

Children's Mercy Kansas City

**SHARE @ Children's Mercy**

---

Presentations

---

3-2019

## Early Identification of Depression in Patients with Pediatric Epilepsy

Erin Day Fecske

*Children's Mercy Kansas City*, edfecske@cmh.edu

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/presentations>

---

### Recommended Citation

Fecske, Erin Day, "Early Identification of Depression in Patients with Pediatric Epilepsy" (2019). *Presentations*. 10.

<https://scholarlyexchange.childrensmercy.org/presentations/10>

This Presentation is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Presentations by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact [library@cmh.edu](mailto:library@cmh.edu).

# Early Identification of Depression in Patients with Pediatric Epilepsy

Erin Fecske, MSN, RN, CNRN, CPNP-PC  
Epilepsy Nurse Practitioner



© The Children's Mercy Hospital, 2017



# Background

- Prevalence of epilepsy birth to 17 years is estimated at 10.2/1000 (95% CI 8.7-11.8) (Russ, Larson, & Halfon, 2012)
- There are a number of associated comorbidities
  - ADHD
  - Anxiety
  - Migraine
  - Depression

# Current State

- Comprehensive Epilepsy Center at Children's Mercy Hospital
  - Level IV Epilepsy Center
  - 6 Epileptologists; 6 Nurse Practitioners
  - Neuropsychologist support
  - Provides inpatient and outpatient services
  - Population: birth-21 years of age with epilepsy



**Children's Mercy**  
KANSAS CITY

Large portion of population has intractable epilepsy

- There is no current standardization in how children with epilepsy are assessed for depression in the Comprehensive Epilepsy Center.
- Suicide screen is completed for inpatient

# Depression

- 10% of teenagers
- Estimated 3.1 million adolescents 12-17 years had at least one major depressive episode

# Depression in Epilepsy

- Depression rates, in epilepsy, are reported between 10-30%
  - Wide range likely secondary to variety of tools used and underreporting
- Those meeting DSM-IV criteria for depression or anxiety are twelve times more likely to have suicidal ideation and only 1/3 receive mental health services.

# Depression in Epilepsy

- Additional risk factors for depression include:
  - Medications
    - ↑ Valproic Acid
    - ↓ Levetiracetam
  - Socioeconomic status
  - Patient perception of disease/stigma



# Depression in Epilepsy

- Uncertain association between epilepsy severity and risk for depression
- Depression may be a risk factor for subsequent seizures

# Depression in Epilepsy

- Youth with epilepsy less likely to present with insomnia, loss of interest, and decreased appetite.
- More often present with irritability
- Gender not associated with increased risk

# Assessing for Depression

- CDI
  - Considered “gold standard”, but expensive and requires trained professionals to administer
- PHQ-9
  - Brief, reliable
- NDDI-E-Y
  - Population specific, free and brief tool

Confidential

Page 1 of 1

## NDDI-E-Y

# NDDI-E-Y

Please mark the answer that best describes how much you have had these feelings and thoughts within the past 2 weeks, including today.

	Always or often	Sometimes	Rarely	Never
Everything is a struggle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble finding anything that makes me happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about dying or killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing I do is ever right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sorry about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel cranky or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has anything upsetting happened to you in the last two weeks?  Yes  No

If yes, what?

