

Epilepsy and Depression

People with epilepsy are more likely to experience depression than the general population. The good news is that most people who seek treatment for depression will recover.

■ What is depression?

Most people feel sad or down from time to time. Although we may casually refer to this as “being depressed”, it is not clinical depression. When someone experiences certain symptoms almost every day for at least two weeks, they may be clinically depressed. These symptoms include:

- Depressed mood
- Weight gain or loss
- Insomnia or hypersomnia
- Restlessness or lethargy
- Worthlessness or feeling guilty
- Decreased interest or pleasure
- Difficulty concentrating or making decisions
- Recurrent thoughts of death and suicide.

These symptoms may be so debilitating that they interfere with a person’s quality of life. Being depressed can impact a person’s ability to care for themselves, perform their job, and maintain healthy relationships. When experiencing depression, some people with epilepsy will have difficulty coping, feeling motivated to get out of bed, remembering things, concentrating, or taking anti-seizure medications.

■ What are the treatments for depression?

- Therapy: There are a number of forms of therapy that can help people with mild depression, including psychotherapy, supportive therapy, cognitive therapy, interpersonal therapy, group therapy, or family therapy. A health care provider can help a person with epilepsy and depression decide which form of therapy best suits them.
- Medication: People with epilepsy and depression may benefit from a combination of therapy and antidepressants. Some newer antidepressants are even associated with increased seizure control.
- Lifestyle changes: Along with therapy and medication, doing things you enjoy, eating well, exercising, and avoiding alcohol and non-prescription drugs can help improve your mood.

■ Why are people with epilepsy more likely to experience depression?

- Some people experience depression after a seizure. This is called post-ictal depression.
- People with temporal lobe epilepsy may be more likely to experience depression because the seizures begin in the area of the brain that primarily regulates mood.
- The abrupt change in lifestyle and traumatic loss of control over one’s life after receiving an epilepsy diagnosis can also trigger depression.
- Depression can be a side effect of some anti-seizure medications (Phenobarbital, Vigabatrin, Lamotrigine, and Phenytoin). However, other anti-seizure drugs such as Carbamazepine and Valproic Acid can improve one’s mood.

Epilepsy and Depression *continued*

■ If you think you are depressed...

- Talk to a health care provider about your depression. They may refer you to a psychiatrist, neuropsychiatrist, or a psychologist with experience treating depression.
- Seek support from friends, family, and health care workers such as nurses, social workers, and counsellors.
- Avoid isolation.
- If you are in crisis, contact your health care provider and go to your nearest hospital emergency room.

This material is intended to provide basic information about epilepsy to the general public. It is not intended to, nor does it, constitute medical advice.

Adapted from www.epilepsymatters.com (Canadian Epilepsy Alliance) and Depression and Epilepsy (BC Epilepsy Society).

Version Date: July 2015



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Developed in partnership with
Epilepsy Support Centre



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