

Conclusions: Results of our study suggest SD is experienced by around one-third of patients in our group, which is similar to the previous percentage of SD reported in the community sample. Women were found to experience more pronounced symptoms of SD on ASEX. Symptoms of SD were found to be significantly correlated with older age, female gender, lower quality of life and depressive symptoms, while no significant correlations were found with the type of epilepsy and the AEDs.

Key words: epilepsy - sexual dysfunction (SD) - Arizona Sexual Experiences Scale (ASEX) - depression - quality of life (QoL)

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DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH EPILEPSY - SINGLE CENTRE EXPERIENCE

Željka Petelin Gadže¹, Katarina Ivana Tudor¹, Maja Živković², Andreja Bujan Kovač¹, Biljana Đapić Ivančić¹, Sibila Nanković¹, Vlatko Šulentić¹, Ira Brezak³, Petra Nimac Kozina¹, Barbara Sitaš¹, Borislav Radić¹, Monika Mudrovčić⁴, Zdravka Poljaković¹, Saša Jevtović², Ana Vuksanović⁵ & Sanja Hajnšek⁶

¹Department of Neurology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy, Affiliated Partner of the ERN EpiCARE, Zagreb, Croatia

²Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

³Croatian Association for Behavioral - Cognitive Therapies, Zagreb, Croatia

⁴University Hospital for Infectious Diseases "Dr. Fran Mihaljević", Zagreb, Croatia

⁵School of Medicine, University of Zagreb, Zagreb, Croatia - student

⁶School of Medicine, University of Zagreb, Zagreb, Croatia - retired

Background: Patients with epilepsy commonly report depressive symptoms. The main aim of this study was to evaluate the relationship between epilepsy, antiepileptic drugs (AEDs) and depression. We also wanted to evaluate possible association between depressive symptoms in patients with epilepsy with the quality of life (QoL).

Material and methods: This was a prospective cross-sectional study carried out at the tertiary teaching hospital (University Hospital Centre Zagreb, Croatia) with Ethics committee approval. Questionnaires evaluating depressive symptoms and QoL were administered to consecutive patients treated in the Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy. Depressive symptoms were evaluated using Hamilton Rating Scale for Depression (HAM-D17). Quality of life was assessed using Quality of life in epilepsy-31 inventory (QOLIE-31)

Results: 108 patients (63% women, 37% men; mean age 39.54±15.91 years, range 18-80 years) with epilepsy were included. 14.8% of patients had focal, 35.2% generalised and 40.7% both types of epilepsy. Majority of patients (65.74%) were on two and more AEDs and quarter was on monotherapy (25%); 42% were on newer, 19% on older and 39% on both AEDs. Mean total score on HAM-D17 was 9.94±8.18 (men - mean total score 10.16±8.85, women - mean total score 9.81±7.84). There were no significant differences on HAM-D17 regarding gender and age. We didn't find statistically significant differences regarding AEDs (older vs. newer AEDs, or both types AEDs) and results on HAM-D17, nor between the type of epilepsy and results on HAM-D17. We found strong negative correlation between the higher QoL and HAM-D17 (p=0.000).

Conclusions: Results of this study evaluating depressive symptoms in patients with epilepsy demonstrate that our patients mainly experience mild depressive symptoms, with no significant differences on HAM-D17 regarding gender and age. Patients with epilepsy with less pronounced depressive symptoms were found to have higher QoL. We did not find statistically significant differences regarding the type of epilepsy and results on HAM-D17, nor between the AEDs (older vs. newer AEDs, or both types AEDs) and results on HAM-D17.

Key words: epilepsy - antiepileptic drugs - depression - quality of life

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OTHERS ARE TO BLAME (DISPLACEMENT IN PATIENTS WITH DRUG-RESISTANT EPILEPSY)

Omer Ć. Ibrahimagić¹, Suljo Kunić², Goran Imamović³, Dževdet Smajlović¹, Zikrija Dostović¹, Emir Tupković² & Amer Čustović⁴

¹Department of Neurology, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

²Department of Neurology, Primary Health Center Tuzla, Tuzla, Bosnia and Herzegovina

³Fresenius Medical Care, Bad Homburg, Germany

⁴Department of Hygiene and Epidemiology, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

Objective: To evaluate the defense mechanisms (DM) in patients with drug-resistant epilepsy and, to determine whether displacement is associated with seizures.

Subjects and methods: Following an examination, 50 patients were diagnosed in accordance with the 2005 proposal of the International League Against Epilepsy and the definition of drug-resistant epilepsy from 2010. The neuropsychological examination used the Defense Style Questionnaire (DSQ-40). We measured the intensity of individual DMs. Mature DMs: sublimation, humor, suppression and anticipation; neurotic DMs: undoing, pseudo-altruism, idealization and reactive formation; and immature DMs: projections, passive aggression, acting out, isolation, devaluation, autistic fantasies, denial, displacement, dissociation, splitting, rationalization and somatization. The values were compared with 50 subjects without epilepsy.

Results: Patients with drug-resistant epilepsy use immature defensive styles significantly more ($p=0.0010$). Displacement have a positive correlation with frequency of seizure ($p=0.0412$).

Conclusion: Blaming others is a characteristic of the behavior of patients with drug-resistant epilepsy, especially if they have seizures. As such, they may be less adaptable in a micro social environment.

Key words: drug-resistant epilepsy - defense mechanisms - displacement - social behavior

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COGNITIVE FUNCTIONALITY OF PATIENTS WITH DELIRIUM AFTER STROKE

Zikrija Dostović¹, Omer Ć. Ibrahimagić¹, Dževdet Smajlović¹, Suljo Kunić² & Amer Čustović³

¹Department of Neurology, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

²Department of Neurology, Primary Health Center Tuzla, Tuzla, Bosnia and Herzegovina

³Department of Hygiene and Epidemiology, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

Background: Delirium is a syndrome that occurs in all age groups and in many clinical departments, and is most common in intensive care units. It is an emergency, in the overlapping fields of somatic medicine, neurology and psychiatry. Delirium occurs suddenly, dramatically, and requires a quick reaction, recognition and treatment. There are only a small number of studies that have reported delirium after a stroke. In our study, the goal was to determine the cognitive functionality of patients with delirium after a stroke.

Subjects and methods: This is a prospective study in which a group of 100 delirium patients in the acute phase of a stroke were evaluated for cognitive function. The control group consisted of the same number of patients with acute stroke who were not diagnosed with delirium. Neurological, neuropsychiatric and neuropsychological tests were performed in all patients at five different time periods. In these time periods, all patients were evaluated: Glasgow scale; Delirium assessment scale; The American National Institutes of Health Scale Assessment; Information-Memory-Concentration test; Scordementia; Mini Mental Test. The findings of computed tomography of the brain and magnetic resonance imaging of the brain were interpreted by a radiologist who was not familiar with the goals of this study.

Results: Cognitive functioning of delirious patients is statistically significantly worse after three and six months, and one year from stroke compared to those without delirium. There is no statistically significant difference in cognitive functioning between delirious patients in relation to gender, age, location and type of stroke and patients without delirium throughout one year from stroke. There is no significant difference in cognitive functioning between delirious patients during one year from stroke in relation to severity and type of delirium, and statistically significantly higher degree of cognitive dysfunction has those older than ≥ 65 years.

Conclusions: Delirium significantly reduces the cognitive functioning of patients after a stroke.

Key words: stroke - delirium - dementia

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