

SUICIDE ATTEMPTS IN EPILEPTICS

Causative factors for the high epileptic suicide rate are reported from the Departments of Neurology, University Hospitals of Cleveland and the Johns Hopkins University, Baltimore, MD. Of 711 patients hospitalized for a suicide attempt by drug overdose, 22 patients had idiopathic epilepsy. Attempted suicide was coincident with increased seizure activity only in one epileptic patient. When matched by age, sex, and race with 44 nonepileptic controls, the patients with epilepsy had more borderline personality disorders with multiple impulsive suicide attempts, more psychotic disturbances, including hallucinations, fewer adjustment disorders, and a comparable frequency of depression. Suicide attempts in epileptics were primarily associated with interictal psychopathologic factors, such as borderline personality disorder and psychosis, rather than with specific psychosocial stressors, seizure variables, or anticonvulsant medications. (Mendez MF et al. Causative factors for suicide attempts by overdose in epileptics. Arch Neurol October 1989; 46:1065-1068).

COMMENT. Epilepsy is associated with increased suicidal behavior and the risk of completed suicide among patients with epilepsy is four or five times greater than among nonepileptic patients. Patients with complex partial seizures have a particularly high risk. Of the 22 patients reported in this study with suicide attempts, five were under 20 years of age and the median age was 28 years. The ready access of anticonvulsant drugs facilitates impulsive suicide attempts in patients with epilepsy.

CASSETTE EEG MONITORING

The importance of interictal epileptiform abnormalities discovered with cassette electroencephalographic (EEG) monitoring has been assessed in a group of 184 nonepileptic patients referred because of headache and reported from the Department of Neurology, Yale University School of Medicine, New Haven, CT; and the Neurology Service, Veterans Administration Medical Center, West Haven, CT. Only one (0.5%) of these patients had epileptiform abnormalities on cassette EEG and the incidence was no higher than on routine EEG. In contrast, the authors have found more than 50% of episodes characterized as seizures to be accompanied by cassette EEG seizure activity. Consequently, the detection of such abnormalities seems a worthwhile aspect of cassette EEG interpretation when the goal of monitoring is the detection of evidence to support a diagnosis of epilepsy. (Bridgers SL et al. Estimating the importance of epileptiform abnormalities discovered on cassette electroencephalographic monitoring. Arch Neurol October 1989; 46:1077-1079).

COMMENT. The mean age of patients reporting headache in this study was 30 years, and only five patients were age 10 years or less. The incidence of epileptiform activity may well be higher in a group of children with headache. (Millichap JG. Recurrent headaches in 100 children, electroencephalographic abnormalities and response to Phenytoin (Dilantin). Child's Brain 1978; 4:95-105).