

The British Neuropsychiatry Association – Annual Meeting

Day 1 – 7th March 2019

The Neuropsychiatry of epilepsy, clinical research updates, global neuropsychiatry

1 THE NEUROLOGICAL, PSYCHIATRIC AND THEOLOGICAL SIGNIFICANCE OF MYSTICAL SEIZURES

Alasdair Coles. *Consultant Neurologist, Cambridge University Hospitals*

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Alasdair Coles is an academic neurologist in Cambridge, mainly working on experimental therapies in multiple sclerosis. He is also an Anglican priest. Funded by the Templeton Foundation, he has led two studies of the effect of neurological diseases on spirituality: Parkinson's disease and temporal lobe epilepsy. He has edited 'Neurology and Religion', to be published by CUP in 2019.

Since Dostoyevsky's seminal descriptions of mystical seizures in *The Idiot*, based on his own epilepsy, there has been considerable lay interest in the significance of these seizures. But, they have been little studied. We have conducted a prevalence study of seizures with spiritual content at epilepsy centres in UCL and Cambridge and asked whether their phenomenology is homogeneous and comparable with mystical experiences outside of neurological disease. We have explored their meaning for the individual affected and their families.

2 EPILEPSY IN PEOPLE WITH AN INTELLECTUAL DISABILITY- MANAGING THE NEUROPSYCHIATRIC CHALLENGES!

Mike Kerr. *Cardiff University, Department of Psychological Medicine and Clinical Neurosciences*

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Professor Mike Kerr studied medicine in Bristol (UK), General Practice in York and Psychiatry in Cardiff. His clinical practice is in the epilepsies associated with intellectual disability and in the assessment and treatment of epilepsy and psychiatric disorder. He has been closely associated with initiatives in improving the public health of people with an intellectual disability including developing the Cardiff Health Check, which is used across England and Wales. Academically he has published widely on healthcare, epilepsy and intellectual disability and held research grants from many funding bodies. He is vice chairperson of SUDEP ACTION. He is chair of the International League Against Epilepsy (ILAE) commission on psychiatric aspects of epilepsy. He has been appointed as an Ambassador for Epilepsy by the ILAE and International Bureau for Epilepsy.

There is a close relationship between epilepsy and people with intellectual disability, with an estimated 22% prevalence of epilepsy. The epilepsy is also known to be more severe with an increase in likelihood of chronicity and early mortality. From a neurological point of view the group presents challenges in diagnosis, investigation and treatment choice.

Especially as so many individuals have childhood severe epilepsies, with seizure freedom a challenging goal. A specific management issue is that the population presents a range of neuropsychiatric challenges in terms of diagnosis, behavioral co-morbidity, and the presence of psychiatric comorbidity. These conditions significantly hinder the ability to manage patients and intensify the impact of epilepsy on the individuals and carers. To some degree this would appear no different to the challenges posed within the epilepsy population without intellectual disability. However, issues of communication need, varied aetiology of the intellectual disability and care provision intensify the complexity of neuropsychiatric presentation.

In the era of personalized and precision medicine people with an intellectual disability are now at the forefront of medical practice. With individual aetiology, in particular, driving assessment and intervention. This paradigm can be applied to neuropsychiatric disorders in people with an intellectual disability, expanding our knowledge of the conditions and improving our clinical formulations and interventions. In this presentation I will discuss the nature of neuropsychiatric presentations in people with an intellectual disability, its aetiology and how clinicians may manage these conditions within the setting of epilepsy care.

3 THE COMORBIDITY BETWEEN EPILEPSY AND DISSOCIATIVE SEIZURES

Markus Reuber. *Professor of Clinical Neurology, University of Sheffield, Honorary Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust, Editor-in-Chief, Seizure European Journal of Epilepsy*

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Professor Reuber joined the Univ of Sheffield in 2005. He also works at the Royal Hallamshire Hospital and the Chesterfield Royal Hospital as an Honorary Consultant Neurologist. His clinical work focuses on the treatment of patients with epilepsy and other seizure disorders. He leads the Epilepsy Research Group in the Academic Neurology Unit and is the Epilepsy Research Theme Lead in the Clinical Neuroscience Directorate at Sheffield Teaching Hospitals. He is chair of the Neurosciences Local Priority Group of the Comprehensive Local Research Network and represents South Yorkshire on the National Speciality Group for Nervous System Disorders. He completed his undergraduate medical education in Cologne, Germany, and Nottingham. He pursued neurological training in Leeds, and at the Department of Epileptology of the University of Bonn, Germany.

Dissociative seizures are experiential and behavioural responses to internal or external triggers. They superficially resemble epileptic seizures in terms of their subjective and objective manifestations. Although they are theoretically distinct from epileptic seizures in which seizure manifestations are related to hypersynchronous and excessive discharges in the brain, there is a complex relationship between epileptic and dissociative seizures, which extends beyond the (clinically extremely important) problem of misdiagnosis. While epilepsy is more closely associated with clinically detectable structural or biochemical abnormalities than dissociative seizures, the sort of experiential factors which are widely recognized as predisposing individuals to the development of dissociative seizures (such as trauma and neglect in early life) also increase the risk of developing epilepsy. The similar (albeit not