---

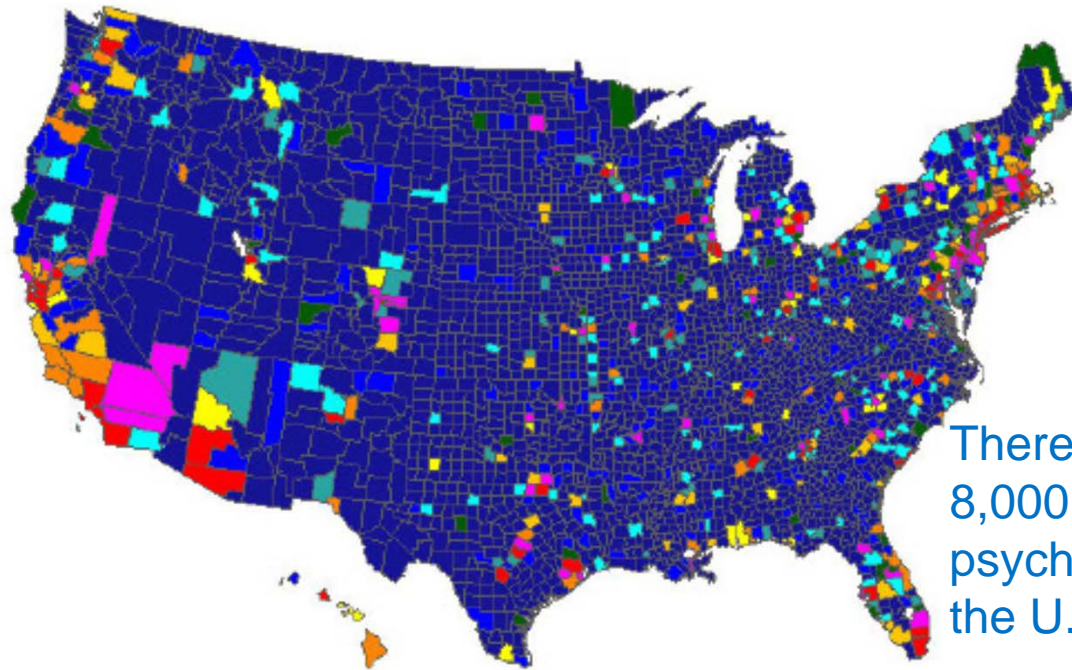
---

Stop - survey is complete. Hand iPad to nurse.

# Depression Treatment

- Cognitive behavioral therapy
- Serotonin reuptake inhibitors (SSRIs)
  - Open label trials with fluoxetine and sertraline
- Avoid tricyclic antidepressants, bupropion, clomipramine
- Potential for drug-drug interactions
  - fluoxetine inhibits cytochrome P450

## Practicing Child and Adolescent Psychiatrists 2012 Number per county



There are currently about 8,000 child and adolescent psychiatrists practicing in the U.S. (AMA, 2013).

