

Comment on ‘The overlapping relationship among depression, anxiety, and somatic symptom disorder and its impact on the quality of life of people with epilepsy’

Agata M. Grzegorzewska , Mariusz S. Wiglusz and Wiesław J. Cubala

We found the research paper by Shen *et al.*¹ to be insightful. The authors investigated the prevalence of depression, SSD (Social Support Deficiency), and anxiety – three of the most common emotional disorders in people with epilepsy (PWE) – and their impact on the quality of life (QOL) of PWE. The study revealed that depression had the greatest effect on the QOL of PWE, followed by SSD and anxiety. The QOL of PWE was negatively correlated with an increase in the number of comorbid emotional disorders. The authors suggest that screening for depression, SSD, and anxiety in PWE is necessary. However, it is important to note that psychiatric symptoms in epilepsy can be complex and atypical, so it is also crucial to consider Interictal Dysphoric Disorder (IDD), a condition specific to epilepsy,² in the screening process. IDD is characterized by eight symptoms, including labile depressive symptoms and affective and specific symptoms.^{2,3} The literature suggests that IDD alone is associated with comorbid psychiatric disorders, refractory complex partial seizures, earlier onset of epilepsy, and adverse effects of antiepileptic drugs.⁴ Patients with IDD and additional psychiatric comorbidity had higher seizure frequency, higher levels of side effects from antiepileptic treatment, and lower QOL compared with patients with normal screening or patients with IDD as the only comorbidity.⁵

To assess the possibility of IDD, two self-reported questionnaires are available: the Seizure Questionnaire (SQ)⁶ and the Interictal Dysphoric Disorder Inventory (IDDI).^{2,3} Both questionnaires evaluate the core symptoms of IDD, including anergia, pain, insomnia, fear/panic,

anxiety, depression, euphoria, and irritability. The SQ includes questions to assess the eight key symptoms of IDD, while the IDDI comprises eight main inquiries and six additional questions that assess the time course of the disorder, duration of dysphoric symptoms, and their association with seizures or antiepileptic drug therapy. IDD is diagnosed when at least three of the eight key symptoms are present, of moderate or severe severity, and causing moderate or severe distress. The main difference between the two questionnaires is that the SQ requires evaluation by an examiner after completion, while the IDDI relies solely on self-evaluation.^{2,3,6}

In conclusion, recognizing IDD and other psychiatric conditions such as mood, somatoform, and anxiety is crucial for providing optimized antiepileptic and psychiatric treatment for PWE.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Author contributions

Agata M. Grzegorzewska: Conceptualization; Writing – original draft.

Mariusz S. Wiglusz: Conceptualization; Writing – original draft.

Wiesław J. Cubala: Conceptualization; Formal analysis; Writing – review & editing.

Ther Adv Neurol Disord

2023, Vol. 16: 1–2

DOI: 10.1177/
17562864231170934

© The Author(s), 2023.
Article reuse guidelines:
[sagepub.com/journals-](https://sagepub.com/journals-permissions)
permissions

Correspondence to:
Agata M. Grzegorzewska
Department of Psychiatry,
Faculty of Medicine,
Medical University of
Gdansk, 80–952 Gdansk,
Poland.
a.grzegorzewska@gumed.edu.pl

Mariusz S. Wiglusz
Wiesław J. Cubala
Department of Psychiatry,
Faculty of Medicine,
Medical University of
Gdansk, Gdansk, Poland

Acknowledgements

None.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.


Competing interests

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Agata M. Grzegorzewska: none to declare. Mariusz S. Wiglusz: has received research support from Acadia, Actavis, Alkermes, Allergan, Apodemus, Auspex, Biogen, Bristol-Myers Squibb, Cephalon, Celon, Cortexyme, Eli Lilly, Ferrier, Forest Laboratories, Gedeon Richter, GW Pharmaceuticals, Janssen, KCR, Lundbeck, NIH, NeuroCog, Orion, Otsuka, Sanofi, and Servier; he has served on speakers bureaus for Celon, Janssen, Krka, Lekam, Lundbeck, Novartis, Pfizer, Polfa Tarchomin, Sanofi, Servier, and Zentiva. Wieslaw J. Cubala: Grants: Acadia, Alkermes, Allergan, Auspex Pharmaceuticals, BMS, Celon, Cephalon, Cortexyme, Ferrier, Forest Laboratories, GedeonRichter, GWPharmaceuticals, Janssen, KCR, Lilly, Lundbeck, Minerva, MSD, NIH, Novartis, Orion, Otsuka, Sanofi, Servier. Honoraria: Adamed, Angelini, AstraZeneca, BMS, Celon, GSK, Janssen, KRKA, Lekam, Lundbeck, Minerva, NeuroCog, Novartis, Orion, Pfizer, Polfa Tarchomin, Sanofi, Servier, Zentiva. Paid positions: Professor of Psychiatry (full-time), Medical University of Gdańsk, Poland. Advisory boards: Angelini, Celon (terminated), Janssen, MSD, Sanofi.

Availability of data and materials

Not applicable.

ORCID iD

Agata M. Grzegorzewska  <https://orcid.org/0000-0002-8890-8923>

References

1. Shen S, Dong Z, Zhang Q, *et al.* The overlapping relationship among depression, anxiety, and somatic symptom disorder and its impact on the quality of life of people with epilepsy. *Ther Adv Neurol Disord* 2022; 15: 17562864221138147.
2. Mula M. The interictal dysphoric disorder of epilepsy: a still open debate. *Curr Neurol Neurosci Rep* 2013; 13: 355.
3. Mula M. The interictal dysphoric disorder of epilepsy: legend or reality? *Epilepsy Behav* 2016; 58: 7–10.
4. Suda T, Tatsuzawa Y, Mogi T, *et al.* Interictal dysphoric disorder in patients with localization-related epilepsy: diagnostic relationships with DSM-IV psychiatric disorders and the impact of psychosocial burden. *Epilepsy Behav* 2016; 54: 142–147.
5. Amiri M and Hansen CP. The interictal dysphoric disorder in patients with epilepsy: a doubtful disorder lacking diagnostic tools. *Seizure* 2015; 24: 70–76.
6. Blumer D, Montouris G and Davies K. The interictal dysphoric disorder: recognition, pathogenesis, and treatment of the major psychiatric disorder of epilepsy. *Epilepsy Behav* 2004; 5: 826–840.