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**Psychiatric Morbidity, Seizure Frequency and Quality of Life in Refractory Epilepsy.**

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There are high rates of psychiatric morbidity associated with refractory epilepsy. It is unclear whether seizure frequency or comorbid psychiatric illness impacts more upon patients' quality of life in epilepsy. The objective of this study was to establish which of these two factors impacted more upon patients.

Patients with medically refractory epilepsy who were admitted to the National Neurological Centre in Beaumont Hospital were recruited to the study. Structural Clinical Interview for DSM IV (Axis I) (SCID I) and SCID II (Axis II) were the objective measures and HADS, and QOLIE-89 were the subjective measures utilized.

A total of 138 patients had SCIDs conducted over the four year study. 75 patients (54.4%) had an Axis I disorder. Of these 30 patients (21.7%) had a mood disorder, 18 patients (13%) had an anxiety disorder and 49 patients (35.5%) were diagnosed with a psychotic disorder. There was no relationship between patient seizure frequency and HADS ( $p=0.94$ ) or QOLIE-89 ( $p=0.93$ ) scores. Patients having a high number of seizures were not more likely to have a SCID Axis I diagnosis than patients with a low number of seizures ( $p=0.246$ ). Patients with a mood disorder were more likely to have a lower QOLIE-89 score than patients without a mood disorder ( $p=0.0001$ ).

Patients with medically refractory epilepsy have high rates of psychopathology. Seizure frequency is not correlated with the presence, severity of psychiatric symptoms or quality of life. The presence of a psychiatric disorder and its severity is strongly correlated with quality of life.