



Epilepsy, anxiety and depression

Anxiety and depression are very common in people with epilepsy. The altered brain activity that causes epileptic seizures can lead to depressive moods and the stress of living with a chronic condition can worsen feelings of anxiety and depression. As a consequence, epilepsy may be more difficult to manage as depression is sometimes known to make seizures more frequent¹ and can take away the motivation to manage epilepsy effectively.

Fortunately, once diagnosed, anxiety and depression can be safely and effectively treated at the same time as epilepsy. Treatments for mental health conditions can greatly improve quality of life and can reduce the frequency and impact of seizures.²

What is epilepsy?

Epilepsy is a common neurological (brain) condition characterised by disruptions in regular brain activity known as seizures.

Epilepsy affects around 1 per cent of the population.³ Although epilepsy is more likely to be diagnosed in childhood or senior years, it is not confined to any age group, sex or race.

There are many types of seizures. These are commonly grouped as⁴:

- Focal seizures – causing strange sensations, twitching or changes in mood and behaviour
- Generalised seizures – causing unconsciousness, stiffness and jerking of the muscles.

Frequent seizures may cause difficulties at school or in the workplace, as well as sometimes hindering the development of new friendships and relationships.

Fortunately, epilepsy can be managed with antiepileptic medications and more than 70 per cent of people become seizure-free with treatment.³

With sensible management of diet, alcohol intake and seizure triggers, it is possible to lead a full and active life.

“I know people who’ve hidden their epilepsy and they won’t have a life; they won’t do things because certain things might trigger a seizure. ‘I can’t drive’ – yes I can. ‘I can’t go out in disco lights’ – yes I can! It’s knowing your limitations and what you can do before you start feeling dizzy or your vision gets impaired. It’s knowing your actual limitations.”

What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or ‘stressor’ is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily.

Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with epilepsy is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety. The combination of chronic physical illness, lost educational or employment opportunities, financial worries and the constant fear of seizures can lead to the development of anxiety.

Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxiety it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person’s life.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks) or upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety.

For more information on anxiety and treatments see the *beyondblue Understanding anxiety* fact sheet or visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason.

Depression is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical illness, depression is treatable and effective treatments are available.

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time **for more than two weeks** and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list in the next column.

It is important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

The symptoms below will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends



- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, "I'm a failure", "Life's not worth living", "People would be better off without me".

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments see *beyondblue's Anxiety and depression: An information booklet* or visit www.beyondblue.org.au/depression

What are the links between anxiety, depression and epilepsy?

Research shows there are strong links between anxiety, depression and epilepsy – around half of all adults with epilepsy experience depression⁵ and around one in five experiences generalised anxiety disorder (GAD).²

The rate of anxiety is similar to that for people with other chronic illnesses such as asthma or diabetes. It seems that, as for these conditions, the stress of living with epilepsy increases the risk of anxiety.⁵

It is a slightly different story for depression. People with epilepsy experience depression at two to three times the rate of the general population² and are more likely to experience depression than people with other chronic conditions.⁶

This means that while these depressive feelings can be partly due to the stress of living with a chronic condition, they are mainly caused by the same abnormal brain activity that normally occurs with seizures.²

“It was obvious to me that I’d had depression for a very long time. In a sense, the epilepsy was just one more factor. I don’t know that the epilepsy has made the depression worse, but it was just one more factor that I had to deal with along with other things.”

The connections between epilepsy, anxiety and depression are complex.

- **Depression may exist before the diagnosis of epilepsy** – People with a history of depression are four to six times more likely to develop epilepsy.⁷ This is because the genetic or biological factors that cause both epilepsy and depression² sometimes express themselves as unexplained feelings of sadness before the first recognisable seizure.⁵ If untreated, this makes the onset of epilepsy more likely, particularly when symptoms of depression, such as sleep deprivation and alcohol misuse, can further increase the chance of a seizure occurring.¹
- **Depressive symptoms may be directly caused by seizures** – These brain disruptions may have little or no physical symptoms, but can lead to unexplained feelings of sadness, guilt or an inability to take pleasure in any activity.⁸ Some people may only have depressive feelings prior to, or after, seizure, while for others it is ongoing. Seizures may also cause serious thoughts of suicide, regardless of whether or not the person feels negatively about his or her life.⁷
- **Anxiety or depression may develop soon after a diagnosis of epilepsy** – Being diagnosed with a chronic condition is a negative life event, like loss, separation or trauma, which can result in feelings such as denial, anger, grief and lowered self-esteem. These are all a normal part of adapting to changes in lifestyle and the way you view yourself and your life. However, for some people these feelings do not pass with time and can lead to the development of depression.
- **Anxiety or depression may develop as a consequence of living with epilepsy** – Over time, the impact of epilepsy on health⁹, work¹⁰,

relationships¹¹ and overall quality of life⁶, as well as the social stigma attached to seizures^{12,13}, can lead to social isolation, lowered self-esteem and depression, particularly in those with epilepsy for more than five years.¹⁴

“I was depressed in high school and I ended up leaving. Nobody would talk to me; they were frightened because they had never seen epilepsy. It was very upsetting not having any friends, not doing what most teenagers did. I was very isolated. I was very withdrawn.”

Regardless of whether anxiety or depression comes before or after epilepsy, both conditions can severely affect quality of life and can do so even more than the seizures themselves.¹³ These conditions together can also create a vicious cycle – just as poorly controlled seizures increase the risk of depression, untreated depression can make seizures more frequent¹ and more severe.⁷

An important thing to remember is that if you do experience anxiety or depression, effective treatments are available and recovery is possible.

