Practice Tool for Cognitive and Behavioral Effects of Epilepsy: Adults with Epilepsy

This Practice Tool reviews points that are meant for discussion and are not required. In discussions with patients and families, the clinician should emphasize the balance of all risks and the goal controlling seizures.

**Cognitive (neuropsychological) well being:** In general, cognitive functioning is normal or nearly normal for adults with epilepsies that are well controlled with medications. Consider referral for neuropsychological evaluation, especially for adults with additional risk factors for cognitive deficits and for cognitive decline over time:

- Seizures are pharmacoresistant (medication refractory)
- Risk for cognitive deficit is higher for patients with focal seizure onset (e.g., temporal lobe or frontal lobe epilepsy)
- Symptomatic** (e.g., underlying pathology/abnormality on MRI) epilepsies;
- Frequent, recurrent seizures
- Longer duration (time) patient has experienced seizures
- History of multiple episodes of status epilepticus (generalized or focal);

**Anti-epileptic drugs:** Discuss / review potential impact of anti-epileptic drugs (AEDs) on cognitive functioning and behavior. Cognitive and behavioral functions generally improve for individuals who are seizure free.

**Vocational Success:** Consider referral to Vocational rehabilitation program/system as available in patient’s region. Evaluate extent ability to work affected by adverse effects of:

- seizures/epilepsy and/or antiepileptic drugs
- cognitive and/or behavioral problems.

**Behavioral/psychological/psychiatric problems:** Screen for symptoms of depression and anxiety and other behavioral problems, including suicidal thoughts or wishes and treat or refer accordingly.

- Depression Screening may consider Neurological Disorders Depression Inventory for Epilepsy (NDDI-E; Gilliam et al. 2006).
- Anxiety screening may consider brief screening instrument for Generalized Anxiety Disorder (GAD-7; Spitzer et al. 2006).

Note: Neuropsychological evaluation is not a substitute for Psychiatric evaluation. Both are likely to benefit patient and family.
Sleep: Assess sleep behaviors/environment (lifestyle factors) to assure adequate sleep for optimizing seizure control and cognitive and behavioral function. Treat or refer accordingly.

Quality of Life/Psychosocial adjustment: Ask patient how epilepsy affects them the most in everyday activities and explore resources to address those concerns/needs.

- Increased risk for dementia / cognitive problems. Screen and treat or refer accordingly. Cognitive problems/dementia may reduce ability to manage medications, make decisions, and live independently.
- Older adults may be more sensitive to adverse effects of antiepileptic drugs (AED)

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