



Letter to the Editor

Reply to Czarnota, Wiglusz, and Cubała



To the Editor

We thank Czarnota, Wiglusz, and Cubała for their comments regarding screening instruments for anxiety and depression symptoms in epilepsy. We could not agree more on the importance of using culturally nuanced, brief anxiety and depression instruments that account for somatic symptoms and are validated in epilepsy. The Hospital Anxiety and Depression Scale (HADS) is brief and well-validated in epilepsy and is a reasonable choice for screening anxiety and depression in clinical practice [1,2]. While there are multiple appropriate, validated screeners to identify anxiety and/or depression in epilepsy and potentially monitor treatment response in the neurology clinic, we chose to highlight two specific instruments based on validity, brevity, and availability in the public domain [3].

We highlighted the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E) and Generalized Anxiety Disorder-7 (GAD-7) because these instruments are freely available (in contrast to the HADS) and because of potential better validity of the NDDI-E for depression than the HADS-D. As the most commonly validated screening tool for depression in epilepsy, the NDDI-E had better sensitivity than the HADS-D for identifying depression and suicide risk in a direct comparison study, though the finding was not replicated in a subsequent study [4–6]. While the GAD-7 has been validated in populations with epilepsy in multiple countries, it has not been validated as extensively as the NDDI-E among people with epilepsy. Although we acknowledge the robust validation of the HADS-A in epilepsy by Czarnota, Wiglusz, and Cubała [2,7–9], we still tend to favor the GAD-7, in part based on a minor concern regarding symptoms attribution. The HADS-A items addressing sudden feelings of panic and a ‘butterflies’ in the stomach feeling could result in oversensitivity of anxiety ratings among individuals with focal epilepsies with these symptoms as periauricular manifestations.

Regardless of which screening instruments are used, we strongly support screening for anxiety and depression in epilepsy using validated instruments, to increase the chances of treatment and subsequent symptom amelioration. We appreciate the interest and worthy contribution from Czarnota, Wiglusz, and Cubała. The HADS is a thoughtful and useful instrument in its own right, and we encourage its usage. Ultimately, we are all in full agreement that using any screening device may well serve the purpose of starting an effective conversation to address comorbidity.

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Declaration of Competing Interest

None.

References

- [1] Wiglusz MS, Landowski J, Michalak L, Cubala WJ. Validation of the Hospital Anxiety and Depression Scale in patients with epilepsy. *Epilepsy Behav* 2016;58:97–101.
- [2] Wiglusz MS, Landowski J, Cubala WJ. Validation of the Polish version of the Hospital Anxiety and Depression Scale for anxiety disorders in patients with epilepsy. *Epilepsy Behav* 2018;84:162–5.
- [3] Munger Clary HM, Salpekar JA. Should adult neurologists play a role in the management of the most common psychiatric comorbidities? Practical considerations. *Epilepsy Behav* 2018 Nov 21. pii: S1525-5050(18)30673-5. doi:10.1016/j.yebeh.2018.10.020. [Epub ahead of print].
- [4] Gill SJ, Lukmanji S, Fiest KM, Patten SB, Wiebe S, Jette N. Depression screening tools in persons with epilepsy: a systematic review of validated tools. *Epilepsia* 2017;58:695–705.
- [5] Gandy M, Sharpe L, Perry KN, Miller L, Thayer Z, Boserio J, et al. Assessing the efficacy of 2 screening measures for depression in people with epilepsy. *Neurology* 2012;79:371–5.
- [6] de Oliveira GN, Lessa JM, Goncalves AP, Portela EJ, Sander JW, Teixeira AL. Screening for depression in people with epilepsy: comparative study among neurological disorders depression inventory for epilepsy (NDDI-E), hospital anxiety and depression scale depression subscale (HADS-D), and Beck depression inventory (BDI). *Epilepsy Behav* 2014;34:50–4.
- [7] Seo JG, Cho YW, Lee SJ, Lee JJ, Kim JE, Moon HJ, et al. Validation of the generalized anxiety disorder-7 in people with epilepsy: a MEPSY study. *Epilepsy Behav* 2014;35:59–63.
- [8] Tong X, An D, McGonigal A, Park SP, Zhou D. Validation of the Generalized Anxiety Disorder-7 (GAD-7) among Chinese people with epilepsy. *Epilepsy Res* 2016;120:31–6.
- [9] Micoulaud-Franchi JA, Lagarde S, Barkate G, Dufournet B, Besancon C, Trebuchon-Da Fonseca A, et al. Rapid detection of generalized anxiety disorder and major depression in epilepsy: validation of the GAD-7 as a complementary tool to the NDDI-E in a French sample. *Epilepsy Behav* 2016;57:211–6.

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