SCREENING FOR PSYCHOSOCIAL COMORBIDITIES IN ADULTS WITH EPILEPSY - PRACTICAL SUGGESTIONS

It is well recognized that people with epilepsy are at risk for cognitive, developmental, psychiatric, and linguistic disorders and social problems[1,2]. These comorbidities have a significant impact on quality of life and are often more problematic for the patient, family, and the treating medical team than are the seizures themselves. Out of recognition for the significance of these comorbidities, and to improve the quality of care offered to patients, the American Academy of Neurology recently updated its Quality Measurement Set to include "Screening for psychiatric or behavioral health disorders specified at each encounter" [3].

To assist clinicians in screening for comorbidities, the AES Psychosocial Comorbidities Committee combined their expertise and consulted the literature to identify key questions that assess various domains of functioning and can easily be included in a routine epilepsy clinic visit. These questions are offered as suggestions, to provide the clinician with simple and standardized wording to gather information. The order of the questions is intended to be flexible. Clinicians may wish to expand with other follow-up questions.

In addition, suggestions for further screening are offered. The committee recognizes that the availability of expertise in detailed diagnosis and treatment of comorbidities varies across settings and may range from highly qualified medical or allied health professionals to community epilepsy organizations. Not all resources may be available in a particular setting, and the suggestions for further screening are not exhaustive.

Disclaimer: This information sheet is designed to serve as a quick reference resource for clinicians. It is not intended to establish a community standard of care, replace a clinician's medical judgment, or establish a protocol for all patients. The clinical conditions contemplated by this information sheet will not fit or work with all patients. Approaches not covered in this information sheet may be appropriate.

1. Screening questions: Cognition		**Further screening**
A. Since your last visit, have you had any changes with your memory, thinking, concentration, or finding words when you are talking? *Did any of these begin after you started your seizure medication(s)?*	**If yes →** **If not related to ASMs →**	- Reevaluate prescribed ASMs - If severe (interfere with daily function) may need to refer for testing to neuropsychology, or, if problems appear secondary to psychiatric issues (e.g., anxiety, depression), refer to mental health care provider
B. (to be asked on initial screening) Have you ever been diagnosed with a learning problem? - If yes to A or B: *Have these problems impacted your functioning at work (or school)?*	**If yes →**	Refer to neuropsychology if not previously evaluated, but to a mental health care provider* if the problems appear to be secondary to a psychiatric illness

* Mental health care provider includes psychiatrists, clinical psychologists, neuropsychologists, social workers or counsellors. The availability of such providers will vary across settings.

2. Screening question: Social problems		Further screening
Do you have close friends and family members that you like to spend time with?	**If no, probe for reasons, then →**	- If there is a suspicion that psychological or psychiatric problems may be impeding social behavior, refer to mental health care provider* to evaluate further - Local epilepsy chapter may be able to help with stigma-related problems, support groups

* Mental health care provider includes psychiatrists, clinical psychologists, neuropsychologists, social workers, or counsellors. The availability of such providers will vary across settings.

3. Screening questions: Patient mental health		Further screening

• Mood Disorder*: Please describe any feelings you are experiencing such as being sad, depressed, or irritable.*
• Anxiety Disorder*: Are you feeling anxious, worried, or nervous?*
• *Have you ever been diagnosed or treated for a mood, emotional, anxiety, alcohol, drug problem, or any other mental health problem?*
• *Did these problems start after going on your seizure medication(s)?*
 	
Screening for suicidality:
• *Have you ever wished you were dead?*
• If yes, ask:
  • *In the past week, have you thought about killing yourself? (If yes, ask if patient has/had a plan/means to do so).*
  • *Have you ever tried to kill yourself? (If yes, ask how and when.)*
	If yes, ask for more detail →	- Refer to mental health care provider*, unless due to medication side effects, in which case consider switching to an alternate ASM first. If mental health symptoms persist after adjustment of ASMs, refer to mental health care provider for thorough patient evaluation.
		
		- If patient admits to current intent and a plan - escort to Emergency Department if in a hospital setting or call emergency number if in an outpatient setting
		- If patient admits to recent intent but no plan or imminent danger concerns, refer to mental health provider*

* Mental health care providers include psychiatrists, clinical psychologists, neuropsychologists, licensed clinical social workers (LCSW) or licensed clinical counsellors. The availability of such providers will vary across settings.

If you'd like to better understand the patient's family environment, consider asking:

Family mental health history		Further screening
In your family, who has or had… any emotional problems?	**If yes, ask for more detail →**	- If yes, flag as a risk factor for patient mental health problems and follow up at future visits to determine if patient is at increased risk

References

- Asato MR, Caplan R, Hermann BP. Epilepsy and comorbidities -what are we waiting for? Epilepsy Behav. 2014; 31:127-8. doi: 10.1016/j.yebeh.2013.11.027.
- Bermeo-Ovalle, A. Psychiatric comorbidities in epilepsy: We learned to recognize them; it is time to start treating them. Epilepsy Currents, 2016; 16(4): 270–272. doi: http://dx.doi.org/10.5698/1535-7511-16.4.2702.
- Fountain NB, Van Ness PC, Bennett A, Absher J, Patel AD, Sheth KN, Gloss DS, Morita DA, Stecker M. Quality improvement in neurology: Epilepsy Update Quality Measurement Set. Neurology. 2015; 84(14):1483-7. doi:10.1212/WNL.0000000000001448.