MUSC Patient Handout
Suicide And Seizures

Changing What's Possible in Health Care.
AS AN ACADEMIC MEDICAL CENTER, MUSC offers benefits to the residents of South Carolina and beyond. The highly dedicated, professional team focuses on providing the most effective therapies available while also striving to develop new therapies within a highly active basic and clinical research program. These efforts are backed by facilities with the latest technology. This resource was developed to help patients understand more about their condition, treatment, or procedure. This handout is meant to be used as a guide to supplement your healthcare providers instructions. It is not intended to be used as a substitute for professional medical care. Only your physician can diagnose and treat a medical condition. Please consult your physician if you have any questions.

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FDA Warning

In January 2008 the U.S. Food and Drug Administration issued an alert regarding the association between antiepileptic drugs and suicide. In reviewing the records of over 40,000 patients taking one of these medications to treat epilepsy, psychiatric problems, or chronic pain, the FDA observed that using these medications increased the risk of suicide from 22 out of every 10,000 patients to 43 out of every 10,000 patients. Although there are reasons to question the validity of the results, there is no doubt that we should be aware of a potential suicide risk.

Risk Factors Related to Seizures

Across many clinical studies of patients with chronic epilepsy who died, about 10% died by suicide. Patients who seemed at greatest risk were those who had temporal lobe epilepsy, especially those who had psychotic episodes following their seizures. Greater risk factors, however, relate to psychiatric problems occurring in addition to epilepsy. Depression and anxiety disorder are risk factors for suicide. A strong family history for either depression or anxiety may also be a risk factor for the patient.

Risk Factors Related to Medications

Psychiatric symptoms, including depression and anxiety, have been reported with several antiepileptic drugs, particularly barbiturates (Phenobarbital and primidone), topiramate, tiagabine, zonisamide, vigabatrin, and levetiracetam. There are no scientific studies to relate these medications directly to suicide, but suicidal thoughts may be a psychiatric symptom associated with antiepileptic medication. Ironically, the FDA review found that two antiepileptic drugs (valproate and carbamazepine) slightly reduce the risk of suicide.

Identifying Patients at Risk

The three most important risk factors for suicide are: (1) Depression or anxiety disorder currently or in the past; (2) Family history of depression or suicidal behavior; (3) Past suicide attempts by the patient. If any of these are present in your child or adolescent, notify your neurologist so that he may refer you to a Psychiatrist.

There are also ways to unmask risk for suicide in children who are quiet or well-behaved. A “yes” answer to any of the following questions warrants further professional evaluation: (a) In the past month have you thought you would be better off dead or wished that you were dead? (b) In the past month have you thought about suicide? (c) In the past month did you make any plans to commit suicide?
Balancing the Risk

Identification of any risk factors described above is not a reason to delay starting an antiepileptic drug or to stop taking one already prescribed. The likelihood of having more seizures poses a greater safety risk. However, speak to your physician about any risk factors that you may recognize or about any concerns that you may have.