Child Psychiatrist cpint

0 - 0  
4 - 4  
14 - 31

1 - 1  
5 - 5  
32 - 297

2 - 2  
6 - 7

3 - 3  
8 - 13

(c)AACAP by C.E.Holzer capn 29MAR13

# Innovation

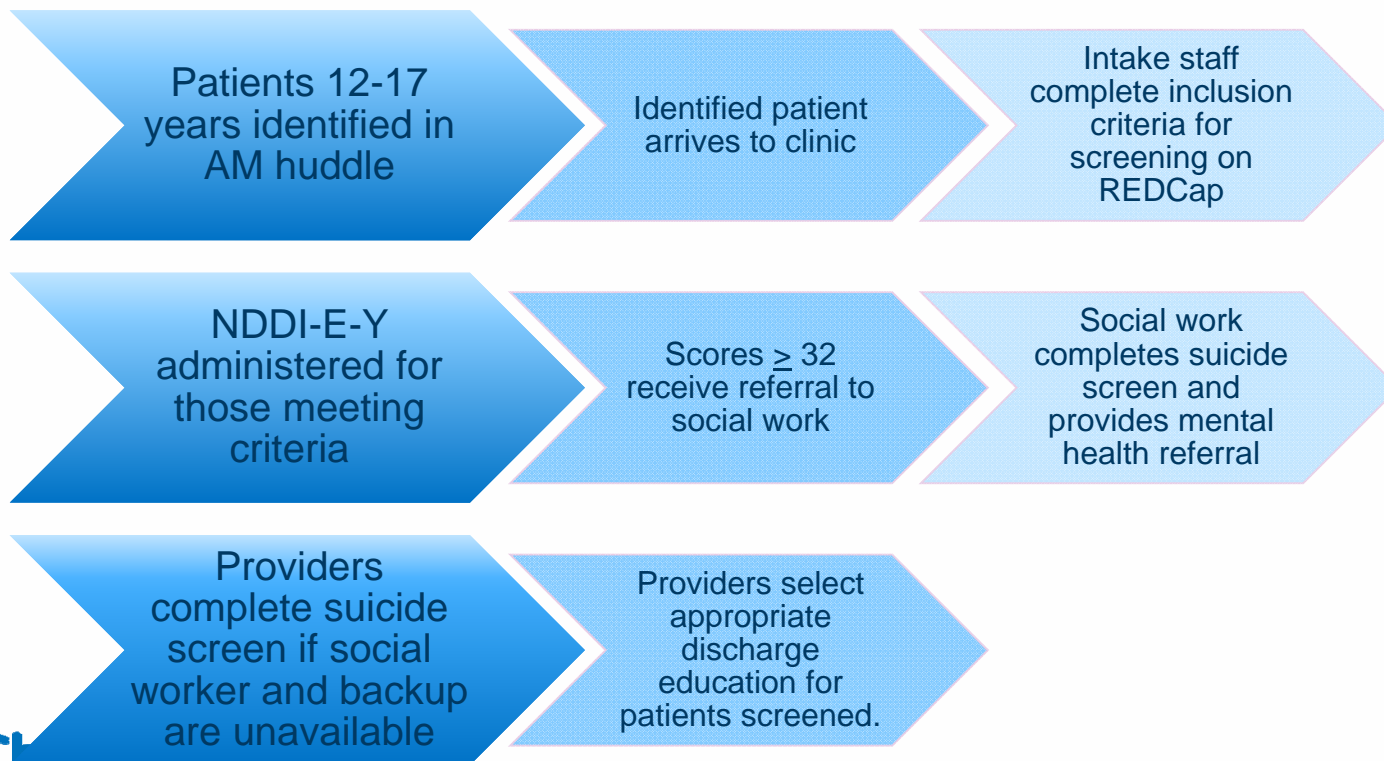
- Implementation NDDI-E-Y screening for youth in the comprehensive epilepsy clinic (n=100)
  - Occurs as a part of standard intake process
  - computerized, via REDCap
- Inclusion: age 12-17 years, diagnosis of epilepsy, presenting for chronic care, English speaking/reading, normal to mild cognitive deficits (reading  $\geq$  5<sup>th</sup> grade level)
- Exclusion: presenting for acute changes, nurse only visits, illiteracy, moderate-severe cognitive deficits, non-English speaking/reading

# Methods

- Education
  - Nurses, Care Assistants, Physicians, and Nurse Practitioners completed in-person education regarding the tool and REDCap survey.
- Resources
  - Standardized education templates
    - All epilepsy patients will receive standard education on depart
    - Additional templates built for those that are screened based on results (positive or negative)
  - Dot phrase provided to providers to ease documentation process
  - Bulletin board created to keep staff updated on progress



# Implementation process



# Data Collection

- Pre-implementation rate of zero is assumed
- No patient identifiers collected
  - All data stored on REDCap

