

SCREENING FOR PSYCHOSOCIAL COMORBIDITIES IN CHILDREN 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 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 a number of 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.

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/10.5698/1535-7511-16.4.270>
- 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.

Please note that in the suggestions included in the following table, the term mental health care provider includes psychiatrists, clinical psychologists, neuropsychologists, social workers or counsellors. The availability of such providers will vary across settings.

1. Screening questions: Cognition		Further screening
<p><i>What sorts of problems, if any, does your child have with thinking, attention, memory, using language, or learning?</i></p> <p><i>Has your child been diagnosed with a learning disability?</i></p> <p><i>- If concerns reported: How is your child doing in school?</i></p>	<p>If positive, and not yet formally evaluated →</p>	<ul style="list-style-type: none"> - Refer for evaluation by neuropsychology, psychology, or psychiatry (children with mental health problems often have cognitive or school difficulty) - Advise parents to speak with school personnel regarding services in the school setting (e.g. Individual Education Plan (IEP) or other services; local epilepsy association may help with advocacy)

2. Screening question: Social problems		Further screening
<i>Is it easy or hard for your child to make and keep friends of the same age?</i>	If making friends is difficult →	<ul style="list-style-type: none"> - Refer to mental health care provider - Refer for social skills training - Local epilepsy association may offer social or support group activities for children

3. Screening questions: Mental Health		Further screening
<p><i>What concerns have you had that your child is sad, irritable/crabby, worried or more easily upset than other children?</i></p> <p>- If positive: <i>Have these emotions or behaviors gotten in the way of normal things like playing with friends, school or family activities?</i></p>	If yes →	<ul style="list-style-type: none"> - Refer to mental health care provider for evaluation
<p><i>Did your child have any of these problems before taking these medications? Has your child experienced any of the above since he/she started taking the medication(s) for seizures?</i></p>	If yes →	<ul style="list-style-type: none"> - Monitor cognitive/ behavioral adverse effects with any AEDs - Refer for mental health evaluation
<p>Note: If interviewing child or teen, may also want to ask about suicide risk:</p> <ul style="list-style-type: none"> ○ <i>In the past few weeks, have you ever wished you were dead?</i> ○ <i>In the past week, have you thought about killing yourself? (If yes, ask if patient has/had a plan/means to do so.)</i> ○ <i>Have you ever tried to kill yourself? (If yes, ask how and when.)</i> 	If yes →	<ul style="list-style-type: none"> - 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

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

Family mental health history		Further screening
<i>In your family, who has or had... any emotional problems?</i>	If yes, ask for more detail →	<ul style="list-style-type: none"> - Flag as risk factor for child mental health problems and in future visits follow up to determine if child is at increased risk

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.