Epilepsy management becomes easier as depression lifts and treatments that tackle depression, such as psychological therapy, also reduce the frequency of seizures.²

What are the treatments for anxiety and depression?

Managing anxiety and depression can greatly improve people’s wellbeing and quality of life as well as their epilepsy and their attitude towards it.

People with anxiety and/or depression can find it difficult to take the first step in seeking help. They may need the support of family, friends and a health professional.

There is no one proven way that people recover from anxiety or depression. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety and depression can do to help themselves to recover and stay well.

The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety and depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety or depression, through to psychological and medical treatment for more moderate or severe conditions.



Psychological treatments

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- **Cognitive behaviour therapy (CBT)** is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.
- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

“The symptoms of depression really get in the road of things and I find I’ve got to work hard to get myself up and going and doing things. I’m on medication for the depression and I make sure I exercise and do plenty of social things. I use meditation as a technique as well.”

Medication

- **Antidepressant medication**, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, with a doctor’s recommendation and under supervision.

Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

- **Benzodiazepines** (sometimes called sedatives) are designed to be used only for a short time (two or three weeks) or used intermittently as part of a broad treatment plan – not as the first or only treatment. They can help people cope with anxiety by reducing tension, without making people drowsy. Benzodiazepines are not recommended for long-term use as they can be addictive. If a person has become dependent, withdrawal symptoms may be quite severe. For more information on benzodiazepines see the *beyondblue Benzodiazepines* fact sheet at www.beyondblue.org.au/resources

It is important that any current medication for epilepsy, including over-the-counter preparations and herbal or natural remedies is reviewed by a medical practitioner before starting a course of medication. Talk to the doctor or pharmacist to rule out the possibility of adverse interaction between any medications being taken.

In the past, some doctors feared antidepressant medications would cause problems for epilepsy treatment, but recent research has shown this is not true^{1,2}. In fact, antidepressants can reduce the likelihood of seizures as well as treating depression.²

“I’m on medication for my depression and that’s working in the sense that the really dark, black moods that I had are now under control. There are things that help fight depression and they’re all the standard things – diet, exercise, social contact and positive thinking – so it’s paying some attention to that sort of stuff because they all feed back into how you feel. A lot of it is adapting to the situation and then trying to get the best out of yourself.”

Who can assist?

A General Practitioner (GP) is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition

- discuss available treatments
- work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, talking therapy
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person’s treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person’s mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

Occupational therapists in mental health help people who, because of a mental health condition, have difficulty participating in normal, everyday

activities. Mental health occupational therapists also provide focused psychological self-help strategies.

Aboriginal and Torres Strait Islander mental health workers

understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression.

For more information see *beyondblue's Getting help – How much does it cost?* fact sheet at www.beyondblue.org.au/resources

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* support service on 1300 22 4636.

Helpful strategies and tips

If you have recently been diagnosed with epilepsy, be gentle on yourself.

Think about how you have faced previous stressful situations in your life and what helped you cope (and what didn't). Try to learn as much about epilepsy and its management as you can.

Initially, most people find managing epilepsy a real challenge. Until seizures are controlled with medication, the possibility of seizures in public can be a real concern.

You may find it helpful to connect with other people with epilepsy so you can learn from them and share your experiences. There are contact details for epilepsy support services on the back page of this fact sheet.

If you have epilepsy and you suspect you may be experiencing depression or anxiety, the following tips may be helpful:

- Speak to your doctor about your concerns and discuss treatment options. Make sure you go to your doctor for regular check-ups.
- Take a family member or friend with you when you go to the doctor. Not only can they help you remember what was discussed, ask questions and give you support, but they may benefit from having a better understanding of epilepsy and its treatments.
- Accept help, support and encouragement from family and friends.
- Avoid feeling isolated by becoming involved in support groups and social activities.
- It's important to look after yourself by getting regular exercise and eating and sleeping well. Visit www.beyondblue.org.au/staying-well for helpful tips and downloadable resources.

Remember that, like epilepsy, depression and anxiety can be treated and managed. As having these conditions can affect the way you manage your epilepsy, it's important to seek help early – the sooner the better.



Advice for family and friends

When a person has epilepsy and anxiety or depression, it can affect those around them. It's important for family and friends to look after their own health as well as look after the person who has epilepsy.

- Make sure you eat well, exercise regularly, get enough sleep and avoid alcohol and other drugs.
- Allow yourself time to relax and do what you enjoy.
- Look out for symptoms of anxiety and depression in yourself and seek support at the earliest sign.
- Seek support from professionals. This may involve having counselling or attending a support group.
- Involve other family members and friends and accept offers of help.
- Remember that allowing others to help is not a sign of weakness – rather it is an act of generosity to allow them to show their concern and support for you.

For more information, see *The beyondblue guide for carers* booklet at www.beyondblue.org.au/resources



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The development of this fact sheet included a consultation with blueVoices, *beyondblue*'s national reference group, in August 2010. Feedback was collected from members who have epilepsy and have experienced depression or anxiety. *beyondblue* is grateful to the participants for sharing their experiences.

For more information about blueVoices, visit www.beyondblue.org.au/bluevoices

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Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety and depression, or talk it through with our support service.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

Epilepsy Action Australia

1300 37 45 37

www.epilepsy.org.au

Information, education and support services for children and adults with epilepsy or other seizure conditions across Australia

Epilepsy Australia

1300 852 853

www.epilepsyaustralia.net

Information, education and assistance for Australians living with epilepsy and links to state and territory associations.



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