



Psychiatric disorders in temporal lobe epilepsy patients over the first year after surgical treatment

Luis Pintor^{a,*}, Eva Bailles^a, Emili Fernández-Egea^a,
Vanessa Sánchez-Gistau^a, Xavier Torres^b, Mar Carreño^c,
Jordi Rumia^d, Silvia Matrai^b, Teresa Boget^b, Toni Raspall^b,
Antonio Donaire^c, Nuria Bargalló^e, Xavier Setoain^e

^a Department of Psychiatry, Neuroscience Institut, Hospital Clínic, Barcelona, Spain

^b Department of Psychology, Neuroscience Institut, Hospital Clínic, Barcelona, Spain

^c Department of Neurology, Neuroscience Institut, Hospital Clínic, Barcelona, Spain

^d Department of Neurosurgery, Neuroscience Institut, Hospital Clínic, Barcelona, Spain

^e Nuclear Medicine and Radiodiagnosis Center, Hospital Clínic Barcelona, Spain

Received 24 October 2006; accepted 4 December 2006

KEYWORDS

Epilepsy;
Psychiatric disorders;
Surgery;
Depression

Summary

Objective: To evaluate the psychiatric disorders over a 1-year period in a group of TLE patients who underwent surgery.

Methods: Prospective, open study in a sample of 70 TLE patients. Psychiatric disorders' assessment was made before surgery, and at 1, 6 and 12 months after surgery, with the structured clinical diagnostic interview for DSM-IV axis I diagnoses (SCID). Presurgical psychiatric and neurological variables were compared with the outcomes of surgery and the course of psychiatric pathology over the follow-up through parametric and non-parametric tests.

Results: Depression decreased from 17.2% before surgery to 4.3% at 12 months after surgery ($\chi^2 = 5.41$, d.f. = 1, $p = 0.071$), anxiety disorders decreased from 21.5% before surgery to 14.2% at 12 months after surgery ($\chi^2 = 10.309$, d.f. = 1, $p < 0.005$). Patients with no presurgical psychiatric condition had lower postsurgical rate of psychiatric disorders than those with psychiatric history ($\chi^2 = 9.87$, gl = 1, $p \leq 0.001$), with psychiatric disorders in the presurgical evaluation ($\chi^2 = 12.02$, gl = 1, $p \leq 0.001$), or with both conditions ($\chi^2 = 15.28$, d.f. = 1,

* Corresponding author at: Servei de Psiquiatria, Institut Clínic de Neurociències, Hospital Clínic de Barcelona, C/Roselló 140, 08036 Barcelona, Spain. Tel.: +34 93 2275477; fax: +34 93 2275477.

E-mail address: lpintor@clinic.ub.es (L. Pintor).

$p < 0.001$). No association was found between psychiatric disorders and the outcomes after surgery. No association was found between the course of psychiatric disorders before and after surgery and neurological or neurosurgical variables.

Conclusions: Surgery in TLE patients does not worsen the global psychopathological status. Presurgical psychiatric morbidity was found to be related to the presence of psychiatric disorders after surgery. Specific psychiatric assessment should be made before and after surgery.

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Introduction

Temporal lobe epilepsy (TLE), particularly the most severe and drug-resistant form, is the type of epilepsy most frequently associated with psychiatric morbidity.¹ Affective disorders are the most common with rates over 60%,² followed by anxiety and schizophreniform psychotic disorders. Surgical treatment of drug-resistant epilepsy has been increasing from the decade of the 1980s. Between the 50%³ and the 66%⁴ of all current epilepsy surgeries are made in TLE patients,^{5,6} as this type of epilepsy is the most common one and shows the best postsurgical results⁷ with a remission rate about 85% or an important reduction in seizures.⁸

Some authors suggested that TLE surgery predisposes to the appearance of psychiatric complications,^{9–11} while other studies do not directly support this hypothesis.^{12–14} Early studies^{15,16} related surgery to serious complications such as increased number of psychiatric admissions, increased rates of suicide, psychotic disorders, and depressive and anxious reactions. The studies published in the 1990s found different results showing that the postoperative increase in the incidence rates of psychopathology^{12,17,18} is limited solely to the anxious and depressive pathology, while rates of suicide, number of admissions and psychosis do not increase. However more recent studies have found that presurgical psychiatric alterations persisted after surgery, although the severity of affective and anxious disorders showed a statistically significant decrease,^{14,19} and a last study in 360 patients found better results with decreasing rates of anxiety and depression.²⁰

Our hypothesis is that the psychiatric impact of surgery is limited; psychiatric disorders even can improve, while the existence of presurgical psychiatric background is predisposing to postsurgical psychiatric alterations. In this sense, the objective of our study is to assess psychiatric disorders through standardized instruments over a 1-year period in a group of TLE patients who underwent surgery.

Methods

Design

A prospective open study in TLE patients, with baseline assessment before surgery and follow-up over 1 year after surgery.

Subjects

The sample was selected among 276 patients consecutively admitted to the Epilepsy Unit of the Neurology Ward of the Hospital Clinic of Barcelona for assessment of drug-resistant epilepsy²¹ between 2001 and 2004. The final sample included 70 patients with drug-resistant temporal lobe epilepsy who underwent epilepsy surgery according to the protocol established in our hospital.²² Patients with extratemporal epilepsy aged under 18 years and those with other severe medical conditions were excluded.

Procedure

Patients were admitted to the Epilepsy Unit of the Neurology Department of the Hospital Clinic of Barcelona, for seizure assessment through video EEG register during 1 week. All patients were evaluated 6–8 months before surgery with the structured clinical interview for DSM-IV Axis I diagnoses (SCID-IV)²³ by the psychiatrists of the Epilepsy Unit (LP, EFE, VSG). Follow-up assessments were made at 1, 6 and 12 months after surgery with the SCID. Changes were introduced in the antiepileptic drug treatment during the follow-up period when patients reached 4 or more score in ILAE classification. Patients who presented psychiatric disorders at baseline assessment before surgery received drug or psychological treatment according to the directions given by the psychiatrist responsible.

The efficacy of surgery was classified according to the "International League Against Epilepsy" (ILAE) criteria;²⁴ patients were evaluated depending on their score at 1 year after surgery.

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