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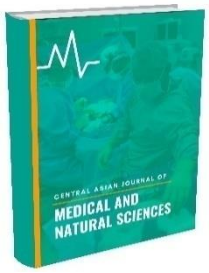

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Clinical, Neurological and Neurotrophic Factors in the Development of Anxiety-Depressive Disorders in Epilepsy and Methods

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Abstract: Depressive, obsessive-phobic, anxiety, and other affective disorders are factors that, along with epileptic seizures, complicate the course of epilepsy, prevent the full recovery of patients' health even when seizures are in remission, and significantly impede the social adaptation of people suffering from epilepsy. . Therefore, the study and timely correct diagnosis of these disorders will make it possible to choose the right therapeutic tactics for their prevention and treatment, fully restore the health of patients with epilepsy, facilitate the psychosocial rehabilitation of such patients and, as a result, help patients optimize their quality of life - issues of study, employment, families, etc.

Keywords: obsessive-phobic disorders, anxiety disorders, epilepsy, depression.

The principles of modern epilepsy therapy dictate the need not only to achieve medical remission of epileptic seizures, but also to help the patient optimize his quality of life. After all, it is a well-known fact that, in addition to the absence of seizures, the quality of life of a patient with epilepsy is greatly influenced by his psychosocial adaptation to his disease, the restrictions associated with it in everyday life, as well as the presence or absence of various non-psychotic mental disorders [1 , 2, 6]. These disorders include depressive and subdepressive states, obsessive-phobic and anxiety disorders, as well as other affective disorders. They can develop both in the structure of the disease itself (epilepsy), and be a manifestation of the patient's reaction to his illness. Many authors argue that affective disorders characteristic of patients with epilepsy (depression, anxiety) are primarily due to the burden of living with a chronic disabling neurological disorder [1, 3, 7]. Indeed, stigmatization greatly complicates such social issues as education, employment of patients with epilepsy, and the creation of a family by them. Various non-psychotic mental disorders that arise as a result of experiencing one's illness, joining seizures, in turn, aggravate the course of epilepsy, often having a protracted course. The study of these disorders is very important, because often, despite the achieved remission of seizures, they are an obstacle to the full restoration of the health of patients.

Depression is the most common psychopathological disorder in epilepsy. According to various authors, depression occurs among patients with epilepsy in 27-58% of cases [5, 6, 8]. Moreover, some

researchers are convinced that there are common biological mechanisms in the development of epilepsy and depression, and as a consequence, the presence of depression in a patient can contribute to a poor prognosis in relation to epileptic seizures. Moreover, classic depressive episodes are rare in patients with epilepsy, in most cases they manifest themselves atypically (sleep problems, changes in appetite, decreased libido, inhibition or excessive excitability, difficulty concentrating and behavioral disturbances [9].

In our study, depressive and subdepressive disorders were detected in 42.2% of the examined, and 25.5% of them were female. A traumatic situation that contributed to the development of depressive disorders occurred in the family and household sphere in 33.6% of cases, in the professional sphere in 16.1% of patients, and at work and at home in 50.3% of cases. In 89.8% of the surveyed, mood changes occurred precisely in response to a traumatic situation.

Recent studies have shown that both depression and epilepsy can be caused by the same causes. Currently, a number of common pathogenetic biological mechanisms for epilepsy and depression have been identified [7, 9]. Moreover, not only the presence of epilepsy increases the risk of developing depression, but also signs of depressive disorders and suicidal thoughts in a patient are risk factors for the development of unprovoked seizures and epilepsy in the future. It has been shown that the risk of developing epilepsy in a patient with depression is 4-7 times higher than in the general population [2, 3, 7].

In our study, depressive disorders before the development of epileptic seizures were in 46.3% of patients. Thus, a history of depression should be considered as a risk factor for the subsequent occurrence of epilepsy.

Depressive disorders that have developed as a result of the use of antiepileptic drugs (AEP) deserve special consideration. According to the literature, mood disorders associated with the use of AEDs may resemble the symptoms of endogenous depression [2]. Indeed, in 20.8% of cases, the surveyed experienced depressive states with an unreasonable change in mood, unmotivated irritability, which, when changing AED, leveled out and disappeared completely. This circumstance confirms the importance of a correct interpretation of the development of symptoms of depression.

A number of scientists point to a decrease in the frequency of seizures in patients before the manifestation of depression [7, 9]. Mendez et al. found that patients with epilepsy associated with depression had fewer generalized seizures than patients without mood disorders. The authors suggested that non-reactive depression may be a consequence of the suppression of the generalization of epileptic activity from the epileptogenic focus [5]. Other authors describe the so-called phenomenon of forced normalization (Landolt's syndrome), which is based on the biological antagonism between productive psychotic symptoms (most often depressive manifestations) and epileptic seizures. Moreover, it is indicated that this phenomenon is a kind of interictal epileptic psychosis and can be considered as a complication of therapy (medical and/or surgical treatment). The phenomenon of forced normalization is extremely rare, although, according to some studies, it is determined in 8% of all psychoses in epilepsy [9].

In our study, such a decrease in the frequency of seizures with increasing depressive phenomena was observed in 2% of patients, and complaints of depression were more relevant for them than epileptic seizures, the patients reported "very poor health", despite the fact that their EEG indicators had a significant positive dynamics.

It is interesting that in different studies conflicting data were obtained regarding the greater incidence of depression in men and women with epilepsy [9]. Most foreign studies emphasize the high incidence of depression in men with epilepsy, which is especially interesting given the fact that belonging to the female sex is an undoubted risk factor for the development of depression in the general population [9].

