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Screening for anxiety in epilepsy clinics. A comparison of conventional and visual-analog methods

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Introduction: Up to 60% of people with epilepsy (PwE) have psychiatric comorbidity including anxiety. Anxiety remains underrecognized in PwE. This study investigates if the screening tools for depression could be used to pick up anxiety as well.

Methods: 261 participants with a confirmed diagnosis of epilepsy were included. Neurological Disorders Depression Inventory for Epilepsy (NDDI-E) and Emotional Thermometers (ET), both validated to screen for depression were used. Hospital Anxiety and Depression Scale-Anxiety (HADS-A) with a cut off for moderate and severe anxiety was used as the reference standard. Sensitivity, specificity, positive and negative predictive value and ROC analysis as well as multivariate regression analysis were performed.

Results: Patients with depression (n=46) were excluded as multivariate regression analysis showed that depression was the only significant determinant of having anxiety in the group. Against HADS-A, NDDI-E T (0.874) and ET-7 (0.882) showed highest level of accuracy in recognising anxiety as per ROC curve. ET4 showed highest negative predictive value (NPV=0.968).

Conclusion: Our study showed that reliable screening for moderate to severe anxiety in PwE without depression is feasible with conventional and visual analogue tools. Both scales can be recommended. The cut off values for anxiety are different from those for depression in both tests. As no test performed well in a case-finding role, we recommend that these tests should be used as a screening tools as an initial first step to rule out patients who are unlikely to have anxiety.

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