



Letter to the Editor

Diagnosis of psychiatric comorbidities in epilepsy – The role of screening tools

To the Editor

We read with interest the analysis by Munger Clary and Salpekar [1] on the role of neurologists in the management of the most common psychiatric comorbidities. The authors emphasize the unmet needs for the treatment of psychiatric symptoms among people with epilepsy (PWE) and the importance of their early diagnosis and treatment in the improvement of their general quality of life. The authors advocate the inclusion of neurologists in the diagnosis of the most common psychiatric comorbidities supporting the use of particular screening tools such as Neurological Disorders Depression Inventory for epilepsy (NDDI-E) and Generalized Anxiety Disorders-7 (GAD-7).

We would like to emphasize that the prevalence of major depressive disorder (MDD) among PWE may also be affected by cultural factors and patients' population specificity [2]. It applies in particular to PWE as several symptoms may mimic mood and anxiety symptomatology.

The discussion on screening tools in mood and anxiety disorders in PWE could be ameliorated by including a validated screening tool such as Hospital Anxiety and Depression Scale (HADS) for a non-British population of outpatients with epilepsy. The scale maintained an optimal balance between sensitivity and specificity at a cutoff score of 10 or higher for anxiety disorders and a cutoff score of 7 or higher for depressive disorders [3,4]. The Hospital Anxiety and Depression Scale was designed in a way to avoid somatic symptoms (e.g., slowness, fatigue, weight loss), which helps minimize the risk of false positives in PWEs. Although the original developers of HADS intended the items easy to understand, the use of colloquial British English for the construction of items may be hard to translate into other languages [5] adequately, and it could be an important reason for not having consistent results from different studies [6]. That is why cultural validation may be needed.

Despite the above, we cannot agree more in strengthening the importance of interdisciplinary approach and cooperation between psychiatrists and neurologists providing faster and more adequate treatment. What is, as Munger Clary and Salpekar [1] mentioned, expected by both patients and epileptologists.

References

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29 March 2019