# Results

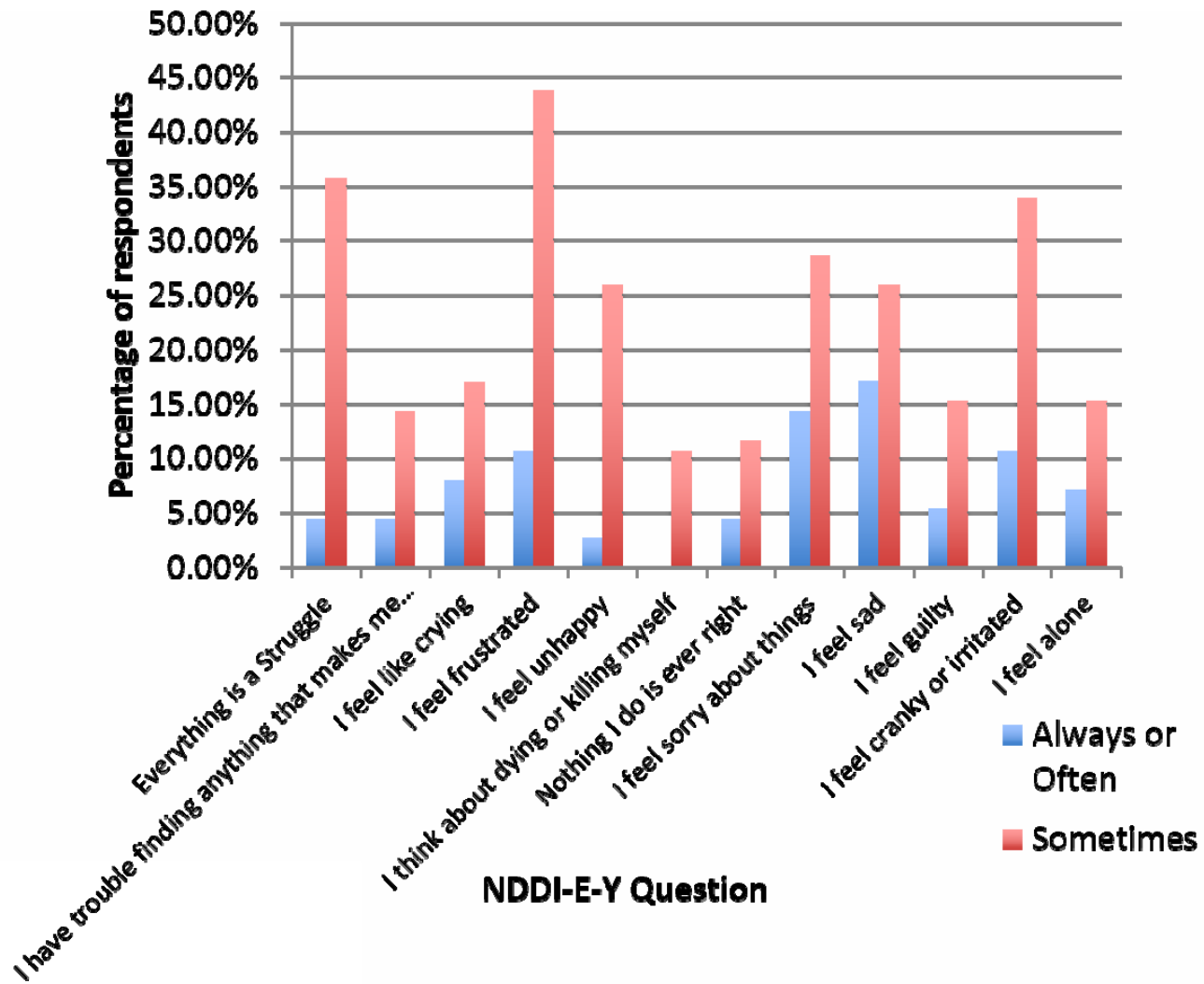
- N=176 patients were evaluated and n=112 met criteria for the NDDI-E-Y.
- All qualified patients (n=112) completed screening (100%)
- 100% patients received standard depression education

# Demographics

Gender	Male	59.7% (n=105)
	Female	40.3% (n=71)
Age	12-14 years	62.5% (n=110)
	15-17 years	37.5% (n=66)
Cognition	$\geq$ 5 <sup>th</sup> grade reading level	69.8% (n=124)
	< 5 <sup>th</sup> grade reading level	30.2% (n=52)

- 15% (n=17) of patients were positive, defined as  $\geq 32$ , suggesting that these patients had a high likelihood of having a diagnosis of depression.
- All 17 patients with a positive screen were evaluated by social work and received mental health referrals.

- 30.2% of patients (n=52) were unable to complete due to cognitive limitations.
- 2.8% (n=5), excluded due to being non-English speaking.



- 43.8% reported they sometimes feel frustrated
- 35.7% reported that sometimes everything is a struggle
  
- 10.7% reported always feeling frustrated
- 14.3% reported always feeling sorry about things
  
- 10.7% reported that they sometimes think about dying or killing themselves
- No patients were actively suicidal during screening



# Staff Survey

Question	Results
What do you think of the implementation process?	It's great (n=11, 84.6%)
Does the NDDI-E-Y impact clinic flow?	No (n=11, 84.6%)
Is the NDDI-E-Y beneficial?	Yes (n=12, 100%)

