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DEPRESSION IN EPILEPTIC ADULTS

Many people's have depression, and it's common in people with – epilepsy. Depression is the most frequent co morbid psychiatric disorder in epilepsy (1, 2, 8, 9). The aim of the subject is to learn depression factors in Epileptic adults, their selfish mood; to make analyzes and to plan the methods of the problem. Scientists consider that adult character changing can develop as gradually as spontaneously. The letter is developing by some psycho-traumatic factor by parental or pedagogical action. The difficulties mostly appear during so called epileptic adults as the object of our research.

We've asked 50 senior pupils of Batumi, Khelvachauri & Kobuleti. They're registered in different polyclinics & are systematically holding Medical treatment (including 7-11). They had been diagnosed Epilepsy since childhood & have 5-10 year anamnesis of disease. When in critical situation, a person perfectly exposures all the features of character. 25 women's & 25 men's from the age of 16-60 were researched. According to Becki question are it was possible to ascertain depression quality. The question are consists of 21 question. The depression quality – mild, medium and severe can be ascertained by this question are. From the investigated patients there's total absence of depression in 3%, 17% has light depression, 30% medium depression & 50 % complex depression. Among them, 65% is characterized by suicide thoughts; 70% by bad mood, 45-45% who have sexual and sleep disorders; 34% has a lack of appetite & 25% – frequent crying. Among epileptic women s low excitement degree was apparent in 14%, medium low degree had 13%, medium high – 50% and high level degree – 23%. While among men's low level excitement degree has 15%, medium low – 21%, medium high degree – 47% & high degree 12% of men's. Apathetic, unemotional adults are also high enough, these are people who easily get angry, is ready for quarrel & hardly calm down (25%). The number f depressed students often being on a bad mood is noticeably low (12%). Depression related to the psychological effects of living with epilepsy and other problems of life can be effectively treated in most cases by psychotherapy and counseling. Discussions of troublesome feelings with a psychiatrist, psychologist, or counselor can be extremely helpful. The research made it obvious that in epileptic adult 'depression & selfish attitude towards surroundings is surplus. They are needing psycho-social rehabilitation, problem searching & solving, all these combined with antiepileptic medicines.

Keywords: depression, Epileptic Adults

Background and Study Propose: Many people's have depression, and it's common in people with-epilepsy. Depression is the most frequent comorbid psychiatric disorder in epilepsy (1.2.8.9). It s prevalence has been estimated to range between -20% and – 50% of patients (3.6.7). Estimates of the prevalence of depression in epilepsy vary. A point prevalence of depression of 50–55% is quoted in patients attending hospital epilepsy clinics or video telemetry units (2.3.4.5) These figures are based on populations including those with more severe epilepsy, but the few community studies that do exist suggest that prevalence in the community is not insignificant: 20–30% in those with recurrent seizures and 6–9% in those in remission are found to be depressed. However, depression is probably no more common in epilepsy than in other chronic neurological conditions. Depression is a common occurrence among epileptic patients and constitutes, along with anxiety disorders, (4.5.6) the most frequent psychiatric

condition in these patients. Epilepsy – is a chronically polyetiologic disease of cerebral system, which is characterized by loosing consciousness, convulsive and non-convulsive paroxysms expressed with different degree background with further amnesia & characteristic changes on electro-encephalogram, more often by hyper synchronic relief. From scientists point of view epileptically process, besides paroxysm expressions is often characterized by emotional-vegetative & sometimes solid changes of psychic sphere (2.3.4). Because it may involve changes in behavior, epilepsy has traditionally straddled the divide between psychiatry and neurology. In ancient Greece, Hippocrates suggested that seizure disorders had a neurological basis, but it took nearly 2500 years for medical explanations to be generally accepted. In recent centuries, epilepsy has been mistakenly thought to represent a form of insanity and patients were often thought to be dangerous. Epilepsy frequently has been associated with aggressive behavior in the minds of

people in general and even in the medical literature. Researchers have proposed that there are syndromes of interacted behavior changes that can occur in people with epilepsy. The idea of such “interacted behavior disorders” remains a controversial subject, but certain behaviors have been recognized as part of the interacted behavior profile in many cases. Some suggest that aggression should be part of this behavioral profile. Probably the next most common psychological disorders involve anxiety. About 4% of the general population has generalized anxiety disorder, a constant state of tension or worry. Again, the number is much higher for people with epilepsy. It's possible that this disorder is caused or made worse by seizures. Anxiety can also be directly related to the possibility of seizures. Not knowing when a seizure may occur can increase worry about having one in an embarrassing or dangerous situation (1.2.3). Depression is a condition in which a person feels an overwhelming and debilitating unhappiness. People who

are depressed may have trouble thinking clearly and be unable to perform normal functions. They may be uninterested in eating and be unable to sleep, or they may engage in these activities excessively. Persons with depression may even have thoughts of suicide. Although depression can be triggered by an emotional event in a person's life, a decrease in the levels of one of the neurotransmitters, serotonin, has been linked in the biology of depression. The aim of the subject is to learn depression factors in Epileptic adults, their selfish mood; to make analyzes and to plan the methods of the problem. Scientists consider that adult character changing can develop as gradually as spontaneously. The letter is developing by some psycho-traumatic factor by parental or pedagogical action. The difficulties mostly appear during so called epileptic adults as the object of our research.

