Epilepsy—Behaviour Change

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The mood change in the epileptic is quite marked. This is known to the physicians dealing with this type of illness. Sometimes so happens that one class of anticonvulsant drug may have marked effect on the personality. There are many examples of such phenomenon. But in many cases the drug is not the culprit. Though this subject is well known to the expert in this field yet it is very poorly represented even in the standard text books. This thing is of course not so common but one may find it if one looks for it.

In some cases, the mood change is so marked that practically the occurrence of even grandmal seizure is missed by the patient or the party. In other cases the mood change is very marked on the absence of the fits. Still there are other classes of patient who have got petitmal which is not diagnosed. But the mood change is very much marked so that it represents like effective disorder than a real petitmal epilepsy.

When one thinks of psychomotor epilepsy, the problem of differentiation becomes more difficult. As a matter of fact, the diagnosis is based on either observation of such attacks or by series of E. E. G. But fortunately, such psychomotor epilepsy seems to be quite rare in and around Kathmandu.

If one takes the personality change occurring after the epileptic fits, it does not appear to be of so much interest because it is a common thing. But there are certain cases where one may say that the personality change does not only preceeds the fits but substitutes it. The family members desire the fit rather than the mood change and the personality.
change occurring before the fits, because the fits are manageable to the greater extent than the behaviour disturbances. There are some cases of above categories. I am quoting some of them who are under the treatment for considerable period of time.

Case No 1

A girl P. 9 years old. She has a 2½ younger brother and one younger sister. She had an attack of Polio when she was 2½ year old and this left her right hand paralysed from wrist down. The paralysis is not complete. The child is well nourished and quite intelligent for her age. She started having fits when she was 3 years old, The fits used to occur every 4–6 fits there was nothing special. After some time when treatment was started the fit did not occur at the schedule time but the child behaved oddly. She became very active and used to cover every corner of the house and also interfered abnormally with every member of the family, talked too much and as a matter of fact no body stopped her talking. She used to talk like the grown-ups. She wanted to command everybody in the house.

The family members were very much disturbed by the behaviour of this small child. Until I saw her in that condition it was not possible to believe what the relatives mentioned.

Once the fit occurred the child became quite alright. She was perfectly normal in her behaviour. After some time they withdrew the anticonvulsant drug thinking that they were culprit. For sometime the fit recurred and there was nothing remarkable. After a few month's time, the frequency of the fits was reduced spontaneously. But the behaviour disturbances was very much marked. So the child was brought for the treatment.

Case No 2

A young man of 25 years, D.D. by name. His physical built wass normal for his age and was muscular. However he had congenital right sided strabismus. There is a little curving of the right tibia which was also congenital.
used to have grandmal seizure since his early childhood. But his could not give the exact age of occurance. The fit occured during

is one of three sibs, 2 being sisters younger than him. He star-
treatment from early childhoo. He had plenty of treatment for the fits were almost controlled by different drugs. But they left with
bance of behaviours. The behaviours were so much disturbed thought it was better to have fits rather than to have the beha-
disturbances. Sometimes he became voilent, agressive and distruc-
became quarrelsome and nobody could control him in the house.

matter of fact the anticonvulsant drug was withheld because they
manage to administer them.

left the treatment for several years and were satisfied their lot.
period he did not have such behaviour disorders except obsessive
for some common food articles. But the fits used to come regularly.

I. S. aged 28 years with 3 children. Her eqipectic fits started
was 4 years old. She has one younger brother and one younger
both of them do not have any history of eqilepsy. She used to
me disturbances of behaviours before the fits when the treatment
started. The treatment could postpone the fits only to substitute
starturbance of behaviours. The disturbance consisted of irritably des-
and agressiveness. She used to be either very much talkative
be refused and slept very little.
such difficulties the fit was neglected. The fit used to occur about
three months. After some years it became more and more frequent
ultimately it became almost a weekly affairs. She was married at the
of 18 as some body suggested that it may do her good. She has three
by now and the youngest child is about one and half years old.
frequency of the fit did not bother the parents much because it
to control her during and after the fits too, rather than in the
when she was disturbed due to postponement of the fits by

treatment. The treatment was started again and the disturbance was
exactly the same as the parents reported. When I happen to the her she was very much disturbed. As a matter of fact, she was going to kill herself by a kitchen knife that is why I happen to the her. She is under treatment for some time. See is progressing reasonably well though the epilepsy has left many effects on her personality.

