A STUDY OF BEHAVIOURAL DISORDERS IN CHILDREN WITH EPILEPSY

Shilpa Telgote

1Associate Professor, Department of Psychiatry, GMC, Akola.

ABSTRACT

BACKGROUND

Like many other chronic diseases, the clinical picture and course of epilepsy is also influenced by psychiatric and social problems with it and especially so in children. Surveys have shown that the proportion of behavioural problems is more in children with epilepsy than in those with other chronic physical illnesses and children in general population.

This study is an attempt to assess the spectrum of behavioural disorders in school going epileptic children.

MATERIALS AND METHODS

A total of 30 patients with epilepsy were included in this study. The most common type of seizures seen in this study sample was generalised tonic-clonic epilepsy. This was followed by complex partial seizures and simple partial seizures with secondary generalisation.

RESULTS

Highest rate of total behavioural problems was found in epileptic children as compared to those of healthy controls. Amongst the behavioural problems, statistically significant difference was found for aggression, attention and somatic problem.

CONCLUSION

The children with epilepsy are at increased risk of behavioural problems. They should be closely monitored for development of behavioural problem and a regular referral for psychiatric evaluation must be made.

KEYWORDS

Epilepsy, Children, Behavioural Disorders.

3. Diagnosed case of epilepsy more than 6 months of duration.
4. Presently on prescribed anti-epileptic drugs.

Exclusion Criteria
1. IQ less than 70.
2. Any other neurological illness.
3. Any other chronic physical illness.

Instruments Used
1. Semi-structured proforma.
2. Child behaviour checklist.

The behavioral functioning of child will be assessed by the parents rating of the CBCL. The CBCL consists of 118 items on which parents rate their children using a 3-point scale with higher scores reflecting more problems. Past research has shown the scales to have strong reliability and validity. It has been used in study of epileptic children. [Ott D, Siddarth P, Gurbani S, Koh S, Tourndy A, Shields W.D, Caplan R. Behavioral disorders in Paed. Epilepsy: under psy. Med. Epilepsia. 2003 Apr;44[4]:591-7.] [Johhn K Austin, Michael W. Ristinger, and Laurel A Beckett. Correlates of behavioural problems in children with epilepsy: Epilepsia 1992;33[6]:1115-1122.

The CBCL Provides
- Total behaviour problem score and,
- Second order factor scores.
- Internalizing problems
- Externalizing problems and
- 8 syndrome scores.
  - Withdrawn.
  - Somatic.
  - Anxiety & depression.
  - Social problems.
  - Thought problems.
  - Attention problems.
  - Delinquency.
  - Aggression.

International League against Epilepsy Commission on Classification
1. Partial Seizures (Consciousness Retained) [Focal/Local]
   A. Simple Partial
      1. Motor.
      2. Sensory.
      3. Autonomic.
      4. Psychic.
   B. Complex Partial (Consciousness Impaired)
      1. Simple partial followed by impaired consciousness.
      2. With impairment consciousness at onset.
   C. Partial Seizures with Secondary Generalization.

2. Generalised Seizures
   A. Absences
      1. Typical
      2. Atypical
   B. Myoclonic
   C. Clonic
   D. Tonic
   E. Generalised tonic-clonic.

3. Unclassified Epileptic Seizures

Method
Study design was a cross-sectional, comparative study. Sample size of 30 was selected. Considering proportion of behavioural problems in epileptics as 50%.

\[
4 \times P \times Q
\]

\[
\text{Sample size} = \frac{\text{L}}{2}
\]

When \( P = 50 \),

\[
Q = 50
\]

\[
L (20\%) = \frac{4 \times 50 \times 50}{400} = 25
\]

Considering nonresponse rate of 20%,

\[
20 - 25 + \frac{25 \times 5}{100} = 25
\]

- Sample size was calculated.

Children between age group of 5 to 15 years were selected from paediatric OPD of the tertiary care hospital. Study was conducted over duration of 1 year.

After obtaining informed and written consent, a structural proforma was fulfilled after interviewing parents. Details of epilepsy were obtained in it. The behavioural functioning of child was assessed by the parents rating of the instrument child behaviour checklist. (CBCL).

The same instrument was applied to the other children between 5 to 15 years of children who were suffering from other illnesses attending paediatric OPD.

Statistical analysis of the collected data was done by SPSS (Statistical Package for Social Service) version 11.5. Results were compared with unpaired "t" test.

Correlation between behavioural problems and type of seizures was done by using ANOVA.

