

Do antiepileptic drugs increase the risk of depression or suicidality or are we just witnessing the natural history of mood disorders in epilepsy when depression occurs?

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Newer antiepileptic drugs (AED), e.g. those launched after 1990, are not more efficacious compared to standard AED, but it seems that they are generally better tolerated. The latter aspect may justify the high prices health care systems have to pay within the first decade when new compounds are protected by patent and low-cost generics are not available. Interestingly, depression and may be some other psychiatric disorders inversely have been more often reported with newer AEDs such as brivaracetam, levetiracetam, perampanel and zonisamide, while standard AED such as carbamazepine and valproate are even administered in psychiatric patients as mood stabilizers, effects which are also observed in some epilepsy patients affected by depression. However, we cannot exclude that in the last decades physicians have become more sensitive to detect and to report depression in epilepsy patients. Thus, in older days when there were few alternatives to carbamazepine, the lower rates of mood disorders may be explained by underreporting. In that case, depression indeed may be majorly attributed to the natural course of epilepsy and less so to AED.