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OPTIMIZATION OF DIAGNOSTIC APPROACH TO DEPRESSION IN PATIENTS WITH EPILEPSY AND SEIZURE DISORDERS

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Purpose: Depression is an important, highly frequently, relatively underdiagnosed and undertreated comorbid condition in epilepsy. The aim of this research was to clarify an effect of utilizing a validated self-reporting depression scale on the ability to determine depression in people with epilepsy receiving care in clinical setting.

Method & Materials: We carried out this study that over 28 sequential patients who had completed the neurological disorders depression inventory for epilepsy (NDDI-E), while receiving care at the hospital. For comparison, charts of 28 consecutive patients receiving medical therapy immediately prior to the implementation of the NDDI-E in the same clinics were assessed.

Results: 7 (25%) patients receiving the NDDI-E were evaluated as positive for depression. They subsequently received a semi-structured psychiatric interview based on the diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IVTR) criteria model and 85.71% (n=6) were confirmed to have major depression. Use of the NDDI-E thus resulted in the detection of active depression in 21.42% (n=6) of those patients, whereas only 3.5% (n=1) of patients in the group not systematically screened were found to have active depression (p<0.0001). Four of the 6 (66.67%) patients with depression detected by screening were not previously diagnosed or treated.

Conclusions: Despite the limitations in our study, we consider that the NDDI-E is beneficial in a busy clinical setting and can supplement a productive clinic visit. This method is useful both for assessing the degree and prescription, and the dynamics of depression in the treatment of epilepsy. In all patients with confirmed depression, this test showed sensitivity in the treatment of epilepsy depending on the antiepileptic drug used.

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