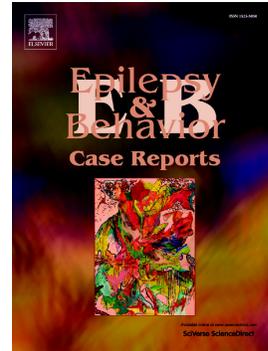


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Epilepsy and concomitant Obsessive-Compulsive Disorder.

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Abstract

People with epilepsy (PWE) often suffer psychiatric symptoms which can impact them more than seizures. Affective and psychotic disorders are well recognised as occurring more frequently in PWE than the general population. Less is known about obsessive-compulsive disorder (OCD) in PWE, despite it being as disabling and distressing. We sought to explore the association between epilepsy and OCD with case-reports by identifying ten PWE and concomitant OCD. Demographics, seizure classification, neurological, surgical, psychiatric and psychological treatment as well as quality of life were examined. A detailed analysis was performed for three of them, to explore the lived-experience of the dual-conditions. This is followed by a discussion of how treatment for co-morbid epilepsy and OCD can be appropriately tailored to be patient specific and provide the greatest potential for improvement.

Keywords

Epilepsy, Obsessive-Compulsive Disorder, Cognitive Behavioural Therapy, SSRI, Quality of Life.

1. Introduction

In 1890, Culerre first proposed an association between 'onomatomania' and epilepsy [1]. Later studies in the 1970's hinted at the emergence of obsessional traits as part of a specific behavioural syndrome in people with epilepsy [2]. In the general population, the prevalence of OCD is estimated to be around 2.3% [3]. This prevalence is considerably raised in general epilepsy clinics. Hamed et al [4] reported 39.7% of their patients had some obsessional-compulsive symptoms and 11.2% of people met DSM-IV criteria for OCD.

Temporal lobe epilepsy (TLE) is associated with a higher prevalence of OCD than other forms of epilepsy. Ertekin et al [5] administered the Yale-Brown Obsessive Compulsive Scale [6] to groups of patients with generalised epilepsy and temporal lobe epilepsy. Obsessive-compulsive symptoms were significantly more disruptive for patients with TLE than other forms of epilepsy. This association stands to reason, given our current understanding of the pathophysiology of OCD relies heavily upon the limbic system [7].

When a sample of TLE patients from a tertiary epilepsy clinic completed the Obsessive-Compulsive Inventory, 22% of those surveyed scored within the clinical range [8]. It is likely that this is an over-estimation due to the selection bias inherent in recruiting people with drug-resistant epilepsy. However, in a secondary care clinic, Monaco et al [9] found 14.5% of TLE patients had OCD. People with TLE also displayed more sub-clinical obsessive personality traits than patients with generalised seizures, supporting the role of the limbic system in both general

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