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CLINICAL, NEUROLOGICAL CONDITION OF DEVELOPMENT OF ANXIETY-DEPRESSIVE DISORDERS IN EPILEPSY

Abstract *The principles of modern epilepsy therapy dictate the need not only to achieve medical remission of epileptic seizures, but also to help the patient optimize his quality of life. After all, it is a well-known fact that, in addition to the absence of seizures, the quality of life of a patient with epilepsy is greatly influenced by his psychosocial adaptation to his disease, the restrictions associated with it in everyday life, as well as the presence or absence of various non-psychotic mental disorders.*

Keywords: obsessive-phobic disorders, anxiety disorders, epilepsy, depression**.**

These disorders include depressive and subdepressive states, obsessive-phobic and anxiety disorders, as well as other affective disorders. They can develop both in the structure of the disease itself (epilepsy), and be a manifestation of the patient's reaction to his illness. Many authors argue that affective disorders characteristic of patients with epilepsy (depression, anxiety) are primarily due to the burden of living with a chronic disabling neurological disorder [1, 3, 7]. Indeed, stigmatization greatly complicates such social issues as education, employment of patients with epilepsy, and the creation of a family by them. Various non-psychotic mental disorders that arise as a result of experiencing one's illness, joining seizures, in turn, aggravate the course of epilepsy, often having a protracted course. The study of these disorders is very important, because often, despite the achieved remission of seizures, they are an obstacle to the full restoration of the health of patients. In our study, depressive and subdepressive disorders were detected in 42.2% of the examined, and 25.5% of them were female. A traumatic situation that contributed to the development of depressive disorders occurred in the family and household sphere in 33.6% of cases, in the professional sphere in 16.1% of patients, and at work and at home in 50.3% of cases. In 89.8% of the surveyed, mood changes occurred precisely in response to a traumatic situation.

Recent studies have shown that both depression and epilepsy can be caused by the same causes.

Currently, a number of common pathogenetic biological mechanisms for epilepsy and depression have been identified [7, 9]. Moreover, not only the presence of epilepsy increases the risk of developing depression, but also signs of depressive disorders and suicidal thoughts in a patient are risk factors for the development of unprovoked seizures and epilepsy in the future. It has been shown that the risk of developing epilepsy in a patient with depression is 4-7 times higher than in the general population [2, 3, 7].

In our study, depressive disorders before the development of epileptic seizures were in 46.3% of patients. Thus, a history of depression should be considered as a risk factor for the subsequent occurrence of epilepsy.

A number of scientists point to a decrease in the frequency of seizures in patients before the manifestation of depression [7, 9]. Mendez et al. found that patients with epilepsy associated with depression had fewer generalized seizures than patients without mood disorders. The authors suggested that non-reactive depression may be a consequence of the suppression of the generalization of epileptic activity from the epileptogenic focus [5]. Other authors describe the so-called phenomenon of forced normalization (Landolt's syndrome), which is based on the biological antagonism between productive psychotic symptoms (most often depressive manifestations) and epileptic seizures.

Moreover, it is indicated that this phenomenon is a kind of interictal epileptic psychosis and can be considered as a complication of therapy (medical and/or surgical treatment). The phenomenon of forced normalization is extremely rare, although, according to some studies, it is determined in 8% of all psychoses in epilepsy [9]. In our study, such a decrease in the frequency of seizures with increasing depressive phenomena was observed in 2% of patients, and complaints of depression were more relevant for them than epileptic seizures, the patients reported "very poor health", despite the fact that their EEG indicators had a significant positive dynamics. Anxiety and multiple fears, as a rule, become constant companions of people with epilepsy. Patients with epilepsy fear recurrence of seizures, death, or injury during a seizure. They are not without reason afraid to be robbed or helpless on the street during an attack, to face manifestations of intolerance on the part of others. This often leads to the fact that many patients do not leave their homes for weeks and come to terms with their condition, losing faith in treatment and the possibility of improving their health. Naturally, this creates difficulties in the social rehabilitation of such a patient, makes it difficult to study, find a job, try to start a family, sometimes even leads to complete loneliness.

So, in our study, anxiety as a character trait was present almost constantly in 19.5% of cases, in 32.8% of the examined patients it arose situationally, determining the development of anxiety disorders in 26.1% of patients.

Obsessive-phobic syndrome was expressed in 49.6% of the examined. The most common plot was the fear of recurrence of the seizure - 73.8% of patients, and in 41.6% of cases - in female patients. It should be noted here that the fear of a recurrence of a seizure is typical for patients with a relatively recent onset of seizures, patients with a "long illness" got used to seizures so much that they stopped paying attention to them. Some patients feared not so much the attack itself, but the likelihood of getting bodily harm. Fear of bodily injury (50.3%) or fear of death during a seizure (32.8%) was more easily formed in patients with psychasthenic personality traits with previous accidents and bruises in connection with seizures. The fear of transmitting the disease to offspring (53.0% of cases) forced patients with epilepsy to remain single, not to start a family and children. The fears of being fired from work (38.9%) and being suspended from school (8.7%) were not groundless: everyone knows how much the stigma of patients with epilepsy interferes with their employment. A seizure in the presence of others was afraid of 42.2% of the examined, and 25.5% of them were female. Fear of visiting public places was revealed in 28.8% of cases. The fear of side effects of drugs, observed in 37.5% of persons suffering from epilepsy, was also justified: 75.8% of the examined had somatic disorders due to

prolonged use of AEDs (nausea, baldness, hepatotoxicity and nephrotoxicity). ness, change in the blood count, rash, etc.), which, possibly, was due to the predominant polytherapy (73.1%), mainly the "old" AEDs in 63.8% of patients. Thus, it can be assumed that incorrect therapy, the patient's incorrect excessive reaction to his illness, gave rise to phobias and, as a result, anxiety and depressive disorders. Working with such patients requires the doctor's abilities as a psychologist, and in some situations it is necessary to correct these disorders with the help of psychotropic drugs. In addition, an important task of the epileptologist is to conduct conversations with the patient's relatives, aimed at creating the right atmosphere in the family, which positively affects the psychological state of the patient with epilepsy. It must be emphasized that the care and attention to the patient from relatives should not develop into overprotectiveness, but at the same time it is unacceptable to encourage the patient's indifference to his health [5].

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