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# **Epilepsy & Behavior**

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#### Keywords

Anxiety; Depression; Epilepsy; Research

### To the Editor

We thank Dr. Braillon for his interest in our paper. We share the concern expressed regarding the well-documented undertreatment of anxiety and depression in epilepsy [1,2]. This is a strong motivation for our overall research program, to determine better ways to close the treatment gap, in the context of substantial barriers to mental health access reported by U.S. epileptologists and primary care providers, along with documented shortages of mental health providers [3–5].

With regard to informed consent in our published study, we would like to further clarify that the brief electronic consent process examined in the analysis was a screening consent [6]. The electronic consent permitted research screening to determine full eligibility for a randomized treatment study (NCT03464383). This was conducted by a trained research assistant, and enrollment in the interventional study entailed a standard paper informed

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Declaration of competing interest

None.

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consent process conducted by the trained research assistant. The clinical care-embedded screening and enrollment process were approved by the institutional review board [6].

Benefits and potential risks of treatment modalities, such as medications and psychosocial interventions for anxiety and/or depression, are important topics but are beyond the scope of our work focused on examining factors associated with research interest. Tobacco and alcohol were also not the focus of our study; we did not collect data on their use. These could be interesting areas for future investigation in the field.

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