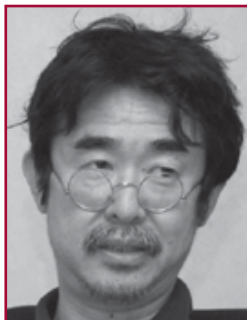


# Commission on Neuropsychiatry

*Kousuke Kanemoto, Chair*

The main aim of the Neuropsychiatric Commission is to develop, stimulate and coordinate research and medical education in the field of the neuropsychiatry of epilepsy. To meet its goal, the Commission is working to ensure that health professionals, as well as patients and their care providers, have the educational and research resources essential for understanding, diagnosing and treating various psychiatric manifestations in patients with epilepsy. The Commission also is working to reduce prejudice, as epilepsy patients with psychiatric co-morbidities are easily exposed to a double prejudice that can affect medical personnel involved in their treatment.

One of the important research and clinical needs is to standardize evaluation and diagnostic tools across countries and cultures. To move this important area forward, the Depression Task Force (chaired by Park Sung Pa) has led an effort to create translations of the Neurological Disorder Depression Inventory for Epilepsy (NDDIE) and the Generalized Anxiety Disorder scale. So far, validations of the French (McGonigal) and Chinese (An) translations have been completed. Translations and validations are in



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different stages for Danish, Thai and Polish. In addition, Sung Pa Park has completed a study investigating the relationship between perceived stress and depression in PWE that showed that depression exerted direct effect on perceived stress regardless of seizure control.

The Psychosis Task Force (chaired by Bertrand DeToffol) has been examining the awareness gap about psychosis in patients and medical personnel. A preliminary investigation has been published (Kanemoto K, et al., Delusional experience awareness gap between patients and treating doctors - Self-reported EPDS questionnaire. *Epilepsy Behav.* 2015). In addition, the Task Force is working on validation for EPDS as a simple screening tool for psychosis in patients with epilepsy, as well as on recommendations for pharmacological treatment of psychosis in patients with epilepsy. Finally, the Task Force is recommending the creation of an ILAE supported definition of psychoses in patients with epilepsy. A survey to evaluate the knowledge of psychiatrists about psychosis in epilepsy may be useful.

The Education Task Force (chaired by Marco Mula) is working to highlight psychiatric comorbidities. Task Force members have been active in promoting knowledge about psychiatric comorbidities in regional and local meetings, and educational events. The 9th Latin America Summer School on Epilepsy in São Paulo was dedicated to comorbidities in epilepsy, with several sessions dedicated to psychiatric comorbidities in children and adults with epilepsy. Alla Guekht organized two workshops in Russia and in Kazakhstan, with special attention to somatic and

psychiatric comorbidities of epilepsy. The Task Force has also worked on two online courses. The first focused on psychiatric aspects in adults with epilepsy (Co-Chaired with Andy Kanner). The second covered psychiatric challenges in children (Co-Chaired with David Dunn). Finally the Task Force is surveying neurologists and psychiatrists about psychiatric comorbidities of epilepsy, with the goal to present the initial results later this year.

The Task Force on Psychogenic Non-Epileptic Seizure is performing a survey about the treatment of PNES around the world. The ultimate goal of this project is to allow more patients to gain access to appropriately trained and equipped diagnostic and treatment services. An international ILAE PNES Task Force formulated plans for two surveys. The first is a detailed survey of health practitioners in a number of countries, and the second is a brief survey of all ILAE chapters. The chapter survey has been completed by 53 chapters so far. These surveys will allow the Task Force to define different levels of PNES treatment compare the range of diagnostic and therapeutic options for people with PNES.

The Commission is also working on the issues of preoperative psychiatric evaluations and the neuropsychiatric issues faced by children. These are major issues that have not been extensively addressed and may have major implications for long term quality of life of people with epilepsy. These efforts are in the organizing phase but will become a significant area of activity in the future.