How can I find out more?

You can contact the Epilepsy Foundation. Call 1-800-332-1000 or visit www.epilepsyfoundation.org. Through the Web site or the toll-free number, you can also find the Epilepsy Foundation affiliate closest to you.

This pamphlet is intended to provide basic information to the general public. It is not intended to be, nor is it, medical advice. Readers are warned against changing medical schedules or life activities based on this information without first consulting a physician.

“With children signs of depression are often different than in adults so starting education for the child and parent early in therapy may help with mood disorders and prevent behavioral problems, while also reducing stress and anxiety for both parents and children.”

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Children and adults with epilepsy are more likely to have emotional and behavioral problems than other people. Unfortunately, such problems may be harder to recognize and diagnose than more visible disorders. Since these epilepsy-related problems can be hard to see, it is difficult to determine what type of treatment might be most effective and whether or not treatment may make the patient better. This is unfortunate, because emotional and behavioral health can be just as important to the patient’s quality of life as other things—like their seizure control—and this applies to children as well as adults.

A person’s emotional and behavioral problems might be caused by factors not directly related to epilepsy. However, having epilepsy can significantly contribute to psychological and behavioral problems even if seizures are totally controlled. Epilepsy may change the way certain brain chemicals, such as neurotransmitters and serotonin, work. These chemicals influence both physical and emotional health. Other influences may be the cause of the epilepsy, such as brain infection or severe head trauma; frequent seizures; and medication used to treat seizures. In addition, personal and family/poor reaction to having epilepsy can lead to unwanted behaviors and feelings such as shame and embarrassment.

Children with epilepsy may have difficulty with attention and learning behaviors and feelings such as shame and embarrassment. Perhaps the most common behavioral problem that is found in children with epilepsy involves the ability to maintain attention, such as Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD). This problem can be present before or after the onset of seizures. If this problem is significant (causing a problem in school), then treatment may be useful. Behavioral as well as medical treatments are available. There is minimal, if any, risk of worsening seizure control with the available medications.

Depression is one of the most common mood disorders for people who have epilepsy, as well as for those without epilepsy. Dependent and other mood disorders can actually have a greater effect on quality of life than the number of seizures a person is having. There are a lot of reasons people with epilepsy can have mood disorders—and at times it is difficult to separate a mood disorder from the anxiety that accompanies a chronic disease, especially one, like epilepsy, characterized by unpredictable interruptions in activity. In addition, some people experience anxiety during or right after their seizures, but this is self-limited and should not require treatment other than that given for seizures.

It is important to note that depression increases a person’s risk of suicide, so anyone who is depressed and feels, or seems, suicidal should seek help as soon as possible. Furthermore, depression and other mood disorders are treatable, particularly with:

- Education about symptoms and danger signals and how to respond to them
- Reevaluation of any medications the person is taking
- Appropriate use of antidepressants and psychotherapy, depending on the severity of the problem

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Anxiety is common in individuals with epilepsy, but it can be difficult to separate an anxiety disorder from the anxiety that accompanies a chronic disease, especially one, like epilepsy, characterized by unpredictable interruptions in activity. In addition, some people experience anxiety during or after their seizures, but this is self-limited and should not require treatment other than that given for seizures.

It is important to determine if a person has an actual anxiety disorder that is out of proportion to that expected to accompany their condition, and if it seems to be affecting quality of life independently of the seizure disorder. It is only through knowing this that the anxiety can be properly treated. As with depression, anxiety treatments can include both medications and psychotherapy.

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