Screening for Depression and Anxiety in Epilepsy

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KEYWORDS

• Depression • Anxiety • Epilepsy • Screening • Measurement

KEY POINTS

- Many tools exist to screen for depression in epilepsy, although only a few for anxiety have been developed.
- The definitive tool to screen for depression in epilepsy has yet to be established.
- There have been few studies validating screening tools for anxiety in persons with epilepsy.

INTRODUCTION

Depression and anxiety are common in persons with epilepsy. Psychiatric disorders can have negative effects on quality of life, employment, and other epilepsy-related outcomes (eg, seizure outcome). Despite the high prevalence of depression and anxiety in epilepsy, they remain under-recognized and improperly treated. To adequately

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identify depression or anxiety in persons with epilepsy, screening tools are often recommended to ensure their rapid detection and appropriate management.

DEFINITION, EPIDEMIOLOGY, AND IMPACT OF DEPRESSION AND ANXIETY IN EPILEPSY

A major depressive episode (MDE) can be described as depressed mood and/or markedly diminished interest in almost all activities, accompanied by any number of physical or psychological symptoms (**Box 1**). At least 5 of 9 specified symptoms are required for a diagnosis of MDE, along with certain exclusion criteria, such as past manic episode (which indicates that an MDE was a manifestation of a bipolar disorder rather than a major depressive disorder [MDD]).[1] Common features of an MDE include fatigue, appetite changes, sleep changes, psychomotor agitation or retardation (restlessness or moving more slowly than normal), difficulties with concentration, feelings of worthlessness or guilt, and suicidal thoughts, plans, or attempts.[1] According to the *Diagnostic and Statistical Manual* (Fifth Edition) (*DSM-5*), symptoms must persist for at least 2 weeks and cause marked distress or interfere with social, occupational, or educational functioning to be considered an MDE.[1] MDD includes both single MDEs and recurrent depressive episodes, although it is distinguished from depressive symptoms, which alone do not indicate clinical depression. Based on the *DSM-5*, the hallmarks of a depressive disorder, as opposed to depressive symptoms, is that the clinically recognizable cluster of symptoms must be combined with distress, disability, or increased risk of death, pain, disability, or an important loss of freedom.[1] In distinction to this clinically defined syndrome, self-report rating scales assess depressive symptoms along a continuum of severity or dimension. The dimensional assessment of symptoms may be useful in screening applications but it is not equivalent to categorically defined MDE and MDD. The term depression is used in this article to describe a single MDE or recurrent MDEs and *depressive symptoms* is used to describe those characteristics that may indicate depression but on their own are not sufficient for diagnosis.

Box 1
***Diagnostic and Statistical Manual of Mental Disorders* diagnostic criteria for a major depressive episode**

Depressed mood and/or diminished interest or pleasure in life activities for at least 2 weeks and at least 5 of the following symptoms that cause clinically significant impairment in social, work, or other important areas of functioning almost every day:

Depressed mood most of the day

Loss of interest or pleasure in all or most activities

Significant unintentional weight loss or gain (or changes in appetite)

Insomnia or sleeping too much

Psychomotor agitation or retardation (noticed by others)

Fatigue or loss of energy

Feelings of worthlessness or excessive guilt

Diminished ability to think or concentrate, or indecisiveness

Recurrent thoughts of death

Note: MDD requires 2 or more MDEs.