Correspondence

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Letter to the Editor

The prevalence of epilepsy in Ireland varies between 10/1000 for adults based on self-report and 9/1000 for those over the age of 5 years based on prescription data (Linehan *et al*. 2009). Epilepsy is frequently comorbid with psychiatric illness and over represented in people with learning disabilities.

Jones *et al*. (2010) reviewing 13 methodologically robust studies, noted that in people with epilepsy, the prevalence of comorbid psychiatric disorders can be 24–75% for mood disorder, 10–25% for anxiety disorders and 2–7% for psychosis.

In the case of people with learning disabilities, Lhatoo & Sander (2001) summarise community surveys citing prevalences between 6% of those with mild learning disabilities rising to 50% in those with profound learning disabilities. People with epilepsy and learning disabilities suffer with higher morbidity and indeed have higher mortality rates, particularly in those with recent seizures (Robertson *et al*. 2015).

A patient with epilepsy may present a challenge from a diagnostic, therapeutic and risk-related viewpoint for the psychiatrist. Diagnostically, there is a possibility that the seizure disorder could be presenting as mental illness such as in the psychoses of epilepsy (Kanner & Rivas-Grajales, 2016). Conversely, seizures could be mistaken as evidence of psychiatric illness (Mirsattari *et al*. 2011). Therapeutically, medication used for seizure control may have psychiatric sequelae (Nadkarni & Devinsky, 2005) and psychiatric medication may interact with anti-epileptic drugs (Johannessen & Landmark 2010) or alter seizure threshold. From a risk-related viewpoint, those with comorbid epilepsy have specific risks to consider including but not limited to areas such as bathing and using electrical equipment (National Institute of Clinical Excellence, 2016).

Given the complexity cited above, it would follow that knowing seizure patterns, allowing for triangulation from a number of information sources, particularly close carers and specialists would be of significant diagnostic benefit as would a system to consider potential drug interactions and common risks. We therefore reviewed relevant guidance from the Epilepsy Society (epilspsysociety.org.uk) and the National Institute of Clinical Excellence, (2016) to operationalise key recommendations to develop a 'yellow card' for the patient record in approved centres. This would summarise key aspects of the patient's epilepsy at a glance and serve as a useful *aide-memoire* to consider assessment and risks for people with epilepsy in a psychiatric setting. The document was compiled in consultation with an Epilepsy Nurse Specialist, an Occupational Therapist and Consultant Neurologists. The 'yellow card' with a distinctive colour, would be easy to identify in the patient record, and likely improve the reliability of information gathering, with potential positive diagnostic, therapeutic and risk management implications. We are presently arranging to pilot the 'yellow card' scheme in approved centres across six Irish counties, and would welcome collaboration from other approved centres nationwide. The 'yellow card' may be found as an appendix to this letter and is available for viewing online.

Supplementary material

To view supplementary material for this article, please visit https://doi.org/10.1017/ipm.2016.48

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