

**SHOULD PEOPLE WITH EPILEPSY WHO ARE DEPRESSED BE ROUTINELY TREATED WITH ANTIDEPRESSANT MEDICATION OR VAGAL NERVE STIMULATION (VNS)? THE ANSWER IS YES FOR ANTIDEPRESSANTS.**

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My task is to convince you that antidepressants should be used in the treatment of patients with depression who also have epilepsy if it likely to be beneficial for the individual patient. Antidepressant use in patients with epilepsy is an important part of epilepsy care. Serious depression that requires antidepressant treatment is a problem even in early epilepsy not only in cases with drug-resistant epilepsy. As in any patient, the choice of the individual antidepressant, needs to match the needs of the individual patient, in our case with epilepsy. A number of antidepressants such as well-suited SSRI's can be recommended for patients on AEDs providing adequate seizure-control. Tricyclic antidepressants may have a higher propensity to exacerbate seizures and may be fatal at excessively high doses. The risk of seizure exacerbation during treatment with antidepressants has been overstated. The risk is low for patients receiving AEDs for seizure control. In comparison, the risks of untreated severe depression are much larger. Antidepressants are safe and effective drugs to treat depression, also in patients with epilepsy. Although VNS is also a safe and effective treatment for epilepsy, it is not approved for treatment of depression. Tolerability issues exist for VNS, in particular during the first months of exposure and, finally, the implantation of VNS requires surgery. Rare cases of asystole have been reported in conjunction with VNS implantation. Additional advantages of antidepressants vs. vagus nerve stimulation are that antidepressants can be started and stopped without having surgery. Antidepressants need no surgical battery replacements and physicians can easily switch from one antidepressant to another one with a different profile, if needed.