According to our observations, manifestations of depression occurred in 45.6% of the examined, and women accounted for 26.8%, while men only 18.8%. Apparently, life in a metropolis places increased demands on a woman both in asserting her position in society, at work, in addition to traditional family concerns, and in ensuring material well-being.

Anxiety and multiple fears, as a rule, become constant companions of people with epilepsy. Patients with epilepsy fear recurrence of seizures, death, or injury during a seizure. They are not without reason afraid to be robbed or helpless on the street during an attack, to face manifestations of intolerance on the part of others. This often leads to the fact that many patients do not leave their homes for weeks and come to terms with their condition, losing faith in treatment and the possibility of improving their health. Naturally, this creates difficulties in the social rehabilitation of such a patient, makes it difficult to study, find a job, try to start a family, sometimes even leads to complete loneliness.

So, in our study, anxiety as a character trait was present almost constantly in 19.5% of cases, in 32.8% of the examined patients it arose situationally, determining the development of anxiety disorders in 26.1% of patients.

Obsessive-phobic syndrome was expressed in 49.6% of the examined. The most common plot was the fear of recurrence of the seizure - 73.8% of patients, and in 41.6% of cases - in female patients. It should be noted here that the fear of a recurrence of a seizure is typical for patients with a relatively recent onset of seizures, patients with a "long illness" got used to seizures so much that they stopped paying attention to them. Some patients feared not so much the attack itself, but the likelihood of getting bodily harm. Fear of bodily injury (50.3%) or fear of death during a seizure (32.8%) was more easily formed in patients with psychasthenic personality traits with previous accidents and bruises in connection with seizures. The fear of transmitting the disease to offspring (53.0% of cases) forced patients with epilepsy to remain single, not to start a family and children. The fears of being fired from work (38.9%) and being suspended from school (8.7%) were not groundless: everyone knows how much the stigma of patients with epilepsy interferes with their employment. A seizure in the presence of others was afraid of 42.2% of the examined, and 25.5% of them were female. Fear of visiting public places was revealed in 28.8% of cases. The fear of side effects of drugs, observed in 37.5% of persons suffering from epilepsy, was also justified: 75.8% of the examined had somatic disorders due to prolonged use of AEDs (nausea, baldness, hepatotoxicity and nephrotoxicity). ness, change in the blood count, rash, etc.), which, possibly, was due to the predominant polytherapy (73.1%), mainly the "old" AEDs in 63.8% of patients.

Thus, it can be assumed that incorrect therapy, the patient's incorrect excessive reaction to his illness, gave rise to phobias and, as a result, anxiety and depressive disorders. Working with such patients requires the doctor's abilities as a psychologist, and in some situations it is necessary to correct these disorders with the help of psychotropic drugs. In addition, an important task of the epileptologist is to conduct conversations with the patient's relatives, aimed at creating the right atmosphere in the family, which positively affects the psychological state of the patient with epilepsy. It must be emphasized that the care and attention to the patient from relatives should not develop into overprotectiveness, but at the same time it is unacceptable to encourage the patient's indifference to his health [5].

Polymorphic affective disorder first identified and described by D. Blumer [4] in 1995

Таблица. Проявления интериктального аффективного расстройства (%; n = 149)						
Проявления интериктального аффективного расстройства	**Абс.**	**% от абс.**	**Абс. жен.**	**% жен.**	**Абс. муж.**	**% муж.**
1. Депрессивное настроение	66	44,3	39	26,2	27	18,1
2. Анергия	79	53,0	40	26,8	39	26,2
3. Раздражительность	84	56,4	41	27,5	43	28,9
4. Кратковременные эпизоды эйфории	36	24,2	20	13,4	16	10,7
5. Эпизоды боли	89	59,7	46	30,9	43	28,9
6. Эпизоды бессонницы	96	64,4	45	30,2	51	34,2
7. Эпизоды тревоги	46	30,9	28	18,8	18	12,1
8. Эпизоды страха	55	36,9	31	20,8	24	16,1

(interictal affective disorder) - a symptom complex consisting of 8 symptoms - depressive mood, anergy (asthenia), pain, insomnia, short-term episodes of euphoria and irritability, labile affective symptoms (fear and anxiety), in the presence of five of which it is recommended to diagnose it, in in our study, it was observed in 43.1% of the examined (see table).

Indirectly, quite eloquently testify to the presence of depressive disorders and such characteristics of persons suffering from epilepsy that we have identified as positive and negative emotions.

As for positive emotions, 28.2% of the respondents did not feel optimistic, 20.1% of patients did not enjoy life at all or enjoyed it weakly, 27.5% of patients experienced relatively little or no positive feelings in their lives. But the fact that they often experience negative emotions was stated by 51.7% of the respondents. At the same time, according to patients, feelings of sadness, anxiety and depression influenced their daily activities relatively strongly (36.2%) and extremely strongly (15.4%). At the same time, "depressive feelings" disturbed relatively strongly 29.5% of patients and 11.4% - extremely strongly.

On the basis of the foregoing, it can be concluded that depressive, obsessive-phobic, anxiety, and other affective disorders are factors that, along with epileptic seizures, complicate the course of the disease, prevent the full recovery of patients' health even when seizures are in remission, and significantly impede social adaptation of persons suffering from epilepsy. Therefore, the study and timely correct diagnosis of these disorders will make it possible to choose the right therapeutic tactics for their prevention and treatment, fully restore the health of patients with epilepsy, facilitate the psychosocial rehabilitation of such patients and, as a result, help patients in optimizing their quality of life - issues of study, employment, families, etc.

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