APRESENTAÇÃO

Resumos dos trabalhos científicos apresentados no XXII Congresso Mundial de Neurologia que ocorreu nos dias 31 de outubro e 5 de novembro em Santiago – Chile. Os respectivos trabalhos também foram apresentados no X Cérebro, Comportamento e Emoções em Gramado – Brasil e no XXVI Congresso Brasileiro de Neurologia em Curitiba – Brasil, ambos em 2014.

EPILEPSY ASSOCIATION BETWEEN EPILEPSY AND DEPRESSION[1]

R.M. Amaral, A.S. Andrade Filho, R.M. Britto, G.V.D. Lopes.

This study aimed to estimate the prevalence and underdiagnosis of depression in patients with epilepsy, identifying possible association between type, etiology and medications. It is a cross-sectional study by primary data collection, using the Beck Depression Inventory (BDI) as a collection tool. The prevalence of depression in epileptic patients is 45%, the sample calculation for a confidence level of 95%, with difference acceptable of 10% was 96. The average age was 38 years (SD = 14), 55% were male; 59% of seizure types were generalized tonic-clonic seizures; 8% were typical absence and 7% tonic; 12% of the seizures were simple and 83% generalized. The etiology were idiopathic in 52% of the cases, 17% were post-traumatic and 9% were caused by infections. The medications most commonly used were carbamazepine (57%), phenobarbital (22%) and valproic acid (19%). The overall median BDI score was 14 (SD = 11). Minimal or no depression was observed in 47% of the patients, 14% were mild, 24% moderate, 12% severe and 36% of patients had major depression. Phenobarbital showed statistically significant increase in the indices of the BDI ($p = 0.004$) and in the major depression ($p = 0.02$). These patients were three times more susceptible to depression. It was concluded that epilepsy has a higher prevalence of depressive symptoms compared to the general population and to other neurological diseases, indicating a possible pathophysiological association. Its prevalence was 36%, with 97% underdiagnosis. It was not found a relation between seizure type and etiology. Phenobarbital showed three times more chance of developing depression.

[1] http://www.jns-journal.com/article/S0022-510X(15)00983-1/pdf

THE CLINICAL AND EPIDEMIOLOGICAL PROFILE OF NEUROSCHISTOSOMIASIS[2]

R.M. Amaral, A. Andrade Filho

This study aimed to describe the clinical and epidemiological profile of the neuroschistosomiasis (NS), evaluate the possible resistance of black people to NS, identify the cause of major prevalence of male sex and the parasitological stool exam as a proof of contact with NS. It is a cross-sectional study evaluating patients treated in neurological referential centers in Salvador, Bahia, Brazil, from 1993 to 2013. This study included patients diagnosed with schistosomal myeloradiculopathy by means of positive epidemiology, evidence of medullar lesion by image exam and clinical exam and cerebrospinal fluid analysis. There were 140 patients, 53% between 20 and 40 years old (mean=36; SD=13), 64% males. Among these patients, 79.3% received less than 05 minimum wages and only 5.7% attended higher education. They were 50% brown, 27% white, 18% black, and 5.2% denied previous contact with water in endemic localities. The most prevalent clinical manifestations were weakness in the lower limbs (94%), back pain (84%), bladder dysfunction (75%) and impotence (80%). The most common site of injury was the thoracolumbar junction (65%) and 73% of parasitological stool examinations were negative. It was concluded that male predominance does not seem to occur because of specific physiopathological issues; possible resistance of Blacks to severe forms of schistosomiasis does not seem to occur in NS; the low economic and educational levels makes this problem invisible to the nation; the absence of water contact patterns does not completely rule out the diagnosis; the parasitological stool examination is a bad predictor of contact with NS.

[2] http://www.jns-journal.com/article/S0022-510X(15)00846-1/pdf