

# Interictal Dysphoric Disorder and pharmacological treatment in a sample of patients with drug-resistant epilepsy in an Epilepsy Unit in Barcelona

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## Introduction

Interictal Dysphoric Disorder (IDD) was described by Blumer as a pleomorphic affective disorder that appears in epilepsy and is characterized by labile depressive symptoms (depressive mood, anergia, pain, insomnia), labile affective symptoms (fear, anxiety), and the specific symptoms euphoria and paroxysmal irritability [1]. Despite the high variability in epidemiological data, the actual prevalence of IDD is expected to be high -some authors even consider it the key psychiatric syndrome associated with epilepsy- [2], and it is thought to be present to a higher extent in drug-resistant epilepsy (DRE) [3]. There is a lack of studies concerning its treatment, but the preferred one includes antiepileptic drugs (AEDs) along with other psychopharmacological treatment, mainly antidepressants [2], [4].

## Aim

To explore the prevalence of IDD and the pharmacological treatment in a sample of patients with DRE from the Epilepsy Unit in Hospital Clinic in Barcelona during a 9-year period.

As a secondary objective, we investigated a possible relationship between gender and diagnosis of IDD.

## Methods

Retrospective study of 453 patients diagnosed with DRE from the Epilepsy Unit of Hospital Clinic from 2008 to 2016. Sociodemographic, clinical and psychopharmacologic variables were analyzed.

All statistical procedures were carried out using IBM SPSS Statistics 23 (Armonk, NY: IBM Corp.) for Microsoft Office 2013.

## Results

From 453 patients, 132 (29.1%) had a diagnosis of IDD, while 321 (70.9%) did not. Results corresponding to those patients diagnosed with IDD are shown in table 1. The average age was  $37.48 \pm 12.203$ , and the majority of them (59.1%) were women. Table 1 also shows the psychopharmacological treatment profile as well as the AEDs used because of their antiepileptic effects.

Regarding the relationship between gender and diagnosis of IDD, no statistically significant association was found ( $p>0.05$ ).

## Conclusion

The results from our sample show that almost one third of patients with DRE have been diagnosed with IDD. However, psychopharmacological treatment (mainly antidepressants) is prescribed in less than one third of the subgroup of patients with IDD. According to our results, IDD seems to remain undertreated in DRE. This is a worrying fact as the presence of IDD has been associated with higher frequency of other psychiatric disorders as well as with worse quality of life [5]. Therefore, recognizing IDD is of major importance because it is well treatable by the addition of an appropriate psychotropic drug to AEDs and an effective treatment can prevent serious complications [2].

In conclusion, special emphasis must be made in order to recognize and adequately treat these patients as, if ignored and untreated, they can cause great disability and worsen the prognosis of patients with DRE.

## References

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Table 1

Variables	n (%)
<b>Sex</b>	
Female	78 (59.1%)
Male	54 (40.9%)
<b>Localization of epileptogenic zone</b>	
Temporal	66 (50%)
Extratemporal	23 (17.4%)
Not established	43 (32.6%)
<b>Psychopharmacological treatment</b>	
AD	25 (18.9%)
MS	15 (11.4%)
AP	1 (0.8%)
Combination: AD+MS	6 (4.5%)
Combination: AP+MS	1 (0.8%)
None	84 (63.6%)
<b>Treatment with AEDs</b>	
Valproic acid	24 (18.2%)
Levetiracetam	56 (42.4%)
Lamotrigine	28 (21.2%)
Carbamazepine	42 (31.8%)
Oxcarbazepine	38 (28.8%)
Topiramate	26 (19.7%)
Gabapentin	5 (3.8%)
Pregabalin	6 (4.5%)
Zonisamide	7 (5.3%)

AD: antidepressants; AEDs: antiepileptic drugs; AP: antipsychotics; MS: mood stabilizers

**Disclosure:** there are no potential conflicts of interest.