

Samarkand State Medical University

Samarkand, Republic of Uzbekistan

SCIENTIFIC ARTICLE

**Personalised Clinical, Diagnostic and Prognostic Criteria for Anxiety and
Depressive Disorders in Patients with Epilepsy**

Khasanova Nafisa Shavki qizi

1st-year Master's Resident

Specialty: 70910211 – Psychiatry

Qurdatov Yorqinjon Pardaboy ugli

1st-year Clinical Residency Resident

Specialty: Internal Medicine (Therapy)

Scientific Supervisor: Velilyaeva A.S., MD, PhD

SAMARKAND 2026

Abstract

Epilepsy is a chronic neurological disorder frequently accompanied by psychiatric comorbidities, particularly anxiety and depressive disorders. These conditions significantly worsen quality of life, treatment adherence, and seizure control. This article aims to analyze personalised clinical, diagnostic, and prognostic criteria for anxiety and depressive disorders in patients with epilepsy. A personalised approach considering clinical features, neurobiological mechanisms, and psychosocial factors is

essential for early diagnosis and effective management. The integration of psychiatric screening into routine epilepsy care improves outcomes and long-term prognosis.

Keywords

Epilepsy, anxiety disorders, depressive disorders, comorbidity, personalised medicine, prognosis.

Introduction

Epilepsy affects more than 50 million people worldwide and is associated with a high prevalence of psychiatric disorders. Anxiety and depression are among the most common comorbidities, occurring in up to 30–50% of patients. These disorders often remain underdiagnosed due to overlapping symptoms, stigma, and limited psychiatric assessment in neurological practice. Therefore, personalised clinical and diagnostic criteria are necessary for accurate identification and prognosis.

Clinical Characteristics

Patients with epilepsy and comorbid anxiety or depression often present with increased seizure frequency, sleep disturbances, cognitive impairment, and reduced social functioning. Anxiety may manifest as anticipatory fear of seizures, panic attacks, or social avoidance, while depression is characterized by persistent low mood, anhedonia, fatigue, and suicidal ideation. Personalised clinical assessment should consider seizure type, epilepsy duration, antiepileptic drug use, and individual psychological vulnerability.

Diagnostic Criteria

The diagnosis of anxiety and depressive disorders in epilepsy requires a comprehensive approach. Standard psychiatric diagnostic criteria (DSM or ICD)

should be adapted to epilepsy-specific contexts. Screening tools such as the Hospital Anxiety and Depression Scale (HADS) and Beck Depression Inventory are useful when interpreted carefully. Neuroimaging, EEG findings, and neurochemical changes may support diagnostic accuracy in selected cases.

Prognostic Factors

Prognosis depends on early detection, seizure control, psychosocial support, and adherence to treatment. Untreated anxiety and depression negatively affect epilepsy outcomes, increasing the risk of pharmacoresistance and suicide. Personalised prognostic evaluation should include biological, psychological, and social factors to predict disease course and optimize management strategies.

Conclusion

Personalised clinical, diagnostic, and prognostic criteria are crucial for identifying anxiety and depressive disorders in patients with epilepsy. Integrating mental health assessment into epilepsy care improves quality of life, treatment outcomes, and long-term prognosis. A multidisciplinary and patient-centered approach is strongly recommended.

—REFERENCES

1. Kanner A.M. Depression and anxiety disorders in epilepsy: A review. *Epilepsy & Behavior*. 2016;62:240–245.
2. Mula M., Sander J.W. Psychosocial aspects of epilepsy: A wider approach. *The Lancet Neurology*. 2016;15(3):292–300.

3. Thapar A., Kerr M., Harold G. Stress, anxiety, depression, and epilepsy: Investigating the relationship. *Epilepsia*. 2009;50(11):2432–2440.
4. World Health Organization. *Epilepsy: A public health imperative*. WHO Press; 2019.
5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. 5th ed. Washington, DC; 2013.
6. Fisher R.S., Acevedo C., Arzimanoglou A., et al. ILAE official report: A practical clinical definition of epilepsy. *Epilepsia*. 2014;55(4):475–482.
7. Kwon O.Y., Park S.P. Depression and anxiety in people with epilepsy. *Journal of Clinical Neurology*. 2014;10(3):175–188.
8. Gilliam F., Barry J.J., Hermann B.P., et al. Rapid detection of major depression in epilepsy: A multicentre study. *The Lancet Neurology*. 2006;5(5):399–405.
9. Mula M. Treatment of anxiety disorders in epilepsy: An evidence-based approach. *Epilepsia*. 2013;54(Suppl 1):13–18.
10. Hesdorffer D.C., Ishihara L., Mynepalli L., et al. Epilepsy, suicidality, and psychiatric disorders. *Epilepsy & Behavior*. 2012;25(3):419–424.