

SHOULD EVERY CHILD WITH EPILEPSY UNDERGO SCREENING FOR PSYCHIATRIC COMORBIDITIES?

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Purpose: To audit the early identification of psychiatric problems and related-risk factors (family psychiatric history) in children with epilepsy.

Methods: The study was carried out in a district paediatric epilepsy clinic. It was retrospective and we included, from the epilepsy service database, all children aged 5 to 17 years old, with an established diagnosis of epilepsy, but excluding those with severe cognitive impairment and those with drug resistant epilepsies.

Results: We identified 45 patients, 20 females and 25 males. 42% of them had generalised type of epilepsy, 27% focal, 24% were diagnosed with electro-clinical syndromes and 7% had focal epilepsy with secondary generalization. Most of them (58%) had active epilepsy. The majority of our cohort was receiving mono therapy. 4 % had a sleep disturbance and 27% have been diagnosed with psychiatric comorbid disorders such as: ASD, ADHD, generalized anxiety disorder and suicidal ideation. 4 children were subsequently diagnosed with learning difficulties and, on further assessment were also diagnosed with psychiatric comorbidities.

Conclusion: Children without drug-refractory epilepsy and without intellectual disabilities are not routinely screened for psychiatric comorbidities. However, almost one third of them have been diagnosed with a psychiatric comorbidity.