Return to recommendations

Psychological, neurobehavioural, cognitive and developmental comorbidities in epilepsy

Recommendations 9.1.1 to 9.1.5 and 9.2.1 to 9.2.4

Why the committee made the recommendations

Providing coordinated care

The committee felt it was important to address the higher prevalence of mental health comorbidities, learning disabilities and dementia in people with epilepsy. They also acknowledged the gap in communication and knowledge between the different specialities involved in managing epilepsy and these comorbidities, and thus the need for joint multidisciplinary working relationships. The committee highlighted the importance of active and ongoing liaison between the different specialist teams and people with epilepsy (and their families and carers if appropriate) to ensure the adequate support and treatment is in place. The committee agreed the recommendations reflected current good practice.

Support and treatment

There is variability in the evidence in terms of the different types of psychological interventions, the healthcare professionals who delivered the therapies and the characteristics of people included in the studies. The analyses showed that the differences in psychological treatments and populations did not affect the epilepsy-related quality-of-life outcome significantly, but the committee acknowledged that making recommendations for specific subgroups of people for specific interventions would not be possible from the pooled evidence. The committee also agreed that the clinical evidence for children and young people was extremely limited and very uncertain. However, the committee acknowledged the importance of recognising neurodevelopmental comorbidities in children, particularly those with complex syndromes that may need additional support from the multidisciplinary team.

Coupled with the lack of health economic evidence, it was not possible to make recommendations for tailored psychological interventions with any confidence. The