Material and Methods:

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Results and Discussion:

From the investigated patients there's total absence of depression in 3%, 17% has light depression, 30% medium depression & 50 % complex depression. Among them, 65% is characterized by suicide thoughts; 70% by bad mood, 45-45% who have sexual and sleep disorders; 34% has a lack of appetite & 25% _frequent crying. Among epileptic women s low excitement degree was apparent in 14%, medium low degree had 13%, medium high_50% and high

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Conclusion: They can take decisions without far thinking. Linking epilepsy with aggression has contributed to the stigma of the disorder, so any work that clarifies the nature of the relationship between these two factors has many potential benefits. One important question that has not been completely answered is what factors distinguish people with epilepsy who have episodes of depression and rage from those who do not. In scientists mind personal changes of adult, youth is defined with genetic factors, social conditions, especially personal upbringing – . micro-social surroundings where an adult is up brought & formulated(5,6). The relative importance of each of these factors is controversial, and often several factors contribute. In some cases, the depression is related to loss of a job or a loved one, or to a flurry of seizures. Depression related to the psychological effects of living with epilepsy and other problems of life can be effectively treated in most cases by psychotherapy and counseling. Discussions of troublesome feelings with a psychiatrist, psychologist, or counselor can be extremely helpful. The research made it obvious that in epileptic adult 'depression & selfish attitude towards surroundings is surplus. They are needing psycho-social rehabilitation, problem searching & solving, all these combined with antiepileptic medicines.

Reference:

1. D. Kondziella, S. Alvestad, A. Vaaler, and U. Sonnewald, "Which clinical and experimental data link temporal lobe epilepsy with depression?" *Journal of Neurochemistry*, vol. 103, no. 6, pp. 2136–2152, 2007

2. W. A. M. Swinkels, J. Kuyk, R. van Dyck, and P. Spinhoven, "Psychiatric comorbidity in epilepsy," *Epilepsy & Behavior*, vol. 7, no. 1, pp. 37–50, 2005.

3. S. J. Adams, T. J. O'Brien, J. Lloyd, C. J. Kilpatrick, M. R. Salzberg, and D. Velakoulis, "Neuropsychiatric morbidity in focal epilepsy," *The British Journal of Psychiatry*, vol. 192, no. 6, pp. 464–469, 2008

4. V. Sanchez-Gistau, L. Pintor, G. Sugranyes, et al., "Prevalence of interictal psychiatric disorders in patients with refractory temporal and extratemporal lobe epilepsy in Spain. A comparative study," *Epilepsia*, vol. 51, no. 7, pp. 1309–1313, 2010.

5. W. A. M. Swinkels, W. van Emde Boas, J. Kuyk, R. Van Dyck, and P. Spinhoven, "Interictal depression, anxiety, personality traits, and psychological dissociation in patients with temporal lobe epilepsy (TLE) and extra-TLE," *Epilepsia*, vol. 47, no. 12, pp. 2092–2103, 2006

6. R. Reilly, S. Bowden, F. Bardenhagen, and M. Cook, "Equality of the psychological model underlying depressive symptoms in patients with temporal lobe epilepsy versus heterogeneous neurological disorders," *Journal of Clinical and Experimental Neuropsychology*, vol. 28, no. 7, pp. 1257–1271, 2006

7. A. J. Carson, A. Zemen, and M. C. Sharpe, "Neurology and neurosurgery", in *Textbook of Psychosomatic Medicine*, J. L. Levenson, Ed., chapter 32, pp. 759–795, American Psychiatric Publishing, Washington, DC, USA, 2nd edition, 2011.

8. M. Mula, B. Schmitz, and J. W. Sander, "The pharmacological treatment of depression in adults with epilepsy," *Expert Opinion on Pharmacotherapy*, vol. 9, no. 18, pp. 3159–3168, 2008.

9. P. C. B. Salgado, C. L. Yasuda, and F. Cendes, "Neuroimaging changes in mesial temporal lobe epilepsy are magnified in the presence of depression", *Epilepsy & Behavior*, vol. 19, no. 3, pp. 422–427, 2010.