

**TITLE:** Screening for Depression and Suicidality

**PRESENTER:** Sharon Mason

**Rationale:** The 2008 FDA alert concerning suicidality and antiepileptic drugs has prompted epilepsy care centers to assess related clinical practices. Although the results of the FDA study are controversial, given the prevalence of co morbid psychiatric illness in the epilepsy patient population, routine screening for depression and suicidality has been recommended by experts and legal advisors in the field.

The purpose of the current project is to describe the results of a process for screening all appropriate adult epilepsy patients for depression and suicidality, in an outpatient epilepsy clinic setting.

**Methods:** Adults patients seen at the Minnesota Epilepsy Group clinic for first-time or routine clinic visits, in a one year time period, were administered a brief self-report questionnaire. Patients were included if they were over the age of 18, their own legal guardian, and able to read and understand the questionnaire. The questionnaire included the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E) and a suicide question from the Beck Depression Inventory-II (BDI-II). Patients were also asked if they were being treated by a psychiatrist, psychologist, or counselor. Clinic nursing staff scored the screening measure and took one of the following actions based on depression symptoms: 1) no response, 2) depression information packet given, or 3) suicide risk assessment administered by psychology staff. Current AED data was collected from each patient.

**Results:** Since project onset 1174 patients have completed questionnaires. The mean score on the NDDI-E was 11.31 (>15 is suggestive of depressive disorder). On the BDI-II suicide question, 90 % responded "I don't have any thoughts of killing myself", 8% responded "I have thoughts of killing myself, but I would not carry them out", and a total of 6 patients (<1%) responded with suicidal intentions. Approximately 1/4 of patients met established criteria to receive a depression information packet. Suicide diagnostic assessments were conducted on a total of 14 patients (1.2 %) to determine degree of risk.

**Conclusions:** A new process for monitoring depression and suicidal symptoms was instituted in a busy epilepsy clinic with minimal disruption to clinic procedures. Based on 1 year of screening data, the rate of both depressive symptoms and suicidal thinking in this population is lower than previously published reports.