment
  = Ott et al 2003

Measurement/detection issues

• Screening for psychiatric disorder (DSM/ICD diagnoses v dimensional)
• Sensitivity, specificity
• Outcomes
• benchmarking

Might some disorders be especially associated with epilepsy in children?

• Autism spectrum disorder
• Psychosis
• Non-epileptic seizures

Mental Health & Epilepsy

• Emotional & behavioural problems are common in children with epilepsy
• Cognitive disabilities are associated with even higher rates
• Mental health problems seem highly constitutional: shift blame away from families
• Mental health problems contribute to overall level of disability/QoL
• Multidisciplinary assessment and treatment
• Optimise management of epilepsy
• Access to effective, evidence based treatments for psychiatric disorder

• An idea....

Can we make therapeutic progress by simplifying mental health needs and delivering evidence-based treatment?