



Psychosis in epilepsy patients and other chronic medically ill patients and the role of cerebral pathology in the onset of psychosis: A clinical epidemiological study

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Received 3 November 2006; received in revised form 9 December 2007; accepted 19 December 2007

KEYWORDS

Psychosis;
Epilepsy;
Chronic medical
disorders;
Cerebral pathology;
Epidemiological survey

Summary

Background: In a 3-year epidemiological survey ($N = 2623$) prevalence of psychosis in epilepsy patients as compared with other chronic medically ill patients is assessed. **Aim:** To explore the role of cerebral pathology as compared to the role of chronic burden of disease in the onset of psychosis.

Method: One thousand seven hundred fifty two patients with chronic medical disorders admitted to an Academic Hospital and 901 patients with epilepsy admitted to a tertiary care epilepsy clinic were assessed by CIDI, MINI and clinical psychiatric interview in a two stage screening survey. Medical files were searched for MRI scans about cerebral pathology. Poisson regression analysis was performed to estimate the relative risk for psychosis in both groups.

Results: In total, 52 patients with prevalent psychosis were found: 49 (5.4%) in the epilepsy clinic and 3 (0.17%) in the Academic Hospital. Age range (18–88), mean age

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(42) and gender distribution (equal) were similar in both samples. RR is 8.37 (2.74, 25.52). In 16 of the 49 epilepsy patients, cerebral pathology existed with mainly temporal and frontal localisation and of childhood-onset vascular or infectious origin. *Conclusions:* This finding suggests that in the onset of psychosis in epilepsy patients, the role of cerebral pathology, especially localized left temporal and frontal, is of strong etiological importance. The following epilepsy endophenotypes should be explored as factors in vulnerability for psychosis as well: frequent and severe epileptic activity; and psychotic reactions to certain AEDs, such as Topiramate and Lamotrigine. Burden of disease does not seem to play an important role.

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Introduction

An association between epilepsy and psychotic symptoms, and a cerebral origin for psychotic symptoms, has been suggested for centuries.^{1–4} On the other hand, it has been suggested that psychosis could be the result of social burden or trauma that chronic medical disorders pose on the individual with epilepsy. The concept of burden of disease has been described in such terms by the WHO.⁵ If this should be the case, psychotic symptoms should be more prevalent in epilepsy patients than in the general population, but similarly prevalent in patients with other chronic medical disorders. This study seeks to establish the prevalence of psychotic symptoms in epilepsy patients as compared to patients with other chronic medical disorders, and to explore the possible role of cerebral pathology versus burden of disease in the development of psychosis in epilepsy. Possible implications of the findings will be discussed.

Method

Data assessment

Data were collected in 2623 patients from two sources:

- (I) A sample of all 1752 patients with medical disorders admitted to an Academic Hospital setting from 2002 to 2005 for whom psychiatric consultation was requested. The sample was taken from all 7762 patients who in that period were admitted to the internal medicine and neurology wards. Patients admitted to traumatology wards or the emergency room were not taken into consideration in this study, as the focus was on patients with chronic medical disorders. From all referred patients, from the files those with chronic medical disorders were selected, who were diagnosed with psychotic disorder after screening with the MINI screening

instrument^{6,7} and standardised clinical psychiatric interview by CL psychiatrists from the CL service in the hospital. If the patients had been too psychotic to perform MINI screening at the time of the consultation, the MINI criteria were checked retrospectively from the interview and files.

- (II) A sample of all 901 patients that visited a tertiary care epilepsy clinic and outpatient ward in a three-year period from 2002 to 2005, who were diagnosed with epilepsy and evaluated by a two stage screening method involving CID⁸ administered by trained research assistants and standardised psychiatric interview by a consultant psychiatrist in order to establish DSM-IV diagnostic classification of symptoms⁹ present at the time of the study. If the patients had been too psychotic to perform CIDI screening at the time of the interview, the CIDI criteria were checked retrospectively from the interview and files. In this sample, data were taken from the clinical reports for the history of DSM-IV classification,⁹ seizure classification¹⁰ and MRI scan for cerebral pathology, as well as EEG reports indicating lateralisation of seizure activity. Mental retardation was recorded if established by psychological test according to a validated preset protocol for cognitive functioning in epilepsy patients.¹¹ Existing data concerning DSM-IV diagnosis and seizure classification were collected. Psychotic symptoms occurring within a week time span around a seizure or cluster of seizures were classified as seizure related (peri-ictal). Psychotic symptoms that occurred within one week after a stressor had occurred were classified as stressor related.

Data analysis

The data were compared and analysed using SPSS-10 Chi-square tests, and Poisson regression analysis to estimate the relative risk to develop psychosis in both groups. Poisson analysis was chosen because this is a method fit as a model for seldom occurring

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