

## INTERCONNECTIVITY OF EPILEPSY AND DEPRESSIVE DISORDERS AND THEIR CORRECTION

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### Abstract

Anxiety-depressive syndrome is a common comorbidity in epilepsy. The presence of depression in a patient leads to a worsening of the course of epilepsy, the development of repeated and frequent seizures, which leads to an increase in the number of lethality in this pathology.

The aim of the study is to study the etiopathogenetic features of depressive disorders in patients with epilepsy and to optimize treatment approaches.

**Keywords:** epilepsy, depressive, anxiety-depressive syndrome

### Materials and research methods

To solve the set tasks, we examined 129 patients with epilepsy, including 49 (38%) men and 80 (62%) women who received treatment at the TMA clinic. The study was conducted between 2016 and 2018.

We used generally accepted clinical, neurological and instrumental methods of examination (EEG, MRI), with the inclusion of a neuropsychological study (Hamilton, Montgomery-Asberg, Beck scales).

### Results of the study

The level of depressive disorders on the Hamilton scale in patients with epilepsy was  $15.1 \pm 0.9$  points, anxiety -  $15.8 \pm 1.1$  points. When analyzing the structure of depressive disorders, 36.6% of patients noted depression of mood, a sense of failure, a feeling of fatigue - 43.9%, anxiety - in 61.0%, sleep disturbance, mental anxiety, manifested by tension and irritability in 53.7% of patients, somatic anxiety of varying severity - in 87.8%; absorbed by their own health 53.7% significant prevalence of mental disorders in patients of the main group, such as: irritability (12.7%;  $P < 0.01$ ), aggressiveness (7.3%;  $P < 0.05$ ), personality changes (12.7%;  $P < 0.01$ ). In our study, when analyzing the average indicators of the Beck scale, an almost 4-fold point increase was established in patients of the main group. The parameters recorded during the EEG in the main group of studies demonstrate moderate and significant changes in the activity of the brain. Generalized epileptiform and peak-wave activity was registered in 42.5% of patients from the main group, while 16.1% in the comparison group. The obtained EEG results

differed in the predominance of mild (29%) and moderate (35.5%) changes in the comparison group with registration of slow-wave activity and interhemispheric asymmetry in 16.1%. After treatment with Lamotrigine, a positive effect on the psychological function of patients with epilepsy was revealed, however, when prescribing carbamazepine, one or another degree of impairment was established. Thus, according to the Hamilton scale, the severity of anxiety and depression decreased by 53.5% in all patients of the main group. In the comparison group, these indicators were less pronounced.

### **Conclusion**

Depressive disorders are the leading psychopathological disorders in epilepsy and are closely related to almost all components of an epileptic seizure. Adequate complex therapy with the use of the anticonvulsant drug Lamotrigine, which has a normothymic effect, antidepressants and neuroleptics, makes it possible to stop these disorders and improve the quality of life of patients with epilepsy.