RESULTS

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 10</td>
<td>13</td>
<td>43.30</td>
</tr>
<tr>
<td>10 to 15</td>
<td>17</td>
<td>56.70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 1. Distribution of Age in Years among Epilepsy Cases

Among the 30 epileptic children, 17 were in 10 to 15 years age group and 13 patients were in 5 to 10 years age group. The prevalence rate of epilepsy increases with rising age between 0 to 4-5 years, it was approximately 3.5 per thousand. Between 5-6 and 9-10 years it was 4.5 per thousand and between 11 and 15-16 years approximately 5 per thousand.
In this study, more boys with epilepsy were represented than girls. Many studies find prevalence rate higher for boys. Usually the difference is minor and not statistically significant.

### Table 2. Distribution of Gender among Epilepsy Cases

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>17</td>
<td>56.70</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>43.30</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Table 3. Age of Onset of Seizure

The onset of epilepsy occurs before the age of 20 years in 60% of patients and one third has their first seizure when in junior school.

### Table 4. Distribution of Duration of Disease among Epilepsy Cases

### Table 5. Distribution of Type of Seizure among Epilepsy Cases

### Table 6. Comparison of Behavioural Problems between Cases and Controls

In this study, higher rates of total behavioural problems were found in epileptic children as compared to those of healthy controls. This finding is consistent with study done by Hoare et al. Among the behavioural problems, statistically significant difference was found for aggression, attention and somatic problems. The difference was also clinically significant for anxiety and depression though not statistically significant.

### Table 7. Correlation between Types of Seizures and the Behavioural Problems in the Epileptic Cases

### Table 8. ANOVA applied

In this study, higher rates of total behavioural problems were found in epileptic children as compared to those of healthy controls. This finding is consistent with study done by Hoare et al. Among the behavioural problems, statistically significant difference was found for aggression, attention and somatic problems. The difference was also clinically significant for anxiety and depression though not statistically significant.
In this study, correlation between behavioural problems and type of seizures was not statistically significant.

**DISCUSSION**

The modern view of epilepsy and mental illness suggests that people with epilepsy are normal mentally but it is the brain damage and site of the lesion which leads to an association between epilepsy and mental illness.

The impact and burden of psychiatric morbidity contributes significantly to overall disability.

Ounstead (1955) found that 8% of the children with epilepsy in his clinic had inattention, overactivity, distractibility, aggression and mood lability.  

Henzburg et al in his study found an association between presence of anterior temporal lobe epilepsy spikes and increased aggression score on the CBCL.

Lewis has suggested that psychomotor epilepsy was found to be persistently associated with violence.

Higher rates of attention problems have been seriously reported in children with epilepsy. Semrud-Clikeman and Wical found attention problem in children with complex partial seizures. Williams and colleagues found children with epilepsy have subtle attention difficulties.

Carlton and co-workers described impulsivity in 39% of the children with current or past seizures and 11% of children with no history of seizures. McDermott and colleagues found hyperactivity in 28% of the children with epilepsy as compared to 5% in the control population.

In the Bombay Hospital study, the incidence of behavioural problems was 34.62% as compared to 17.95% in the controls. The common behavioural problems encountered in this study were conduct disorder which were the most commonest followed by vegetative disorders. Spectrum of behavioural problem seen was hyperkinesia and aggression.

Ettinger et al reported that 26% of 44% epileptic patients aged 7 to 18 yrs. had significant depression scores and 16% met criteria for anxiety symptomatology. Focal EEG abnormality and complex partial seizures have been associated with increased psychiatric disturbances. Children with both epilepsy and structural CNS abnormality are more likely than not to have psychopathology. Though Dunn and Austin JK found more children with generalised seizures had symptoms of ADHD compared with partial or absence seizure. Hempel and co-workers also noted the same. Whitman et al (1982) too reported no association between temporal lobe epilepsy and psychopathology in epileptic children.

In our study, different types of seizures were represented, less in number, and that is why findings may not be significant.

**CONCLUSION**

Children with epilepsy were at increased risk of behavioural problems as compared to normal healthy controls. Amongst the spectrum of behavioural problems, attention, hyperactivity, somatic and aggression problems were more. Anxiety and depression scores were clinically more in epileptic cases than controls, though no statistical significance was found. Focal EEG abnormality and complex partial seizures have been associated with increased psychiatric disturbances. In the present study, representation of different types of epilepsy was less, hence findings may not be significant.

**REFERENCES**


