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Early Identification of Depression in Patients with Pediatric Epilepsy

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Background

• Depression is a comorbidity of epilepsy that is under-assessed and under-reported. Impacts quality of life, seizure control and increases risk for suicidal ideation.
• Tools, such as Neurological Disorders Depression Inventory-Epilepsy-Youth (NDDI-E-Y), assist in screening and identification of those at risk for depression.
• Recommend implementation of routine NDDI-E-Y screening of epilepsy patients.

Methods

Patients in the epilepsy clinic, 12-17 years completed screening for NDDI-E-Y at each routine visit. Those with a diagnosis of epilepsy, English speaking, and reading at a 5th grade reading level, reported by family, completed the NDDI-E-Y. Tools were provided via a REDCap survey without personal health information. Scores > 32 received social work evaluation and mental health resources. Education was provided in standard discharge paperwork.

Results

• N=176 patients were evaluated and n=112 met criteria for the NDDI-E-Y.
• All qualified patients (n=112) completed screening (100%)
• 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.
• 15% (n=17) of patients were positive, defined as > 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.
• 100% patients received standard depression education

Demographics

Gender
- Male 59.7% (n=105)
- Female 40.3% (n=71)

Age
- 12-14 years 62.5% (110)
- 15-17 years 37.5% (n=66)

Cognition
- >5th grade reading level 69.8% (n=124)
- <5th grade reading level 30.2% (n=52)

Aims

• >75% of youth, 12-17 years, meeting inclusion criteria, complete NDDI-E-Y at chronic care visits
• 100% of those scoring ≥32 receive mental health referrals
• ≥75% of patients receive standardized education regarding depression risk

Conclusion

• The NDDI-E-Y is an effective screening tool for depression that can be implemented successfully in a comprehensive epilepsy center.
• The tool can provide guidance for appropriate education and referrals.
• Implementation of standardized workflow may improve adoption.

References