# Staff Comments

- “this tool even without positive screens has encouraged much needed conversation between the patient and myself” (nurse practitioner)
- “impacts intake time when they are also needing transition” (nurse)
- “I would not have known one patient was depressed if we hadn’t completed screening” (nurse practitioner)

# Conclusions

- Children and youth with epilepsy are at risk for mental health co-morbidities
- Multiple tools available
  - Recommend population specific tool
- The NDDI-E-Y can be effectively implemented in the clinic setting
- Lack of access is an ongoing concern

# Next Steps

- Improve access to mental health services
- Track follow up on referrals
- Streamline assessment with EHR

# Thank you

Special thanks to Dr. Vargas and Dr. Glaiser  
for their support and guidance

Thank you to the Epilepsy Team at  
Children's Mercy for the support!

# References

- Caplan, R., Siddarth, P., Gurbani, S., Hanson, R., Sankar, R., & Shields, W. D. (2005). Depression and anxiety disorders in pediatric epilepsy. *Epilepsia*, 46(7), 720-730.
- Dunn, D. W., Austin, J. K., & Huster, G. A. (1999). Symptoms of depression in adolescents with epilepsy. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(9), 1132-1138. doi:10.1097/00004583-199909000-00017
- Dunn, D. W., et al. (2016). Anxiety, depression and childhood epilepsy. [ILAE Child Neuropsychiatry Taskforce, Neuropsychobiology Commission](#). A. Arzimanoglou. Epileptic Disorders, International League Against Epilepsy. 8.
- Dunn, D. W. "Should pediatric neurologists play a role in the management of the most common psychiatric comorbidities in children with epilepsy? Practical considerations." [Epilepsy & Behavior](#).
- Guilfoyle, S. M., Monahan, S., Wesolowski, C., & Modi, A. C. (2015). Depression screening in pediatric epilepsy: Evidence for the benefit of a behavioral medicine service in early detection. *Epilepsy & Behavior*, 44, 5-10.
- Guilfoyle, S. M., Wagner, J. L., Smith, G., & Modi, A. C. (2012). Early screening and identification of psychological comorbidities in pediatric epilepsy is necessary. *Epilepsy & Behavior*, 25, 495-500.
- Jones, J. E., Watson, R., Sheth, R., Caplan, R., Koehn, M., Seidenberg, M., & Hermann, B. (2007). Psychiatric comorbidity in children with new onset epilepsy. *Developmental Medicine and Child Neurology*, 49(7), 493-497. doi:10.1111/j.1469-8749.2007.00493.x
- Russ, S. A., Larson, K., & Halfon, N. (2012). A national profile of childhood epilepsy and seizure disorder. *Pediatrics*, 129(2), 256-264
- Vona, P., Siddarth, P., Sankar, R., & Caplan, R. (2009). Obstacles to mental health care in pediatric epilepsy: insight from parents. *Epilepsy & Behavior*, 14(2), 360-366. doi:10.1016/j.yebeh.2008.11.014
- Wagner, J. L., Guilfoyle, S. M., Rausch, J., & Modi, A. C. (2015). Psychometric validation of the Pediatric Symptom Checklist-17 in a pediatric population with epilepsy: A methods study. *Epilepsy & Behavior*, 51, 112-116. doi:10.1016/j.yebeh.2015.06.027
- Wagner, J. L., Kellermann, T., Mueller, M., Smith, G., Brooks, B., Arnett, A., & Modi, A. C. (2016). Development and validation of the NDDI-E-Y: a screening tool for depressive symptoms in pediatric epilepsy. *Epilepsia*, 57(8), 1265-1270.
- Wagner, J. L., Smith, G., Ferguson, P. L., & Fedele, D. A. (2013). Preliminary psychometrics of the Neurological Disorders Depression Inventory for Epilepsy - Youth. *Journal of Child Neurology*, 28(11), 1392-1399.
- Wagner, J. L., Wilson, D. A., Smith, G., Malek, A., & Selassie, A. W. (2015). Neurodevelopmental and mental health comorbidities in children and adolescents with epilepsy and migraine: a response to identified research gaps. *Developmental Medicine and Child Neurology*, 57(1), 45-52. doi:10.1111/dmnc.12555