Case No 4

M. Female unmarried about 26 years. She was a victim of epilepsy. Grandma since she remembers and the parents can recollect. She has 2 younger brothers and they do not have any history of epilepsy. She used to have such fits about every couple of months. She had treatment for the fits at the age of 8 or 9 for the first time. When she did not get the fit which was scheduled, she used to behave like a mature girl. She used to talk incessantly and made amorous advancement to the members of the opposite sex. The family get embarrassed by such behaviours of the little child. They became desperate and stopped the anticonvulsant drug. To their utter surprise and pleasure the disturbance of behaviours was normalised when the fits recurred after discontinuing the drug. They thought that this was due to the drug, which was used to control the fits. However after sometime when the fit did not recur the patient again became disturbed as before and such condition lasted for about ten days. Then again the fit occurred and behaviour was normalised. Then the life went on smoothly. The fit used to come mostly at the meal times. On many occasions she nearly died by choking. When such incidents increased she had to come for treatment. Now she is under treatment and is improving in many respects. But she gets paroxysmal attacks when she twists her left arm in clockwise direction and that lasts for about 3-4 minutes.

A married woman of 28 had epilepsy first time when she was 19 years old, after marriage. Her three elder brothers are alright. When she got fit she was alright for a few days. Then again she used to have the disturbance in behaviours being most irritable, sleepless and talkative. She said that she used to get excited when she was in menstruation period.

When I happen to see her I found that beside circumstantiality, perseveration, stubborn attitude, paranoid feeling, she has grandiosity
about her own intelligence. She did not like the idea of being asked to do anything. I was supposed to listen what she was telling. She did not tolerate the interview. Since then she get very much disturbed in behaviour for some days before the fits. When she mentioned many things, she gave the impression that she was least troubled by the fits.

I gave some cocktail of anticonvulsant drugs along with some tranquilisers only to find after 4-5 days that she was much more disturbed psychologically. Though the scheduled fit did not occur yet she was unmanageable. So much against the will the anticonvulsant drugs were to be discontinued. After the discontinuation of the anticonvulsant drugs the fit recurrd almost daily. So with more difficulties and with a numbers of the drugs the patient was controlled in behaviour and fits partially to the practical level.

If one sees these cases it is certain that such symptoms are not due to the anticonvulsant drugs which were generally used to control the Grand mal seizures or petitmal seizures. These behaviours disturbances are the part of an epileptic fits, or rather more correctly the substitution of epileptic fits.

Many of us come across with the epileptic cases for which we may have to give one or other anticonvulsant drugs for the control of fits. If one happens to face such cases then he may get discredit out of proportion one deserves. The same thing may be true about the drug used for the condition. So this must be on the back of the head before scrutinising other colleagues treatment.

Perseveration, circumstantiality and slow and unending conversation, irritability aggressiveness, religiousness, stubborn attitude is common in the long lasting epileptics but one should not get surprised to find just opposite to that mentioned in the paragraphs.

It is most desirable that the epileptic fits are controlled. It may require strenuous effort from the side of the physician and also from the patient’s party only to get acceptable negotiation, which may not be the cure. In some cases it becomes more difficult, because we may not get desired result without getting some other undesirable side effects. The treat-
ment of epilepsy therefore always leaves with numbers of problems for the physician and the families.

In the above mentioned cases it is obvious and certain that the behaviour changes would fit more to the affective disorder than schizophrenia. By such observation it seems that it would be very much interesting to follow the series of E. E. G. in such cases. Fitting fits and behaviour disorder are the 2 types of manifestation of cerebral dysrhythmia the effectiveness of electro convulsive therapy in such cases may have some background.

This is a small observation. Although there are some more similar cases yet that could not be included here because they are under the treatment for short time only.

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INTEREST IN ITS AFFAIRS