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A Short Note on how Depressive Syndromes Frequently Precede the Seizure

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INTRODUCTION

According to ICD-1022, mood disorders include major depression, mania, bipolar disorder, and dysthymia. However, the clinical picture of depressive disorders in epilepsy does not always correspond to the criteria described in operational classification systems. When diagnosing depressive disorders in patients with epilepsy, the temporal relationship to seizures must be considered. Thus, the classification into ictal, ictal, postictal and interictal periods was established. This depression is called preictal depression by some authors, who associate it with anticipatory dysphoria. The term 'ictal depression' is used in today's literature because of the unpleasant symptoms that precede and follow an attack. A depressive syndrome often precedes a seizure. They can last hours to days and are characterized by a depressed mood and sometimes discomfort.

DESCRIPTION

Symptoms often subside once an attack begins. However, it may persist for hours or even days after the attack. It is not yet known whether these aura depressive symptoms are potential components of seizures or whether the neurobiological processes responsible for depressive symptoms induce a lower seizure threshold. A recent study found that one-third of patients with partial-onset seizures had pre and post-ictal depressive symptoms, whereas those with generalized seizures did not have these symptoms. Depressive symptoms may be part of the seizure. Anxiety is the most common affective symptom of seizures, but aura depressive symptoms have been observed in 1% of her 2000 patients with simple partial seizures. Ixictal depression appears to be more common in patients with temporal lobe epilepsy. The literature indicates an incidence of 10%. There was no association with epileptifocal lateralization. Paroxysmal depression is usually characterized by sudden onset of symptoms that are unrelated to external stimuli. Several case reports describe depressive psychotic symptoms as symptoms of non-convulsive status epilepticus. In some cases, impulsive suicide has been observed during such episodes.

Depressive symptoms can last up to 2 weeks after an attack and can lead to suicide. Blumer hypothesized that postictal depression is the result of inhibitory mechanisms involved in seizure termination. Interictal depression is the most common form of depression in patients with epilepsy. The clinical picture may be that of major depression, dysthymia, or bipolar affective disorder. Most often, the course of chronic depression is observed. Some symptoms mimic dysthymia, while others are unique to interictal depression. An American author suggested calling this mood disorder intermittent mood disorder. In addition to chronic depressive symptoms, polymorphic symptoms are observed. This may include atypical pain and periods of euphoria or discomfort, anxiety, or phobias.

CONCLUSION

During the course of chronic depression, patients may become habituated to depressive states, but this can be considered natural and should not be reported to their physician. Mania has been reported in patients with right hemispheric orbitofrontal cortex and temporal lobe cortical lesions, but manic symptoms appear to be rare in patients with epilepsy. Patients with epilepsy with psychotic symptoms are described in the literature as having schizophrenia rather than a mood disorder. In reported cases, mania is primarily associated with perictal state, improved seizure control, and epileptic foci in the non-dominant hemisphere.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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